



EARLY CHILDHOOD COMMISSION

APPLICATION FOR CERTIFICATE OF REGISTRATION

Tick (✓) where appropriate

**SECTION 1
DEMOGRAPHICS**

1. Date: _____
2. Name of Institution: _____
3. Name of Operator: _____
4. Mailing or home address _____
5. Telephone number _____
6. Address of the Early Childhood Institution _____
Street _____ Parish _____
7. Telephone number or telephone contact at the Early Childhood Institution _____

**SECTION 2
NATURE OF APPLICATION**

8. Type of Facility:
Day Care (birth - 3 years) Basic School/Pre-School (4 - 6 years)
9. Have you ever applied for or held an Early Childhood Institution Registration or Permit?
Yes No
10. If yes, state number _____
11. For what reasons are you applying?
 Registration Upgrade status
 Re-registration Other
12. New Facility Existing Facility
13. Expected Commencement Date (new facility) dd/mm/yy Commencement Date (existing facility) dd/mm/yy

**SECTION 3
STAFFING**

14. Categories of Staff and Qualifications

Title/Role	Qualification	Number
a. Director/Manager	NCTVET NVQ-J Level IV Bachelor in Education or Diploma in Teaching certificate in nursing or a degree in social work or child related field	_____
b. Lead Teacher	Bachelor in Education (B.Ed.) or Diploma in Teaching	_____
c. Associate Teacher	NCTVET NVQ-J Level 3 or Associate Degree in EC	_____
d. Assistant Teacher II	NCTVET NVQ-J Level 2 or equivalent qualification	_____
e. Assistant Teacher I	NCTVET NVQ Level 1 or equivalent qualification	_____
f. Other (please specify)	_____	_____

**SECTION 4
EARLY CHILDHOOD SERVICES PROVIDED**

- 16a. Number of children currently enrolled: _____
- 16b. Maximum enrollment _____
17. Ages of the children: <1yr 1yr 2yr 3yr 4yr 5yr 6yr 7yr 8yr
- 18a. Hours of Operation _____
- 18b. If special closing hours on Fridays, please indicate _____
19. Additional Services offered: Not Applicable
 After Care Summer School Other

**SECTION 5
LEGAL REQUIREMENT**

20. I have received a copy of the Standards for Early Childhood Institutions
 Yes No

I am aware of the legal requirements for the operation of Early Childhood Institutions as outlined by the Early Childhood Act and its Regulations. I hereby give consent to allow access to the Early Childhood Commission or its authorized representative to the Early Childhood Institution and records.

I understand that any false statements contained herein will make me subject to certain penalties as set out in the Regulations.

I understand that notification of any changes regarding demographics, nature of application, category of applicant, staffing and services provided must be immediately reported to the Early Childhood Commission.

Applicant's signature

Date

FOR OFFICIAL USE ONLY:

Application Fees Collected

Interview and inspection date _____

ENCLOSURES:

SECTION 6

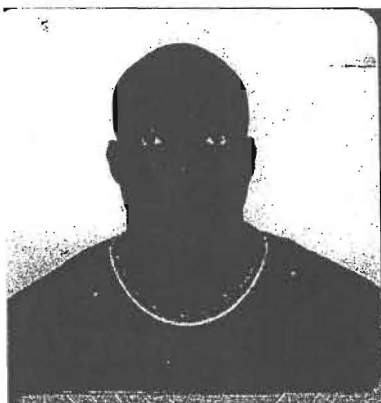
- | | |
|---|--|
| <input type="checkbox"/> Two passport-sized photographs | <input type="checkbox"/> References X2 |
| <input type="checkbox"/> Report from Fire Brigade | <input type="checkbox"/> (Public Health) MOH Report |
| <input type="checkbox"/> Food Handler's Permit (all employees) | <input type="checkbox"/> Medical Certificate (all employees) |
| <input type="checkbox"/> Name and Job Description of Employees | <input type="checkbox"/> Terms of Employment |
| <input type="checkbox"/> Details of Proposed Structure | <input type="checkbox"/> Police Record |
| <input type="checkbox"/> Floor Plan <input type="checkbox"/> Description of Structure | <input type="checkbox"/> Type of Accommodation |
| <input type="checkbox"/> Furniture and equipment | <input type="checkbox"/> Other (please specify) |

