

# CHILD CARE STANDARDS

2017



## Child Care Standards

Published by:  
Government of Bermuda, Ministry of Health,  
Department of Health.  
Copyright (c) 2017 Ministry of Health

Reference as:  
Department of Health, Child Care Standards 2017.  
Government of Bermuda.

Contact us:  
Mailing Address:  
P.O. Box HM 1195,  
Hamilton, HM EX

Street Address:  
Continental Building,  
25 Church Street  
Hamilton, HM 12

Tel: 278-4900  
Fax: 296-3283  
Email: [moh@gov.bm](mailto:moh@gov.bm)  
Online: [www.gov.bm/child-care-information-providers](http://www.gov.bm/child-care-information-providers)

# Table of Contents

---

- [Introduction](#).....2
- [Purpose](#) .....2
- [Definitions](#) .....3
- [Child Care Standards](#).....5
  - [1. Providers' Skill Sets](#) .....5
  - [2. Professional Development](#).....8
  - [3. Learning and Development Activities](#) ..... 10
  - [4. Creating Caring Communities](#)..... 15
  - [5. Child Development Observation](#) ..... 15
  - [6. Supervision and Discipline](#)..... 16
  - [7. Prohibited Behaviours](#) ..... 19
  - [8. Children of different needs or abilities](#) ..... 20
  - [9. Child Protection](#) ..... 20
  - [10. Health](#)..... 21
  - [11. Health and Safety](#) ..... 24
  - [12. Records](#) ..... 27
  - [13. Transportation](#) ..... 27
  - [14. Families](#) ..... 28
  - [15. Community Relationships](#) ..... 29
  - [16. Leadership & Management](#)..... 30
- [Annex I: Community Resources](#) ..... 31
- [Annex II: Positive Discipline Guidelines](#) ..... 39

## Introduction

The future of our children and their success in life begins with the care they are provided from birth. According to United Nations Children’s Fund (UNICEF), the critical nature of a child’s early years cannot be highlighted enough. Early childhood is defined as 0 to 8 years of age with 0-3 years when most brain development occurs impacting their future behaviours and learning abilities. During these critical years for brain development, both parents and care providers play a vital role. Learning is happening everywhere.

## Purpose

These Standards are a working document, developed to provide support to parents, day care providers and day care centres in ensuring children are given the best start to life.

The Standards outline both best practices in childcare as well as many of the legal requirements for child care. Best practice and legal requirements are differentiated in the document by the use of; “should” vs. “must”.

**“Should”**: is used when describing a best practice

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

Legislation that is referenced in these Standards and can provide additional support include: Children Act 1998 and Day Care Centre Regulations 1999.

The Standards were developed in collaboration with the Department of Health, the Child Development Programme, Child and Family Services, the Bermuda Private Nursery Association, and SCARS and were based on best practices from three jurisdictions. The jurisdictions reviewed were CARICOM, National Association for the Education of Young Children and Caring for our Children: National Health and Safety Performance Standards.

The Standards will be reviewed annually to ensure they are current with best practice and to incorporate any feedback received through the year. Comments and feedback can be sent to: [moh@gov.bm](mailto:moh@gov.bm)

Find-out more on our website: [www.gov.bm/child-care-information-providers](http://www.gov.bm/child-care-information-providers)

## Definitions

**Child:** under the lower limit of compulsory school age. A child is under compulsory school age until the start of the school year (usually September) in the year they turn 5 (Section 40 of the Education Act 1996).

**Day care:** means the temporary, non-residential care and supervision of a child for at least two hours during a day.

**Day care centre<sup>1</sup>:** means a place in which day care is offered on a regular basis for reward to four or more children who are not of common parentage, whether known as a day care centre, child care centre, nursery, nursery school, kindergarten or by any other name.

**Day care provider:** a person registered to provide care for up to three (3) children in their own home. A provider must be 18 years or older.

**A day care provider is not<sup>2</sup>:**

- (a) Parents, relatives or persons with parental responsibility caring for the child
- (b) Providing services to children provided under the Education Act (e.g. school)
- (c) Providing child care in hospitals to children that are patients
- (d) Providing child care by a church during services or as part of religious instruction
- (e) Providing child care in seasonal or holiday overnight camps\*
- (f) Providing child care by a nanny in the child's home\*\*
- (g) Providing child care under the other sections of the Children's Act (e.g. foster care)

\* Only for children over school age. If there are children between 0 to 5-years-old the provider must be registered and will be restricted to 3 children.

\*\* Nanny sharing: If other children are being dropped off at another child's home and the same provider is caring for all children in this location, the provider is considered a home day care provider and must be registered as such.

---

1 Children Act 1998, Section 65, Definitions

2 Children Act 1998, Part IX

**Day care provider and Day care centre licensing:** A day care provider and a day care centre must apply to the Chief Environmental Health Officer. The Chief Medical Officer is ultimately responsible but has delegated responsibilities to the Chief Environmental Health Officer.

Applications are available online at: [www.gov.bm/child-care-information-providers](http://www.gov.bm/child-care-information-providers)

**Deputy**<sup>3</sup>: a person who the Chief Medical Officer has approved to deputise the person in charge in a Centre. They must be at least 21, and hold one of the following:

- a. A Bermuda College Certificate for Child Care Assistants or equivalent, with three years of post-qualification experience; or
- b. An associate degree in Early Childhood Education or equivalent and one year of post-certification experience; or
- c. A similar qualifications to the person in charge

**Parent:** includes any person with legal guardianship of a child.

**Person in Charge**<sup>4</sup>: A person must be approved by the Chief Medical Officer to be in charge of a Centre. The person must have at least three years' experience in a day care setting and have completed at least:

- a. An associate degree in Early Childhood or equivalent
- b. A degree other than an associate degree that included four courses in early childhood education offered by an accredited institution of higher learning.
- c. Has a BA in Early Childhood Education or equivalent and one year of post-certification experience.

**Provider:** a term developed for the Standards and refers to those providing care in a day care centre or in a home (a day care provider). If a Standard only applies to a day care centre or a day care provider the specific term is used.

**Three children:** the three (3) children a day care provider can watch, include all children in the home under the supervision of the provider, including relatives. A provider with more than 3 children, must be licensed as a Day Care Centre and follow the Day Care Centre Regulations 1999.

