FACILITY CHANGE OF INFORMATION (COI) FORM

Section 1 – Contact information

Submit all documentation required with this form to childcare@gov.bm **or**

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

Name of Day Care Center:	
Person Submitting COI Form:	

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

☐	**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.	
☐	**Number of Children:** Submit Proposal for Reason to Increase or Decrease Capacity.	Current Number of Children Approved: Number of Children Requested:
☐	**Transferring Classroom:** Submit New Child/Staff Ratio Form.	Name of Staff: Class Changing From: Class Changing To: Date of Change: _____
☐	**Ownership/Name Change**: 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: _____
☐	**Change of Address***: 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. ***Applies to temporary locations.**	New Address: Proposed Effective Date: _____
☐	**Space Evaluation:** Measurements for new location or change to layout of current location.	☐ New Location ☐ Current Location Identify Location: Reason for Request:

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Owner/Operator Signature: _____   **Date Submitted:** _____