SECTION 7

Qualification	Number of Employees
<input type="checkbox"/> Paediatric First Aid, including rescue breathing and first aid for choking.	_____
<input type="checkbox"/> The use of Universal Precautions against Blood Borne Illnesses.	_____
<input type="checkbox"/> Recognizing Signs of Child Abuse.	_____
<input type="checkbox"/> Referral Mechanisms and Reporting Requirements under the Public Health Act.	_____
<input type="checkbox"/> Referral Mechanisms and Reporting Requirements under the Child Care and Protection Act.	_____

Regulations for Passport-type Photograph

- Vending *Machine photos are **NOT** acceptable.*
- Homemade *Digital Photographs are **NOT** acceptable.*



The following is the list of regulations regarding passport-style photographs:

- Photographs must be 2x2 inches in size, taken within the past 6 months.
- The image size from the bottom of the chin to the top of the head should be between 1 inch and 1 3/8 inches.
- The photographs may be in color or black and white.
- They must be full face, front view with a plain white or off-white background.
- Photographs should be taken in normal street attire, without a hat or headgear that obscures the hair or hairline.
- Uniforms should not be worn in photographs.
- If prescription glasses, a hearing device, wig or similar articles are normally and consistently worn, they should be worn when the picture is taken.
- Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless required for medical reasons. A medical certificate may be required to support the wearing of such glasses in the photographs.
- If you choose to submit digitized photos, they must meet the same requirements of all passport photographs. In addition, digitized photographs are always produced on digital printers. Some printers will produce a photograph in which the dots are seen. Visible dots distort the image by making it look grainy. Acceptable photos have a continuous tone image that looks very photo-like.



EARLY CHILDHOOD COMMISSION

Proposed fees to be charged and proposed source of funding

School fees

Fees as per range (if any) Circle the applicable one

1. Fees for all ages _____

2. Fee Structure Varying by Age

a. Age - ____ to ____ \$ _____ (Weekly/Monthly/Term)

b. Age - ____ to ____ \$ _____ (Weekly/Monthly/Term)

c. Age - ____ to ____ \$ _____ (Weekly/Monthly/Term)

3. Any Additional Fees

d. Age - ____ to ____ \$ _____ (reasons) _____

e. Age - ____ to ____ \$ _____ (reasons) _____

f. Age - ____ to ____ \$ _____ (reasons) _____

Sources of Funding

Please indicate what the subsidy is for and how often you receive same

Monthly/ Bi-weekly/Other

- | | | |
|-----------------------|--------|-------|
| 1. Government subsidy | 1..... | |
| | 2..... | |
| | 3..... | |
| | 4..... | |
| | 5..... | |

LEVELS OF QUALIFICATION FOR EARLY CHILDHOOD PRACTITIONERS:

It is important that the persons who are entrusted with the care of Jamaica's children are suitable for the job, both by their character and their training. Therefore, the staff at early childhood institutions (ECIs) should have the characteristics, training, knowledge, skills, and attitude to help children achieve their full potential. The Early Childhood Act outlines the following qualifications for early childhood practitioners working in Jamaica.

TITLE	QUALIFICATION	ROLE
Director/Manager (Child Development Programme Administrator)	B.Sc or B.Ed in Nursing, Education, Social Work plus ECI Administration Certification or Masters Degree in ECD Leadership or ECE	Child Development Programme Administrators manage the programme as well as perform administrative functions in medium to large early childhood institutions. The Child Development Programme Administrator will plan, implement and monitor appropriate programmes for children birth to six years with a range of abilities and needs.
Lead Teacher II (Qualified Teacher)	Bachelors Degree in Early Childhood Education	Lead Teachers (II) have primary responsibility for curriculum implementation for multiple groups of children in an institution or a cluster of institutions. Lead Teachers will be supported by the Assistant Teacher to coordinate curriculum and staff development in early childhood development institution(s)
Lead Teacher Level I (Qualified Teacher)	Joint Board of Teacher Education Diploma in Early Childhood Education	Lead Teachers (I) have primary responsibility for supervising the curriculum implementation for a group of children. The teacher should spend the majority of time with one group of children who attend at the same time, rather than dividing time between classrooms or floating between groups. Teachers should not be assigned primary responsibility for multiple groups/classes of children.
Associate Teacher/ ECI Administrator	Early Childhood Development NCTVET Level III or its equivalent	Associate Teachers/ECI Administrators provide administrative and/or supervisory services for ECIs: They may provide support to the Qualified Teacher or Lead Teacher to ensure appropriate curriculum implementation. Some persons in this category will be partly responsible for the administration of ECIs.
Assistant Teacher II	Early Childhood Development NCTVET NVQ-J Level II or its equivalent	Assistant Teachers work under the direct supervision of a Qualified Teacher. They have primary supervisory responsibility for a group of children. That is, they may independently supervise the activities of a group of children including planning and implementing daily activities for children birth to 6 years old. Assistant Teachers (II) may work independently, however, curriculum implementation must be supervised by a Qualified Teacher (Diploma or Bachelor's degree).
Assistant Teacher I (Teachers' Aides)	Early Childhood Development NCTVET NVQ-J Level I or its equivalent	Teachers' Aides work under the direct supervision of an Assistant Teacher (II), Associate Teacher or a Qualified Teacher. Teachers' Aides can work independently in an emergency situation such as the absence of the Associate Teacher, but for the majority of the time, the Teachers' Aides must work directly with the Associate Teacher/Qualified Teacher in the same space with the same group of children. This qualification will allow prospective students, entry into the early childhood teacher professional development field.



