



GOVERNMENT OF BERMUDA

Department of Health

LICENCING APPLICATION V.2

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	
<input type="checkbox"/> New Application <input type="checkbox"/> Renewal of Licence	
Day Care Centre Name:	
Physical Address:	
Phone No:	Cellular No:
Email Address:	
Hours of Operation:	
OWNER OPERATOR (NAME):	
Phone No:	Cellular No:
Email Address:	
Home Address:	
PERSON IN CHARGE (NAME):	
Phone No:	Cellular No:
Email Address:	

Child Care Regulation Programme

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

Phone: (+1 441) 278-4900

Email: childcare@gov.bm

SECTION B: Staff (person in charge and deputy verified by qualification letter issued by CCRP):	
Person in Charge:	Qualification Letter: Yes <input type="checkbox"/> No <input type="checkbox"/>
Person in Charge 2(optional):	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: (optional):	Qualification Letter: Yes <input type="checkbox"/> No <input type="checkbox"/>
List all other staff by their position (staff and assistants verified by qualification letter issued by CCRP):	
Staff:	
Assistants:	
Substitutes:	
Summer 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

*Permitted No. of Children on licence: _____ No. of Children Registered: _____

Young Infants (3-9 months): _____ Older Infants (9-12months): _____ 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

SECTION D: Structure and Utilities

- a. Attach a blueprint or scaled drawing showing current classrooms, teachers and number or children, and the age group of each class/group, including external play area(s).
- b. Contact the Fire Department via e-mail fireprotection@gov.bm for your annual inspection giving enough time to obtain a current Fire Certificate. Please note the annual inspection period for Day Care Centres falls between June – August.
- c. Your General Liability Insurance Policy must be renewed annually.
- d. Occupancy Certificates are required for Newly Licenced Centres or Day Care Centres who have undergone recent renovations.
- e. Your Elevator Certificate must be renewed annually.

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*):

By signing below you agree that at all times you will have the above approved drinking water source on site.

Signature: _____

Date: _____

SECTION F: Programme (initial registration/ when updated)***List the name of purchased Curriculum or submit the details of centre created Curriculum***

*Curriculum:

SECTION G: Certificates and Policies in place (New applicants attach copies; Licenced Day Care Centres resubmit 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

	Attached	On file at CCRP	Notes
General Liability Insurance Policy:			
Fire Certificate:			
Occupancy Certificate (New applicants or recent renovations ONLY):			N/A
Elevator Certificate:			N/A
Sick Policy (COVID-19 included) (Must):			
Medicine Policy (Must):			
Transportation Policy (Must):			
Transportation: (Use of school vehicle)		Yes:	No:
Fire & Emergency Evacuation Policy (Must):			
Mandatory Reporting Policy (Must):			
Discipline Policy (Must):			
Open Door Policy (Parents/ Visitors/ Support Services) (Must):			
Safe Sleep Policy (Must) under 1 year old:			N/A
Enrolment Policy (Should):			
Centre Application Form (child):			
Complaint Policy (Should):			
Accident & Injury (Should):			
Field Trip Policy (Should):			
Media/ Photography Policy (Should)			
Media Viewing Policy (Should):			
Food: (Director approval for preparation and service of meals to children. Kitchen complies with Public Health Food Regulations 1950)		Yes:	No:

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				
<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>				

**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

Name of Applicant: _____

Signature of Applicant: _____ **Date of Application:** _____

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)

FOR OFFICE USE ONLY

Licence #:

Licence Fee Payable: \$

Receipt #:

Inspection Date:

Inspection Grade:

Date Licence Issued:

Date Licence Expires:

PIC Qualified:

Yes No

DPIC Qualified:

Yes No

Staff Vetting Completed:

Yes No

Name of Officer: _____

Signature of Officer: _____

Date: _____