

**EARLY
CHILDHOOD
COMMISSION**

SAMPLE

REGISTRATION

PACKAGE

EARLY CHILDHOOD COMMISSION PAYMENT VOUCHER

The voucher consists of three sheets:

- Front sheet (White) is the banks copy
- Middle sheet (pink) is the Early Childhood Commission's copy
- Back sheet (yellow) is the Schools copy.

FRONT OF VOUCHER

NATIONAL COMMERCIAL BANK
JAMAICA LIMITED
37 DUKE STREET, KINGSTON

CREDIT EARLY CHILDHOOD COMMISSION

Nº 17400

DATE _____

A/C # _____

INSTITUTION _____

ADDRESS _____

DISTRICT _____

PARISH _____

PAY AT ANY N.C.B. BRANCH BY CASH OR BY MANAGER'S CHEQUE **ONLY**.

Customers are requested to cross cheques, postal and money orders before paying in.

Customers are advised that the Bank reserves the right at its discretion to postpone payments of cheques drawn against uncleared effects which may have been credited to the account.

PAID BY _____ (NAME) _____ (SIGNATURE)

BANK'S COPY

NOTES	DOLLAR	CENTS
x \$1000		
x \$500		
x \$100		
x \$50		
COINS		
TOTAL CASH		
CHEQUES		
TOTAL \$	\$1500.00	

Registration Fee

⑈00000 ⑈ ⑈00006 ⑈077⑈ 06 1054310⑈

Please note the following

- This is the account number (A/C#) which is the same number that is written at the bottom of the voucher
- The **name of the school** should be clearly printed so that it can be seen on the other copies
- These three sections (**Address & District & Parish**) are for the full address of the institution **not** the operators home address
- The **date** when the payment is made to the **National Commercial Bank** is to be placed on the voucher
- Be sure to print your **name and signature**
- Registration fee is **\$1500.00 only** and is to be paid once:
 - the ECI is applying for registration the first time
 - have been closed and reopened for business
 - moved from one location to another
- **YOU CAN REQUEST A COPY FROM AN ECC REPRESENTATIVE**

[illegible]

PROCESS FOR APPLYING FOR TRN

Applications completed and signed should be submitted along with:

1. A valid Government Issued Identification
2. Certified Passport size photograph or certified copy of Birth Certificate and Marriage Certificate (if applicable)
3. A letter from the Early Childhood Commission
4. NIS Card
5. Business Name and Registration Certificate (BNRC) issued by Companies Office of Jamaica

**ONLY ORIGINALS OR CERTIFIED COPIES OF THE ABOVE-MENTIONED
DOCUMENTS ARE ACCEPTED**

Regulations for Passport-type Photograph

- Vending machines 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. 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 phot-like.

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

Seal or stamp



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

1. **Government Subsidy**

Monthly/Bi-weekly/Other

 - 1.....
 - 2.....
 - 3.....
 - 4.....
 - 5.....

2. **Daily Lunch Cost** \$ _____

3. Other

Donor Contributions	Purpose of contribution	Amount	Weekly/Monthly/Term/Yearly
Donor 1 _____	_____	\$ _____	_____
Donor 2 _____	_____	\$ _____	_____
Donor 3 _____	_____	\$ _____	_____
Donor 4 _____	_____	\$ _____	_____



EARLY CHILDHOOD COMMISSION

Details of Premises:

- Day Care Centre

Description of structure:

A single storey brick house with zinc roof. There are four rooms, one is used as a changing room, whilst the others house cribs, cots and play equipment. There are 3 indoor bathrooms, 1 kitchen that has a double stainless-steel sink and wall mounted cupboards, an industrial stove, a refrigerator as well as a freezer. The laundry room can be found at the back of the building and is enclosed with decorative blocks, inside you will find a double concrete wash tub. The patio is grilled, as well as all the windows (2 in every room made from louvre). The floor has ceramic tiles and the yard is fenced in on all sides with one entrance/exit grilled gate.