<sup>3</sup> Day Care Centre Regulations 1998

<sup>4</sup> Day Care Centre Regulations 1998

# Child Care Standards

## 1 PROVIDERS' SKILL SETS

### 1.1 A provider should:

- a. Have a warm, nurturing, pleasant and caring nature
- b. Have the ability to attend and respond to all children fairly without discrimination
- c. Have good communication skills
- d. Be in good physical and emotional health, sound mind and character (a Medical Clearance Form is required and available online at: [www.gov.bm/child-care-information-providers](http://www.gov.bm/child-care-information-providers)), which includes:
  - i. Free from communicable disease
  - ii. Free from substance abuse
  - iii. Mentally fit and capable of caring for young children



- iv. Able to:
  - Sit on the floor
  - Stand and walk
  - Lift and carry up to 30 lbs
  - Bend down to the floor
  - Squat
  - Reach up and down
  - Push
  - Pull
  - See and hear without difficulty
  - Appropriately immunized
- e. Be able to model appropriate behavior for children
- f. Be tolerant and accept individual differences
- g. Have energy, flexibility and creativity

## 1.2 Providers caring for children 3 to 35 months should be able to:

- a. Practice tummy time
- b. Provide warm, consistent, responsive caregiving and opportunities for child-started activities;
- c. Use play, shared reading time, songs, rhymes, and lots of talking to encourage language development
- d. Promote infant mental health;
- e. Promote cognitive, physical, and social-emotional development ([see Standard 3: Development Activities](#))
- f. Set limits to ensure safety and health and what parents expect from them
- g. Hold while feeding and be supportive of mother's wishing to breastfeed;
- h. Comfort and hold the infant throughout the day;
- i. Diaper, toileting and bathing;
- j. Prevent shaken baby syndrome/abusive head trauma;
- k. Promote positive behaviors;

## 1.3 Providers caring for children 3 to 5 years-old should be able to:

- a. Identify typical and abnormal development
- b. Promote the social and emotional development ([see Standard 3: Developmental Activities](#))
- c. Promote the emotional, language, early literacy, scientific inquiry, and mathematics development of children;
- d. Promote potty training
- e. Recognize the cultural backgrounds of the children in the facility's care;
- f. Talk to parents about observations and concerns;
- g. Identify the changing needs of populations served, e.g., culture, income, etc.



## 1.4 Substitutes

- a. All day care providers must have a person available to provide emergency relief. The emergency relief person will provide only temporary cover for a provider e.g. the provider needs to take a child to the hospital.
- b. The emergency relief must be:
  - i. Vetted by the Police
  - ii. Have First Aid and CPR training
  - iii. Identified on the provider's license application
  - iv. Communicated to parents and included in any emergency plan
- c. Substitutes who provide care as scheduled relief for a day care provider during, for example, a vacation must be:
  - i. Registered as a day care provider;
  - ii. Have their names included on the provider's registration certificate
  - iii. Communicated to parents and included on any vacation planning policy
- d. The provider must notify parents when their child will be in care of a substitute, and as soon as possible, where an emergency relief is called in.
- e. The operator of a day care centre must ensure they have qualified staff to substitute any absent staff members to ensure the ratio of children to staff remains as per the Day Care Centre Regulations 1999.

## 1.5 Conducting other business

A provider must not conduct any other business in the residence or centre while providing day care services. This includes, but is not limited to: afterschool care, camps, and home bakeries.

## 1.6 Substance use

Providers must not use tobacco on the premises of a Centre or a home where care is being provided as per the Tobacco Act 2015. The provider must not use alcohol or illegal drugs while caring for children.



## 2 PROFESSIONAL DEVELOPMENT

Providers who are better trained, are better able to prevent, recognize and correct health and safety problems and support appropriate child development.

2.1 Providers are required to complete the following continuing professional development (CPD) hours each year to add to their child care knowledge and practical skills:

- a. Day care providers - 6 hours per year.
- b. Day care centre staff - 10 hours per year.
- c. CPR and First Aid training must be completed by all providers every two years.
- d. Either the CPR/First Aid Training OR the SCARS training can apply towards CPD hours, but not both in one year
- e. The additional hours must be completed within the areas outlined in 2.3 Standard

2.2 Training that can count towards CPD hours should:

- a. Include practical demonstrations of what is taught; and fall under the following options:
  - i. Red Flags Training with the Child Development Programme (CDP)
  - ii. Formal courses resulting in credits or continuing education units either online or through Bermuda College.
  - iii. Workshops, conferences, seminars, lectures, correspondence courses and home study courses
  - iv. Documented observation time in other early childhood programmes.
  - v. Skills review as part of relicensing process- assesses understanding of Standards and real-life scenarios (can only be done every other year).

### 2.3 Areas for CPD training can include:

- a. Child growth and development
- b. Infant care
- c. Recognizing and managing minor illness
- d. Business aspects of child care
- e. Planning developmentally appropriate activities for mixed age groupings
- f. Nutrition for children
- g. Acceptable methods of discipline
- h. Organizing a home or centre for child care
- i. Preventing unintentional injuries
- j. Detecting, preventing and reporting child abuse
- k. Effective communication with children and parents
- l. Mental Health
- m. Occupational health hazards
- n. Evacuation drill procedures/Emergency Planning
- o. Water Safety- for providers with a wading or swimming pool

### 2.4 All providers must have documentation of successful completion of training, available to parents and Environmental Health, which includes:

**Resources:**

Training resources will be available online at

[www.gov.bm/  
child-care-  
information-  
providers](http://www.gov.bm/child-care-information-providers)

- a. Name of the activity
- b. Topics covered and core areas addressed
- c. Number of contact hours completed
- d. Date of the course or training
- e. Instructional method (e.g. lecture, classroom discussion, distance learning, self-guided study, etc.)
- f. Name of the sponsoring organization if applicable.
- g. A copy of certificates provided, if any.

### 2.5 Providers should take advantage of trainings offered on island.

### 3 LEARNING AND DEVELOPMENT ACTIVITIES

Children from 0 to 5 should be encouraged to learn through play in a range of structured and unstructured activities, directed by both adults and children. Activities should regularly promote learning and development through play in each of the following areas: social, emotional, physical, language and cognitive.

#### 3.1 To encourage development and learning, a provider should:

- a. Have a written description of the various activities (available upon request by a parent)
- b. Provide feedback to parents on activities carried out
- c. Provide regularity in routine, with enough flexibility for a child's individual needs
- d. Give children free choice among various developmentally appropriate activities, toys and books (see following Examples) Try to prevent challenging<sup>5</sup> or disruptive behaviours<sup>6</sup> that disrupt learning through:
  - i. Designing the layout of the play area to encourage play
  - ii. Schedules that meet the needs and abilities of children
  - iii. Effective transitions between activities
  - iv. Engaging activities
  - v. Knowledge of the children's home and classroom life

#### Resources:

[“Which Toy for Which Child: A Consumer’s Guide for Selecting Suitable Toys”](#)

For information regarding appropriate materials for outdoor play, see

[POEMS: Preschool Outdoor Environment Measurement Scale \(10\)](#) or

[Good Toys for Young Children](#) from the National Association for the

Education of Young Children.

- 5 **Challenging Behaviour:** any behaviour that interferes with children's learning, development and success at play, is harmful to the child or other children or adults, or puts a child at high risk for later social problems or school failure.
- 6 Disruptive behaviours may be: physical aggression (hitting, biting, shoving, and whacking with toys), relational aggression (“You can’t play with us”, verbal bullying), tantrums, whining, testing limits, refusal to follow directions or observe the rules.