REFERENCE FORM

(Use additional pages if Necessary)

1. Applicant's Name: _____ Date: _____
2. Mailing Address: _____
_____ Parish _____
3. Telephone: (H#) _____ (W#) _____ (C#) _____
4. Referee's Name/Title: _____
5. Relationship to Applicant: _____
6. Referee's Address: _____
7. Telephone: (H#) _____ (W#) _____ (C#) _____
8. Email Address _____
9. How long and in what capacity have you known this applicant?

10. Please check the appropriate box for each category?
- | | Above Average | Average | Below Average | Unable to Determine |
|-------------------------|---------------|---------|---------------|---------------------|
| a. Interactions | | | | |
| i. Children | | | | |
| ii. Parents | | | | |
| iii. Community Members | | | | |
| b. Suitability | | | | |
| c. Maturity | | | | |
| d. Leadership | | | | |
| e. Initiative | | | | |
| f. Responsibility | | | | |
| g. Communication Skills | | | | |
| h. Assertiveness | | | | |
| i. Cooperativeness | | | | |

11. Do you consider this applicant to have a personality and character suitable for working with children?
a. Yes
b. No
If your response is "no", please state reasons.

12. Taking an overall view, what do you consider to be the applicant's major strengths and most significant weaknesses?

13. If you wish to amplify your responses, or add any further information which you consider might be relevant, please do so here.

14. Referee's Signature

Date

MINISTRY OF HEALTH

INSTITUTIONAL HEALTH INSPECTION FORM¹

Name of Establishment	Owner/Operator	Inspector Name	Critical Score
Address and Phone	Inspection Date day month year	Inspector Code	Overall Score
Street no./block	No. of Occupants	Type of Building	Compliance Results Satisfactory <input type="checkbox"/> UnSatisfactory <input checked="" type="checkbox"/>
Building Size ft ² m ²	Ward No.	No. of Beds (0)	Registration Status <input type="checkbox"/> Valid <input type="checkbox"/> Invalid

Purpose of Visit: Routine Compliance Re-inspection Complaint


Action: Follow-up Notice Closure NAI

Item	Wt.	Sc.	Item	Wt.	Sc.
BUILDING			PESTS		
01	4	4	19	2	2
02	2		20	2	2
03	2		COMPOUND		
04	1		21	2	
05	1		22	2	
06	1		23	2	
07	1		24	2	
08	4		SAFETY MEASURES		
WATER SUPPLY			25	4	
09	4		Provision for physically challenged		
10	5		26	5	5
EXCRETA DISPOSAL FACILITIES			27	3	
11	5		Access to medical care		
12	5		28	4	
FOOD HANDLING FACILITIES²			29	3	
13	6		Emergency exit		
14	5		30	1	
15	5		Veterinary certification of pets		
16	5		REFRIGERATION FOR NON-FOOD³		
SOLID WASTE MANAGEMENT			31	3	
17	5		Adequacy		
18	5				

Inspector's Comments:

Inspector's Signature _____ Rec'd By: _____

Comments:
 Institutions shall include: hospitals, infirmaries, nursing homes, day care centres, training schools, prisons, police stations and lockups, and places of safety.
 Apply Food Handling Establishment Guidelines
 Use where applicable

MINISTRY OF HEALTH	
Public Health (Food Handling) 1998	
Regulations: 25, 27, 29, 30 & 31	
Category: BASIC FOODHANDLERS	
Name: [REDACTED]	
No: 03A-2007-007836	
Issued: 2007/04/24	
Expires: 2008/04/24	
Signature: [REDACTED]	Signature: MO (H)

Please see a doctor or health worker if you are ill. Before starting work, wash your hands and as often as necessary while handling foods during the day. Do not handle foods if you have a boil, cough, sore throat, rash, diarrhoea and vomiting, cold or infection.

