



GOVERNMENT OF BERMUDA

Department of Health

# DCP CHANGE OF INFORMATION (COI) FORM V.1 (2024)

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

### Section 1 – Contact information.

<b>Name of Day Care Provider:</b>	
<b>Business Name:</b>	

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

	<b>Change of Outside play space:</b>	New location:  Photos attached						
	<b>Change of person(s) residing in the home:</b>	Addition:  Removal:						
	<b>Change of Address</b>  <b>Change of mailing address</b>	New Address:  Proposed Effective Date:						
	<b>Change of Email Address</b>  <b>Change of Telephone Number</b>  <b>Change of Hours of operation</b>	New information:  Proposed Effective Date:						
	<b>Space Evaluation:</b> Measurements for new location or change to layout of current location.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">New Location</td> <td style="width: 50%; text-align: center;">Current Location</td> </tr> <tr> <td colspan="2">Identify Location:</td> </tr> <tr> <td colspan="2">Reason for Request:</td> </tr> </table>	New Location	Current Location	Identify Location:		Reason for Request:	
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***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).*

**Provider Signature:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_