### 3.2 Area: Physical development – to support a child’s physical development through play, the child requires:

- |  |   |
|--|---|
| <p>a. Materials and equipment should be available for use that meet the developmental stages of the children in care and are safe.</p> | <ul style="list-style-type: none"> <li>• A creative area (sand, water, paints, malleable materials)</li> <li>• A role play area</li> <li>• A quiet area (books, puzzles) with rugs and cushions</li> <li>• A construction area (blocks construction, small worlds)</li> <li>• Sufficient floor space for uninterrupted play</li> <li>• Low level storage to promote children’s independence</li> <li>• Sufficient numbers of child-sized chairs and tables</li> </ul> |
| <p>b. Provide materials that support fine-motor development (improvement of small muscle movements usually in fingers).</p>            | <ul style="list-style-type: none"> <li>• Jigsaw puzzles, shape sorters, play-doh, threading strings.</li> </ul>   |
| <p>c. Allow varied opportunities and equipment to engage in large motor experiences</p>  | <ul style="list-style-type: none"> <li>• Games that may use bean bags, bowling sets, hopscotch</li> </ul>   |





### 3.3 Area: Cognitive (Language development) – to support language development through play or activities a child requires:

<p>a. Hearing ongoing quality interactions between adults and children, and between children and their peers.</p>	<ul style="list-style-type: none"> <li>• Explain to the children what is happening in an activity, have a conversation while eating, playing, etc.</li> </ul>
<p>b. Various opportunities to develop communication</p>	<ul style="list-style-type: none"> <li>• For infants and toddlers it will be the adults narration of things and events e.g. when dressing them, changing activities, etc.</li> <li>• Response to questions, communicating needs, thoughts and experiences, describing things and events</li> </ul>
<p>c. Varied opportunities to develop vocabulary through conversations, experiences, field trips and books</p>	<ul style="list-style-type: none"> <li>• Different activities through the week</li> </ul>
<p>d. Daily opportunities to hear and respond to various types of books</p>	<ul style="list-style-type: none"> <li>• Picture books, wordless books and books with rhymes. Minimum of two story books per child in each age group i.e. infants and toddlers.</li> </ul>
<p>e. Opportunities to participate in a variety of creative, developmentally appropriate, activities</p>	<ul style="list-style-type: none"> <li>• Art, movement, music, dramatic play and books</li> </ul>
<p>f. Opportunities to develop skills and interest needed for writing</p>	<ul style="list-style-type: none"> <li>• Scribbling, tracing, drawing, colouring, painting, crayoning and putting stories in symbols/words that can be shared and read out to others</li> </ul>



### 3.4 Area: Cognitive Development (Early Mathematics) – to support children in developing concepts of numbers and counting through play provide opportunities and materials to:

<p>a. Use language, gestures and materials to convey mathematical concepts such as more and less and big and small - see and touch different shapes, sizes, colours and patterns</p>	<ul style="list-style-type: none"> <li>• Toys that expose children to a variety within each concept – shapes, size, colour, pattern.</li> <li>• Read books that include counting shapes</li> <li>• Build number awareness, using objects in the environment</li> </ul>
<p>b. Build an understanding of numbers, number names and their relationship to object quantities and to symbols.</p>	<ul style="list-style-type: none"> <li>• Counting out loud, children counting, books, games</li> </ul>
<p>c. Categorise by one or two attributes such as shape, size and colour</p>	<ul style="list-style-type: none"> <li>• Counting frogs, sea shells, sorting bins</li> </ul>
<p>d. Build an understanding of time in the context of their lives, schedules, and routines</p>	<ul style="list-style-type: none"> <li>• Have a daily routine for activities (free play, lunchtime) and discuss with the children.</li> </ul>
<p>e. Help them recognize and name repeating patterns.</p>	<ul style="list-style-type: none"> <li>• Clapping or beating a drum, lining-up blocks in repeating shape or colour, learning dance steps, etc.</li> </ul>

### 3.5 Area: Emotional – to develop the emotional health of a child, the provider should:

<p>a. Encourage varied learning opportunities that foster positive identity and a sense of self and others</p>	<ul style="list-style-type: none"> <li>• Self-portraits, family pictures, “all about me” books/activities. <b>For infants:</b> looking at mirrors and opportunities for self-exploration.</li> </ul>
<p>b. Offer children ways to become part of the classroom community so they feel accepted and gain a sense of belonging</p>	<ul style="list-style-type: none"> <li>• Lesson plans, job/responsibility charts, names on displays/artwork, activities so children can all participate fully.</li> </ul>
<p>c. Provide varied opportunities to discuss fairness, friendship, responsibility, authority, and differences</p>	<ul style="list-style-type: none"> <li>• Books about the issues, posted class rules, conflict resolution, provider assisting children with resolving problems.</li> </ul>
<p>d. Include space for privacy and independent play while maintaining constant supervision;</p>	<ul style="list-style-type: none"> <li>• A reading corner, a break area.</li> </ul>

### 3.6 Area: Social – to support children in developing their abilities to interact with others, the provider should:

<p>a. Allow for daily opportunities/activities/ experiences indoors and outdoors that challenge children's thinking skills and promotes social/emotional development and coping skills</p>	<ul style="list-style-type: none"> <li>• Bring unengaged children into play, use schedules that include multiple groups and toy tidying times.</li> </ul>
<p>b. Provide opportunities to resolve differences kindly without immediate adult intervention</p>	<ul style="list-style-type: none"> <li>• Help them identify feelings, describe problems, try other options (different toys)</li> </ul>
<p>c. Encourage perseverance to complete challenging, difficult or unpleasant tasks</p>	<ul style="list-style-type: none"> <li>• Crouch to the child's level and talk through the problem with the child, encourage them with positive feedback</li> </ul>
<p>d. Provide children opportunities to develop love and respect for other children and adults including those who are physically and otherwise challenged</p>	<ul style="list-style-type: none"> <li>• Books with persons of different abilities, modelling the behaviour, discuss with parents for their viewpoint.</li> </ul>
<p>e. Encourage each child to learn about protecting the human-made and natural environments and how to be environmentally friendly</p>	<ul style="list-style-type: none"> <li>• Safe garbage disposal and preventing unnecessary damage</li> <li>• Recycling</li> <li>• Green lunches i.e. reusable containers</li> </ul>
<p>f. Encourage independence by assisting with self-help skills</p>	<ul style="list-style-type: none"> <li>• Dressing and undressing and using eating utensils</li> </ul>



## 4 CREATING CARING COMMUNITIES

In order for a provider to develop a safe and caring community for children, they should:

- 4.1 Show in their daily communications with the child and family they know:
  - a. The children they care for
  - b. The children's families
  - c. The social, linguistic and cultural context in which the children live
- 4.2 Create and maintain a setting where children of different abilities can progress, encourage independence, responsibility and empathy. For infants this may include encouraging them to roll over or reach things on their own.
- 4.3 Develop individual relationships with children through care that is responsive, attentive, consistent, comforting, supportive and culturally sensitive<sup>7</sup>.
- 4.4 Not discriminate with play materials for children. Children of both genders, all abilities and cultures must be encouraged to use all equipment and materials.

## 5 CHILD DEVELOPMENT OBSERVATION

A provider's daily communication with children and families is an important time to promote children's development and note concerns. If there are concerns, a provider should give parents information about local, helping resources ([Annex I](#)).