Remember these conditions can be spread to others.

This permit requires [REDACTED]

Please return if found [REDACTED] Department.

SERHA



THE JAMAICA CONSTABULARY
CRIMINAL INVESTIGATION BRANCH.

P.O. BOX 462,
KINGSTON, JAMAICA
2006.05.03

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ANY REPLY OR SUBSEQUENT REFERENCE
TO THIS COMMUNICATION SHOULD BE
ADDRESSED TO THE ASST. COMMISSIONER
OF POLICE CRIME AND NOT TO ANY
OFFICER BY NAME AND THE FOLLOWING
REFERENCE QUOTED:-

No. _____

THE EARLY CHILDHOOD COMMISSION
Shop 45-46
Kingston Mall
8-10 Ocean Boulevard
Jamaica W.I.

ATTENTION: MERRIS MURRAY

RE: POLICE RECORD
[REDACTED]

This is to acknowledge receipt of your letter dated April 28, 2006 requesting information on the above mentioned person.

I have to advise that a search was made in the records of this department. No conviction is recorded against this person.

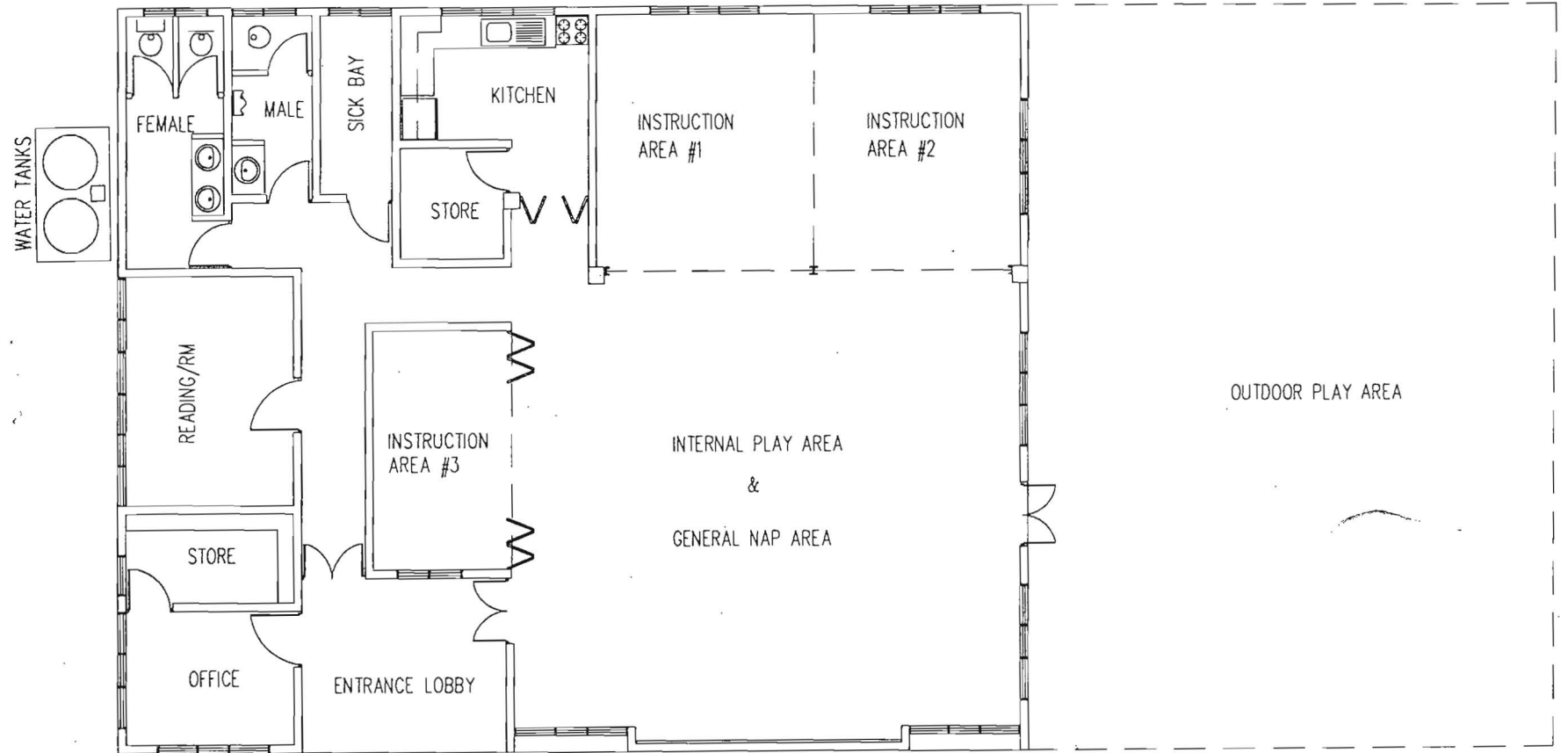
You can be assured of our continued co-operation in all matters of mutual interest.