- 5.1 Communication to parents about concerns should:
  - a. Begin by asking if they have any concerns
  - b. Value their knowledge, understanding the final decision is theirs
  - c. Be caring and genuine – explain you want the best for their child, it's not about weakness
  - d. Balance concerns with positive behaviours the child is expressing
  - e. Offer resources for assistance, but also adopt a 'wait and see' approach if they are not receptive.
- 5.2 A provider should attend the Red Flags training offered through the Child Development Programme (CDP). The Red Flags training will assist providers in identifying developmental concerns and when to encourage families to seek additional services.

---

<sup>7</sup> Culturally sensitive includes attention to materials, books, music, artifacts that reflect diversity of the children.

**5.3 A day care centre should have a written plan for development observations that describes the purpose, procedures and use of the results. The plan should also include:**

- a. Conditions under which the children will be observed
- b. When the observations are reported
- c. Procedures to keep records confidential
- d. Ways to involve families
- e. Methods to effectively communicate the information to families

**Resources:** For a day care centre interested in a formal development screening procedure, examples are available from CDP, Red Flags Training, or Centers for Disease Control and Prevention (CDC) at [www.cdc.gov/ncbddd/actearly/](http://www.cdc.gov/ncbddd/actearly/) and the American Academy of Pediatrics (AAP) at [www.healthychildcare.org](http://www.healthychildcare.org).

**5.4 The day care centre's observations should:**

- a. Be aligned with curriculum goals focusing on growth, not checklists
- b. Provide an accurate picture of all children's abilities and progress
- c. Be appropriate and valid for stated purpose
- d. Provide meaningful and stable results for all children
- e. Give the centre staff clear ideas for curriculum development and daily planning
- f. Be regularly reviewed to be certain that they are providing the needed information

## 6 SUPERVISION AND DISCIPLINE

Providers should directly supervise children by clear line of sight and within hearing at all times even when children are toileting, napping or beginning to wake-up. Supervision is basic to safety and the prevention of injury and maintaining quality child care.

**6.1 When the registered provider is absent, the provider must ensure that a registered substitute/emergency relief is on site.**

- a. An approved plan for identifying and contacting an emergency relief and substitute must be submitted at time of registration with Environmental Health.

## 6.2 Supervision for Swimming, Wading water play

Small children can drown in 30 seconds in as little as two inches of liquid. To ensure that children are safe in the water:

- a. Constant, active supervision should be maintained when any child is in or near water.
- b. Providers should not be reading, talking on the phone, or caring for other children out of the sight of children in water, or conducting any other distracting activity.
- c. During swimming/wading/water play activities where either an infant or toddler (under the age of 3) is present the ratio should always be one adult to one infant/toddler.

## 6.3 Discipline and guidance

**Discipline should be consistent and based on an understanding of individual needs and development of a child. To ensure this, a provider should have a discipline policy that is discussed and shared with the parents.**

And a provider should not:

**Resources:**  
[Appendix II](#)  
positive discipline techniques.

- a. Subject a child to physical punishment, humiliation or verbal abuse;
- b. Deny a child food, water, shelter, clothing or bedding as a form of punishment;
- c. Punish a child for soiling or wetting themselves or not using the toilet;
- d. Leave a child unattended at any time, including isolation periods.

## 6.4 Limiting time in crib, high chair, car seat etc.

**Children are continually developing their physical skills. Extended time in the crib, high chair, walker, bumbo seat, car seat or other confined space limits their physical growth and affects their social interactions.**

To develop a child's physical skills, a provider should not:

- a. Allow a child to sit in a high chair, walker, bumbo seat or other equipment that constrains his/her movement indoors or outdoors for more than 15 minutes other than at meals or snack times.

- b. Have a child out of view while in these types of equipment.
- c. Leave a child to sleep in equipment that does not meet American Society for Testing Material (ASTM) International product safety standards for sleep equipment.
- d. Providers should provide infants with tummy time for their developmental growth.

### 6.5 Limiting Screen Time – Media/Computer

**In the first two years of life, children’s brains and bodies are going through critical growth and development. It is important for infants and young children to have positive interactions with people, not sit in front of screens. Interactive activities should be encouraged including talking, playing, singing and reading together. To do this, a provider should:**

- a. Ensure media viewing (TV, Video, DVD, Cell Phone, and iPads) is not permitted for children younger than 2 years.
- b. Limit screen time for children 2 years and older, to no more than 30 minutes once a week and for educational or physical activity only (The American Academy of Pediatrics provides resources on appropriate media: [www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Media-and-Children.aspx](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Media-and-Children.aspx)).
- c. Not allow media viewing during meal or snack time.
- d. Never allow a child to watch adult material (i.e. revealing photos, pornography). This is considered sexual abuse.



## 7 PROHIBITED BEHAVIOURS

**7.1 The use of corporal punishment should be prohibited in all child care settings and by all providers. Corporal punishment means punishment inflicted directly on the body including, but not limited to:**

- a. Hitting, spanking (refers to striking a child with an open hand on the buttocks or extremities with the intention of modifying behavior without causing physical injury), shaking, slapping, twisting, pulling, squeezing, or biting;
- b. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
- c. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
- d. Exposing a child to extremes of temperature.
- e. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised;
- f. Binding or tying to restrict movement, such as in a car seat (except when travelling) or taping the mouth;
- g. Using or withholding food as a punishment or reward;
- h. Toilet learning/training methods that punish, demean, or humiliate a child;
- i. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
- j. Any abuse or maltreatment of a child, either as an incident of discipline or otherwise.
- k. An act of abuse or neglect of a child by an older child, employee, volunteer, or any provider or child's family;
  - l. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;
- m. Any form of public or private humiliation, including threats of physical punishment;
- n. Physical activity/outdoor time should not be taken away as punishment.

## 8 CHILDREN OF DIFFERENT NEEDS OR ABILITIES

- 8.1 All children should be included in all activities possible unless a specific medical issue exists.
- 8.2 Providers may need to seek professional guidance and obtain appropriate training in order to include children with special needs.
- 8.3 Parents of a child with a disability or special health care needs, the child's healthcare professional and the provider should discuss the type and frequency of services needed while in care
- 8.4 Parents should provide written information regarding the nature of the special education needs and care and the respect of privacy.
- 8.5 A day care centre should provide appropriate adaptations or support to enable access to the curriculum and activities (e.g. equipment for those with sensory impairments, adaptive furniture and structures for physical disabilities, special assistance with communication disorders, etc.).

## 9 CHILD PROTECTION

- 9.1 It is mandatory for providers to inform Child and Family Services of any suspicion of a child is suffering or has suffered significant harm (see section 3 of the Children Act 1998 for definition).
- 9.2 To report a suspected care of child abuse call the referral hotline: 278-9111 (Monday to Friday from 8.30 a.m. to 5 p.m.) and/or complete a referral form available online at: [www.gov.bm/child-care-information-providers](http://www.gov.bm/child-care-information-providers) and fax to CFS on: 295-1337. Your name and identity will be kept confidential.
- 9.3 Child and Family Services is required to investigate allegations of significant harm and may provide services to protect children.





## 10 HEALTH

To benefit from education and maintain a good quality of life, children need to be as healthy as possible. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1948). Children depend on adults to make healthy choices for them and to teach them to make healthy choices for themselves.

### 10.1 Promoting and Protecting Children's Health and Controlling Infectious Diseases

To protect the health of a child, the provider should:

- a. Have a Sick Child policy, which is informed by the [Guidance on Infection Control, Exclusion and Reporting of Health Events in Schools and other Child Care Settings](#)
- b. Have a separate room or specific area within a room as a sick bay.
- c. Notify the parent or other person authorized by the parent when a child has any sign or symptom requiring removal from day care.
- d. Notify families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed.
- e. Keep up-to-date emergency contact information for each child.
- f. Maintain instructions on the children's special health needs such as allergies, or chronic illness (e.g. asthma).
- g. NOT administer prescription and over-the counter medication to a child without the written permission and instructions from a parent.
- h. Comply with the adult immunization schedule and be free from communicable disease/infection while caring for children.

### 10.2 Nutrition

- a. A provider should have a Nutrition Policy that includes: fresh water to be available at all times, guidelines for balanced meals and snacks.
- b. Mothers who are breastfeeding must be provided access to their child as necessary and expressed human milk must be refrigerated until needed.
- c. If a child is on dry or ready-to use formula it must be prepared and given to the provider in bottles. The bottles must be refrigerated until the baby is hungry.



**Resources:**

The Department of Health provides information on feeding infants, toddlers and preschoolers here:

[www.gov.bm/  
child-care-information-  
providers](http://www.gov.bm/child-care-information-providers)

- d. Babies and infants should be held in the arms of a provider during feeding and spoken to, to encourage ingestion and relaxation.
- e. Children's eating patterns should be recorded and any unusual behavior reported.
- f. Children and adults should be seated together during meals to support a social atmosphere.
- g. Food should never be used as a reward or denial of food a punishment.
- h. Providers should communicate with parents about balanced nutrition.
- i. All food and beverages brought from home should be labeled with the child's name.
- j. Providers should encourage re-usable containers for food.

### 10.3 Activity

- a. Children of all ages should have daily outdoor play time.
- b. If weather conditions stop outdoor activities, similar activities should be provided inside.
- c. The provider should ensure children are protected from cold, heat, sunburn/stroke and mosquito bites with appropriate clothing or skin protection provided by the parent.

### 10.4 Changing facilities and toilets

- a. Children with cloth diapers should have a diaper with an absorbent inner lining and outer covering material that prevents the escape of feces and urine. Both diaper and outer covering should be changed as a unit.
- b. Cloth diapers and soiled clothing must be placed in a plastic bag and sent home for laundering.
- c. Providers should check children for signs that diapers or pull-ups are wet or contain feces at least every two hours when children are awake and when they awaken.
- d. Providers should wear gloves when changing diapers and wash their hands with soap and water immediately afterwards.
- e. A child should be changed on a changing mat and not elsewhere in the home or facility.



- f. Individual potties are to be provided for children who are potty training and children should not be forced to remain on the potty beyond their need.
- g. Child-friendly toilets used for potty training must be kept close to the bathroom and on a surface that can be cleaned and sanitized if soiled.
- h. Changing tables are to be covered in a non-porous material, cleaned and disinfected after each use. Changing tables are to be kept separate from any food preparation area.

### 10.5 Hand washing

- a. All providers should regularly wash their hands, using soap and water, to reduce the risk of spreading communicable diseases to themselves and others.



- b. Providers and children should wash their hands after:
  - i. Diapering or using the toilet (wet wipes are acceptable for infants)
  - ii. After handling body fluids (wiping nose, coughing on a hand, etc.)
  - iii. Before meals and snacks
- c. Providers should also wash their hands:
  - i. Before and after feeding a child
  - ii. Before and after administering medication
  - iii. After assisting a child with the toilet
  - iv. After handling garbage or cleaning
- d. Providers should wear gloves when contact with blood may occur (e.g. cleaning injuries) or when changing diapers

### 10.6 Sleep

- a. To reduce the risk of Sudden Infant Death Syndrome (SIDS) infants, unless ordered by a physician, should be placed on their backs to sleep on a firm surface made for infant sleeping.
- b. Pillows, blankets, quilts, comforters, sheepskins, stuffed toys and other soft items are not allowed in cribs or rest equipment for infants younger than 12 months.
- c. Mattresses and bedding must be clean and hygienic. Cots provided for babies must be safe and separated at a distance of 30 inches OR 1.5 feet.

## 11 HEALTH AND SAFETY

The provider should ensure premises where care is being provided, its furnishings, equipment and materials, that are accessible to the children, are kept in a clean, safe condition and are free from hazards.

### 11.1 The provider must ensure that:

- a. Paint used on premises and equipment must be free of lead or other toxic ingredients.
- b. All walls, floors, ceilings and other surfaces are clean and in good repair.
- c. A cleaning schedule includes standard daily cleaning (e.g. mopping floors, wiping counters/tables) and twice yearly deep-cleans, or after any child has reported to have a communicable disease.
- d. Floors are non-slip and free from cracks, splinters and sharp or protruding objects.
- e. Screens used on all windows, doors or other openings to the outside are in good repair.
- f. Guards are on windows that are above the ground floor and are accessible to children.
- g. Stairs accessible to children have suitable gates installed at the top and bottom.
- h. Protective covers are placed on all electrical outlets accessible to children.
- i. Play equipment (indoor and outdoor) is easily cleaned and is maintained in safe working conditions and free from hazards including but not limited to rust and protruding objects.
- j. Electrical outlets, wiring and connections are in accordance with the building codes from the Dept. of Planning.
- k. All hazardous materials<sup>8</sup> are well-labeled, kept separate from food, and out of the reach of children, preferably in a locked cabinet.
- l. Illegal drugs and tobacco are not on the premises or in any vehicle used for the children.
- m. Domestic animals (dogs, cats, rabbits, rodents, terrapins) are separated from the children.

---

<sup>8</sup> Hazardous materials includes, but is not limited to detergent, cleaning supplies and medicines, and alcohol.

- n. The premises used for child care are free from rodent and insect infestation.
- o. Rooms are well-lit and ventilated either naturally or artificially, according to building codes.
- p. Environmental Health is notified of any proposed structural alterations or extensions to the premises before they are made.

### 11.2 Plumbing and Toilets

- a. Plumbing must be in good working condition.
- b. There must be at least one (1) flushing toilet and one (1) sink with hot and cold running water in the same indoor bathroom.
- c. The toilet must be located on the same floor where the child care is provided and the toilet is to be safely and easily accessible for the children.
- d. Water must not exceed 110 degrees F at places used by children.