Yours truly,

[Handwritten Signature]
.....
Asst. Commissioner of Police
Criminal Investigation Branch

/st

CRIMINAL RECORD OFFICE
MAY 03 2006
C.I.B. HEADQUARTERS



TYPICAL FLOOR PLAN

SCALE 1:50

MEDICAL FITNESS CERTIFICATE

NAME _____

ADDRESS _____

_____ TEL. # _____

DATE OF BIRTH _____ AGE _____ SEX _____

NEXT OF KIN _____

ADDRESS _____

_____ TEL. # _____

RELATIONSHIP _____

The above mentioned person was seen and examined by me on _____ day of _____, is physically and mentally healthy, is fully immunized according to the requirements of the Ministry of Health and is free from communicable diseases. The above-mentioned person is therefore fit to be employed to an early childhood institution, where care and development services for children from birth to eight years are provided.

Name _____

(please print)

Address: _____

Signed _____

Registration # _____

Date _____

Place stamp here

Job Description

JOB TITLE	
GRADE	
DIVISION / DEPARTMENT	
SECTION / UNIT	
REPORTS TO	
MANAGES	

1. Purpose of Job

2. Key Outputs

3. Key Responsibility Areas

4. Contacts

Internal

External

5. Performance Criteria

6. Key Competencies

#	Functional / Technical Competencies
1	
2	
3	
4	

#	Core Competencies
1	
2	
3	
4	

7. Minimum Required Education and Experience

8. Special Conditions Associated with the Job

9. Authority

Date of Issue/Update	Job Holder	Job Holder's Supervisor

CONTRACT OF EMPLOYMENT

It is agreed that _____ is engaged as _____ under the following terms and conditions.

TERMS OF ENGAGEMENT:

- (i)
- (ii)
- (iii)

DUTIES:

Your duties are outlined in the Job Description which is attached to this agreement.

FULL-TIME SERVICE:

- (i) You shall not either directly engage or be concerned in trade or in private professional practice, but shall devote the whole of your time and attention to the service of the _____ and shall use your utmost exertions to promote the interest of the _____.
- (ii) Your normal hours of work will be from _____ a.m. to _____ p.m. _____ to _____ and _____ a.m. to _____ p.m. on Fridays. The exigencies of the service may however, require working beyond the normal working hours from time to time.

REMUNERATION:

Basic Salary:

\$

STATUTORY PAYMENTS:

Income Tax, Education Tax, and contribution to the National Housing Trust and the National Insurance Scheme will be deducted from the remuneration payable to you in accordance with the regulations and rates in force from time to time.

LEAVE:

- (a) Casual _____ Working Days (for the stated period)
- (b) Sick _____ Calendar Days (for the stated period)

In case of prolonged illness:

- (a) sick and casual leave will be utilized, and
- (b) the _____ reserves the right to terminate this contract.

TERMINATION:

- (a) This Contract may be terminated by either party by giving _____ weeks' notice in writing
- (b) Where the _____ chooses to terminate your engagement it may opt to provide _____ salary in lieu of notice.
- (c) Reasons for which your contract may be terminated include:
 - (a) any criminal offence, which in the opinion of the Board of Management brings the _____ into disrepute
 - (b) any serious persistent breach of the provision hereof
 - (c) gross misconduct or willful neglect in discharge of your duties
 - (d) insanity
 - (e) Persistent illness/Poor health