### 11.3 Emergencies and Fire & Safety

- a. To ensure the safety of children, a provider must have:
  - b. A fire extinguisher that is accessible, serviced and up to date with its inspections.
  - c. Exit routes that are accessible to children with disabilities, if they are cared for in the premise.
  - d. An emergency plan in case of disasters that is posted and available to parents as requested.
  - e. A working cell or land-line telephone and an accessible list of emergency and parent contacts.
  - f. A list of the children in attendance each day and the contact names and numbers for their parents or guardians that is easily accessible.

### 11.4 Indoor space requirements

- a. A provider must have a minimum of 25 square feet of indoor activity space per child<sup>9</sup>.
- b. There should be space accessible to children to store clothing and other personal items.

---

<sup>9</sup> The space is calculated by excluding areas not used by children, including but not limited to: bathroom, kitchen, and closets. The space is measured from wall to wall and furniture that restricts children's free movement will be deducted from the total space determination.

### 11.5 Outdoor space requirements

The registered premises must have access to outdoor play area that meets the following requirements:

- a. At least 50 square feet per child using the space;
- b. Provides shade and open space;
- c. The ground under climbing and moving equipment is safe according to Ministry requirements.
- d. The ground should not be paved but covered by grass, non-compacted sand or other approved surfacing;
- e. Is free from hazards or existing hazards are not accessible to children. Hazards include, but are not limited to: outdoor storage facilities, machinery and tools, pools, water tanks, cesspits, steep drop-offs, roads and animal feces.

### 11.6 Accidents and Injury

To ensure any accidents or injuries are handled well, the provider should:

- a. Have an emergency care plan that ensures the child in need is cared for while all other children in care are supervised in accordance with the legislation.
- b. Protect an injured child from further harm, arrange for any necessary emergency medical attention and notify the child's parent(s).
- c. Maintain a record of when the parent(s) were notified or of attempts to notify the parent(s)



- d. Have a:
  - i. Fully stocked, up-to-date first-aid kit, kept and maintained in a readily available location on the premises that is inaccessible to children;
  - ii. Portable, up-to-date first-aid kit for use on field trips or when the children are engaged in activities away from the premises.

## 12 RECORDS

- 12.1 **A record of the following information should be kept by all providers:**
- a. Each child's name and address;
  - b. The name, address and telephone number of the child's parent;
  - c. The name, address and telephone number of a person to be contacted in the event of an emergency if a parent is not available;
  - d. The names of persons to whom the child may be released and any custody arrangements that may be in place;
  - e. Any medical, physical or developmental conditions relevant to the care of the child;
  - f. The name, address and telephone number of the child's physician and
  - g. Relevant health insurance information
  - h. A daily attendance record in respect of each child in care (a Centre must keep this record);
  - i. A record of the date of birth of each child (a Centre must keep this record);
  - j. A record of the date, time, amount and type of medication administered to any child in care ([see Standard 6.1 \(h\)](#) for more on medication).
- 12.2 **A day care provider must display their registration certificate in a clearly visible location for parents in the area they provide care.**
- 12.3 **A day care centre must display the licence or provisional licence in a clearly visible location on the licensed premises.**

## 13 TRANSPORTATION

- 13.1 **The provider should communicate to parents plans for transporting children and know the authorized persons to transport children in a case of emergency ([see Standards 8.3 and 8.6](#))**
- 13.2 **When children are being transported in connection with the activities of a day care provider or a day care centre, the provider should ensure:**
- a. All children 2 years of age and under, should be seated in suitable safety carriers

- b. The number of children does not exceed the number of seats at any time;
  - c. Children are not left unattended in vehicles at any time;
  - d. Sharp, heavy or potentially dangerous objects shall not be transported, or shall be securely restrained;
  - e. Children are loaded from curbside or at a safe off-street area away from the flow of traffic so they are protected from all traffic hazards;
  - f. Children are delivered to the day care provider, day care centre or to the parent
  - g. Legislation does not require a child in a mini-bus or other public service vehicle to wear a seat-belt, but they must have a seat. For infants and toddlers, the provider should, however, have an age-appropriate seat for transport on a mini-bus.
  - h. When transporting children on a public bus, the provider must ensure they have a seat and they will not be required to stand for adults.
- 13.3 **Any person transporting an individual child, should ensure the child is sitting in the back seat of the vehicle to reduce any concerns for inappropriate interaction with the child.**

## 14 FAMILIES

Family and providers should work together as partners in providing care. To do so the provider should ensure:

- 14.1 **Parents are welcome in a child care premise any time their child is in attendance. The “open-door policy” should be part of an “enrolment agreement” or other contract.**
- 14.2 **A system is in place for a regular exchange of information between parents and providers about children’s activities and learning. Parents are encouraged to share information, their views and have their concerns acknowledged and respected e.g. a daily record book.**
- 14.3 **They have short informal daily conversations between parents, as well as periodic and planned communication with at least one parent to:**
  - a. Review the child’s adjustment to care and development over time;
  - b. Reach agreement on appropriate disciplinary measures;
  - c. Discuss the child’s strengths, specific health issues, special needs, and concerns;



- d. Stay informed of family issues that may affect the child's behavior in care;
  - e. Identify goals for the child;
  - f. Discuss resources that parents/guardians can access;
  - g. Discuss the results of any developmental screening done by CDP or other health professionals
- 14.4 **Providers should have a complaints procedure that allows for appropriate and prompt action on any concerns or complaints raised by parents. A record of all complaints should be maintained with details of the actions taken and resolution.**



## 15 COMMUNITY RELATIONSHIPS

Access and understanding of community resources is essential to help families. To assist, a provider should:

- 15.1 **Maintain and share with parents a current list of child and family support services available in the community (e.g. [organizations focused on health, mental health, oral health, nutrition, child welfare, parenting programs, screening and assessment services](#), etc.).**
- 15.2 **Develop partnerships and professional relationships with agencies, consultants, and organizations in the community to meet the needs and interests of the children and families they serve.**

## 16 LEADERSHIP & MANAGEMENT

To ensure a safe and well-run child care, a provider needs to ensure they are aware of the commitments to the greater community. To do this, a provider should:

- 16.1 Be aware of any Legislation, Regulations and Standards that apply to their operation.
- 16.2 Ensure that they have, and effectively implement, policies, and procedures to ensure both parents and providers are clear on their roles and responsibilities. These must be shared verbally and in writing with the families that are enrolled.
- 16.3 Have policies in place that include, but are not limited to:
  - a. Enrollment policy & contract – include timeframe for removing child (based on the payment schedule i.e. one week, one month).
  - b. Abuse & Neglect Policy (see Standard 9)
  - c. Sick Child Policy (see Standard 10.1)
  - d. Nutrition Policy (see Standard 10.2)
  - e. Substitute Policy (See Standard 1.4)
  - f. Discipline Policy (See Standard 6.3)
  - g. A Code of Conduct - for provider and for parents
  - h. Emergency Procedure(s) (See Standard 8)
  - i. Visitor Policy – open door for parents. No personal visitors during child care hours.
  - j. Complaints Policy – should include how a parent may make a complaint and steps for resolution.
  - k. Payment Policy – should include date of payment, result of late payment and what payment covers
  - l. Leave Policy – plan for when a provider is on holiday
- 16.4 Day care centres must implement plans and policies to attract and maintain consistently qualified, well-trained staff and reduce staff turnover.
- 16.5 Day care centres should discuss with parents the move from one provider to another or from one group to another.

### Resources:

Templates are available here:

[www.gov.bm/  
child-care-  
information-  
providers](http://www.gov.bm/child-care-information-providers)



## Annex I: Community Resources

The following list of resources and more, can be found on the online directory:  
[www.helpingservices.bm](http://www.helpingservices.bm)

### Subsidy Information

#### WHO IS RESPONSIBLE FOR CHILD CARE FEE SUBSIDY?

The Department of Financial Assistance determines eligibility for the child care subsidy.

#### DO YOU QUALIFY FOR CHILD CARE FEE SUBSIDY?

You may apply if one of the following is true:

- You possess Bermudian status or are a spouse of a person who possesses Bermudian Status
- Your child possesses Bermudian status
- Your child is between the ages of 0 and 4 years
- Your annual household (gross) income does not exceed the maximum prescribed amount
- The proposed Day Care provider is licensed by the Department of Health
- The child resides with you and you have care and control.

#### ARE YOU FINANCIALLY ELIGIBLE FOR CHILD CARE SUBSIDY?

Eligibility is determined by your household income. Please contact Department of Financial Assistance for more information.

#### HOW DO YOU MAKE AN APPOINTMENT?

Walk in services are available 10a.m.-12 p.m. and 2-4 p.m. Monday-Friday or call the Department of Financial Assistance 297-7600.

#### WHAT DO YOU NEED TO BRING TO YOUR APPOINTMENT?

You must have a copy of identification for each household member, social insurance numbers, confirmation of employment and most recent pay stub, proof of status and birth certificate of child, name, address and contact information of child care provider.

Address: Department of Financial Assistance First Floor,  
Global House, 43 Church Street, Hamilton

For a list of licensed day care providers or centres, visit:  
[www.gov.bm/child-care-information-parents](http://www.gov.bm/child-care-information-parents) or call Environmental Health on 278-5397.

## Where to go for help

If there are concerns in any area of child care, a parent should contact any one of the following, as appropriate:

- Child Development Programme
- Their family physician/paediatrician
- Their Health Visitor
- Child Health Clinic

For specific concerns, see the individual categories listed in this section. A physician's referral is not always required to contact individual agencies.

### **ABUSE** ([Standard 9](#))

Please call your Child and Family Services Child Abuse Hotline immediately if the concerns relate to a child protection issue. If the concerns pertain to a child protection (harm) issue, contact Child and Family Services:

Child Abuse Hotline 278-9111

### **AGE SPECIFIC CONCERNS**

Child Development Programme (birth to 4 years)

Phone: 295-0746

The Family Centre (5-14 years)

Phone: 232-1116

Email: [info@tfc.prevention.bm](mailto:info@tfc.prevention.bm)

Child and Adolescent Services (4-18 years)

Phone: 239-6433

Private counsellors (insurers sometimes fund these services)

### **AUTISM**

For concerns and/or diagnosis, the parent should contact their family physician, paediatrician or:

#### **Autism Clinic**

Child and Adolescent Services

236-3770

**BASE** (Bermuda Autism Support and Education)

534-0306

Email: [basebda@yahoo.com](mailto:basebda@yahoo.com)

**Tomorrow's Voices** - Bermuda Autism Early Intervention Centre  
297-4342

Email: [tomorrowsvoices@northrock.bm](mailto:tomorrowsvoices@northrock.bm)

Additional support can be provided by:  
Child Development Programme  
Ages: birth to 4 years  
295-0746

## BEHAVIOUR

If there are concerns, contact:  
Child Development Programme  
Ages: birth to 4 years  
295-0746

Child and Adolescent Services  
Ages: 4-18 years  
239-6433

Child and Family Services (for Child Protection services)  
278-9111

The Family Centre Ages: 5-14 years  
232-1116  
Email: [info@tfc.prevention.bm](mailto:info@tfc.prevention.bm)

## DENTAL

If there are dental concerns, parents should contact their dentist, or the oral Health Section, Department of Health (located at 67 Victoria Street, Hamilton) where children may be eligible for oral health care at minimal cost.

Oral Health Section  
Department of Health  
P. O. Box 1195  
Hamilton HMEX  
Bermuda  
Email: [dentalclinics@gov.bm](mailto:dentalclinics@gov.bm)  
phone: 278-6440 or 296-0041

## FAMILY ENVIRONMENTAL STRESSORS

Please call Child and Family Services Hotline immediately if the concerns relate to a child protection issue: 278-9111

Child Development Programme

Ages: birth to 4 years

295-0746

The Family Centre

Ages: 5-14 years

232-1116

Email: [info@tfc.prevention.bm](mailto:info@tfc.prevention.bm)

Child and Adolescent Services

Ages: 4-18 years

239-6433

Coalition for the Protection of Young Children

295-1150

Fax 295-2430

Private counselling providers (insurers sometimes fund these services)

## FEEDING AND SWALLOWING

Department of Health:

- Community Rehabilitation - 278-6427
- Health Visitors: 292-3095
- La Leche League of Bermuda - 236-1120

Private speech language support services from registered practitioners.

## FETAL ALCOHOL SPECTRUM DISORDER

If there are concerns, advise parents to contact their physician or if they do not have a physician, contact:

Child Development Programme

Ages: birth to 4 years

295-0746

## **FINE MOTOR SKILLS**

If there are concerns, advise the parent to contact their family physician. The physician may refer to:

Department of Health –

Community Rehabilitation - 278-6427 or

Child Development Programme (birth to 4 years) - 295-0746

If the child is 5 or over, contact the child's teacher to connect with appropriate therapeutic services.

## **GETTING READY FOR PRESCHOOL AND PRIMARY**

Child Development Programme (birth to 4 years) - 295-0746

The Reading Clinic - 292-3938

Private psychological services.

## **GROSS MOTOR SKILLS**

If there are concerns, advise the parent to contact their family physician. The physician may refer to:

Department of Health –

Community Rehabilitation - 278-6427 or

Child Development Programme (birth to 4 years) - 295-0746

If the child is 5 or over, contact the child's teacher to connect with appropriate therapeutic services.

If there are concerns, advise the parent to contact their family physician. The physician may refer to:

Department of Health –

Community Rehabilitation - 278-6427 or

## HEARING

The first two years of life are the most important for speech and language development. By 2, children should receive a hearing test if they don't seem to be developing speech and language at the normal rate. If the parent is concerned they should contact the paediatrician/physician.

Private audiological services from a registered practitioner, e.g Bermuda Hearing Services.

Child Development Programme (birth to 4 years) - 295-0746

Department of Education/Student Services - 278-3300

## INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Child Development Programme (birth to 4 years) - 295-0746

Child and Adolescent Services (4-18 years) - 239-6433

Mid Atlantic Wellness Institute - 239-2643

Department of Health - 278-4900 or 278-4921

## LEARNING DISABILITIES

If there are concerns, advise the parents to contact their family physician, their child's school or:

The Reading Clinic Educational and Psychological Services - 292-3938

The Family Centre (5-14 years) - 232-1116

Email: [info@tfc.prevention.bm](mailto:info@tfc.prevention.bm)

Website: [www.tfc.bm](http://www.tfc.bm)

Child and Adolescent Services (4-18 years) - 239-6433

Child Development Programme (birth to 4 years) - 295-0746

A private psychologist

## LITERACY AND NUMERACY

Child Development Programme (birth to 4 years) -295-0746

For school age children, advise parent to talk to the child's teacher or contact:

The Reading Clinic Educational and Psychological Services - 292-3938

The Family Centre (5-14 years) - 232-1116

Email: [info@tfc.prevention.bm](mailto:info@tfc.prevention.bm)

Website: [www.tfc.bm](http://www.tfc.bm)

Child and Adolescent Services (4-18 years) - 239-6433

### MILD TRAUMATIC BRAIN INJURY

If a parent reports changes in their child's behavior, advise them to contact their family physician or paediatrician who can make a referral to the appropriate specialist.

### NUTRITION

If any concerns, advise the parent to talk to a family physician or paediatrician or contact:

Department of Health:

- (a) Nutritionist/Dietitian - 278-6467
- (b) Health Visitor - 292-3095
- (c) School Nurse - 278-6460

### POSTPARTUM DEPRESSION

Contact a physician for referral to:

Health Visitor: 292-3095

Mid Atlantic Wellness Institute: 236-3770 ext. 3463

A private psychiatrist or psychologist (insurers will fund some services).

### SENSORY

Department of Health – Community Rehabilitation: 278-6427

Child Development Programme (birth to 4 years): 295-0746

### SOCIAL/EMOTIONAL

Advise parent to contact a children's mental health professional:

The Family Centre (5-14 years) - 232-1116

Email: [info@tfc.prevention.bm](mailto:info@tfc.prevention.bm)

Website: [www.tfc.bm](http://www.tfc.bm)

Child and Adolescent Services (4-18 years) - 239-6433

Child Development Programme (birth to 4 years) - 295-0746

### **SPEECH AND LANGUAGE**

Contact the child's physician/paediatrician for referral to:

Department of Health – Community Rehabilitation: 278-6427

Child Development Programme (birth to 4 years): 295-0746

Private speech language pathologists e.g. Bermuda Hearing Services

### **VISION**

Ministry of Education – Student Services (for school age children) – 278-3300

School Nurse – 278-6460

See a private optometrist or ophthalmologist (a referral may be required)

### **DEVELOPMENTAL DELAY**

Child Development Programme (birth to 4 years): 295-0746

For school age children:

The Reading Clinic Educational and Psychological Services – 292-4342

Tomorrow's Voices – Bermuda Autism Early Intervention Centre – 297-4342,  
[tomorrowsvoices@northrock.bm](mailto:tomorrowsvoices@northrock.bm)



## Annex II: Positive Discipline Guidelines<sup>10</sup>

1. **Misbehaving children** are 'discouraged children' who have mistaken ideas of how to achieve their primary goal – how to belong. Their mistaken ideas lead them to misbehavior. We can not be effective unless we address the mistaken beliefs rather than just the misbehavior.
2. **Use encouragement** to help children feel “belonging” so the motivation for misbehaving will be eliminated. Celebrate each step in the direction of improvement rather than focusing on mistakes.
3. A great way to help children feel encouraged is to **spend special time** "being with them." Many teachers have noticed a dramatic change in a "problem child" after spending five minutes simply sharing what they both like to do for fun.
4. When tucking children into bed, ask them to **share with you** their "saddest time" during the day and their "happiest time" during the day. Then **you share with them**. You will be surprised what you learn.
5. Have family meetings or class meetings to solve problems with cooperation and mutual respect. This is the key to creating a loving, respectful atmosphere while helping children develop self discipline, responsibility, cooperation, and problem-solving skills.
6. Give children meaningful jobs. In the name of expediency, many parents and teachers do things that children could do for themselves and one another. **Children feel belonging when they know they can make a real contribution.**
7. **Decide together** what jobs need to be done. Put them all in a jar and let each child draw out a few each week; that way no one is stuck with the same jobs all the time. Teachers can invite children to help them make class rules and list them on a chart titled, "We decided." Children have ownership, motivation, and enthusiasm when they are included in the decisions
8. **Take time for training.** Make sure children understand what "clean the kitchen" means to you. To them it may mean simply putting the dishes in the sink. Parents and teachers may ask, "What is your understanding of what is expected?"
9. **Teach and model mutual respect.** One way is to be kind and firm at the same time—kind to show respect for the child, and firm to show respect for yourself and "the needs of the situation." This is difficult during conflict, so use the next guideline whenever you can.

---

10 Positive Discipline, Jane Nelson Positive Discipline Guidelines, from the Book, Positive Discipline by Jane Nelson. Accessed: <https://www.positivediscipline.com/sites/default/files/positive-discipline-guidelines.pdf> 1st November 2017

10. Proper **timing** will improve your effectiveness tenfold. It does not "work" to deal with a problem at the time of conflict—emotions get in the way. Teach children about **cooling-off periods**. You (or the children) can go to a separate room and do something to make yourself feel better—and then work on the problem with mutual respect.
11. **Get rid of the crazy idea that in order to make children do better, first you have to make them feel worse.** Do you feel like doing better when you feel humiliated? This suggests a whole new look at "time out."
12. **Use Positive Time Out.** Let your children help you design a pleasant area (cushions, books, music, stuffed animals) that will help them feel better. Remember that children do better when they feel better. Then you can ask your children, when they are upset, "Do you think it would help you to take some positive time out?"
13. Punishment may "work" if all you are interested in is stopping misbehavior for "the moment." Sometimes we must **beware of what works** when the long-range results are negative—resentment, rebellion, revenge, or retreat.
14. Teach children **that mistakes are wonderful opportunities to learn!** A great way to teach children that mistakes are wonderful opportunities to learn is to model this yourself by using the Three Rs of Recovery after you have made a mistake:
  1. **Recognize your mistake.**
  2. **Reconcile:** Be willing to say "I'm sorry, I didn't like the way I handled that."
  3. **Resolve:** Focus on solutions rather than blame.  
(#3 is effective only if you do #1 & #2 first.)
15. Focus on **solutions** instead of **consequences**. Many parents and teachers try to disguise punishment by calling it a logical consequence. Get children involved in finding solutions that are:
  - Related
  - Respectful
  - Reasonable
  - Helpful
16. **Make sure the message of love and respect gets through.** Start with "I care about you. I am concerned about this situation. Will you work with me on a solution?"
17. **Have Fun!** Bring joy into homes and classrooms.





GOVERNMENT OF BERMUDA

---

**Department of Health**



GOVERNMENT OF BERMUDA

---

**Child Development Programme**



GOVERNMENT OF BERMUDA

---

**Child and Family Services**