Furniture and equipment listing:

- Sleeping mats
- Cots
- Stove
- Cribs
- Refrigerator
- Freezer

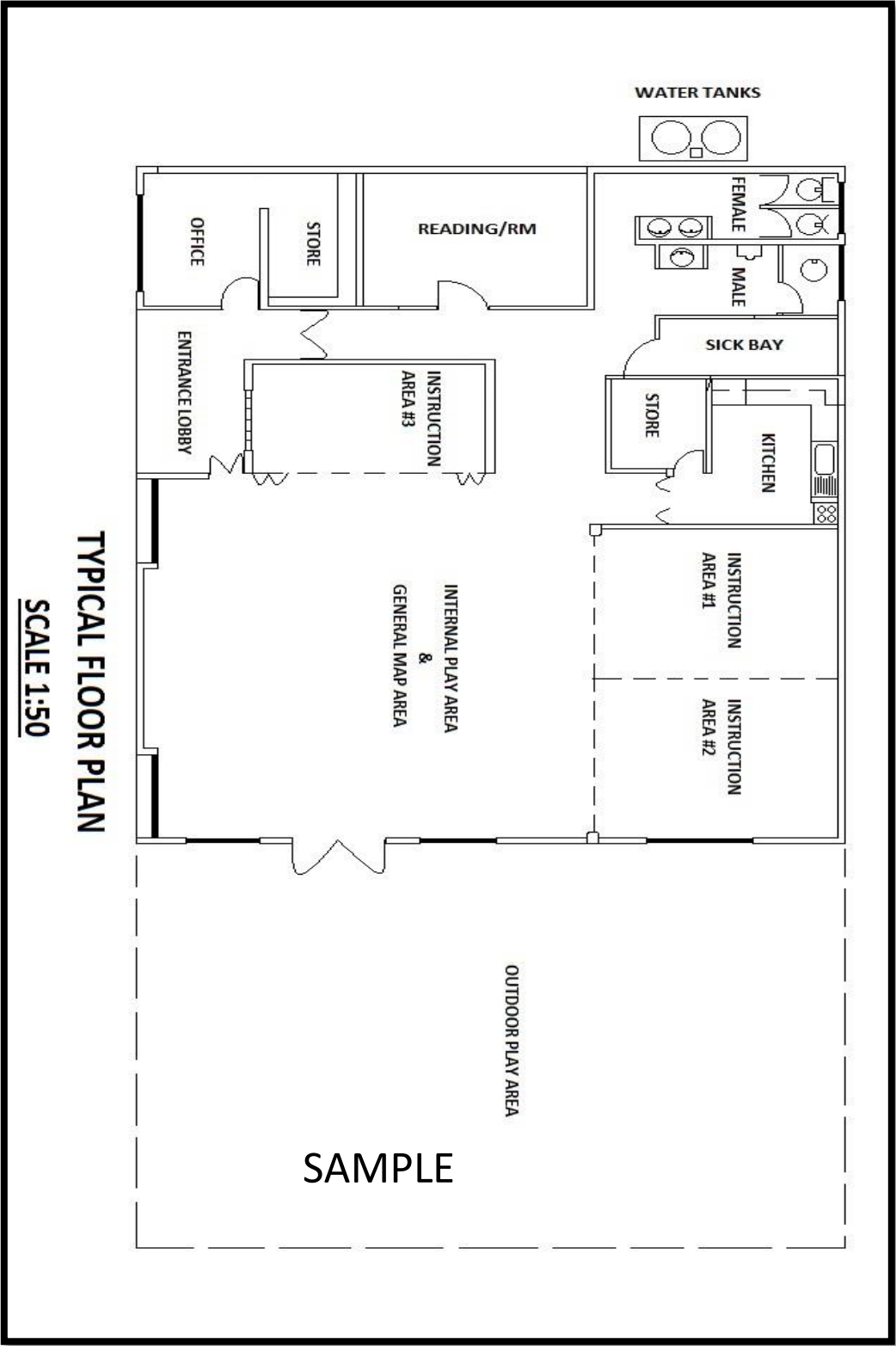
Bathroom facilities

- 2 toilets for children (boys and girls each) and 1 for staff
- 1 face basin in each bathroom

Outdoor play area

- Slide, sandbox, playhouse and grassy areas

FLOOR PLAN



SAMPLE



Jamaica Fire Brigade

FIRE SAFETY CERTIFICATE
(Certificate No. **4367/17**)

NAME OF PREMISES: LIFE BASIC SCHOOL
NAME OF OWNER / MANAGER: SAMPLE
TYPE OF PREMISES: Early Childhood Institution
ADDRESS: Spanish Town, St. Catherine

This is to certify that the above-mentioned premises was inspected for the year 2017/2018 and found
in compliance with the Fire Safety Provisions of Jamaica.

Special Conditions:

ISSUE DATE: January 24, 2017

EXPIRY DATE: Januray 23, 2018

Kindly contact Jamaica Fire Brigade two (2) months
prior to the expiration of this certificate for renewal.

SIGNED: [Signature]
Chief Fire Prevention Officer
FIRE PREVENTION DIVISION



Jamaica Fire Brigade

OFFICE OF THE CHIEF FIRE PREVENTION OFFICER
(First Floor) 8 -10 Ocean Boulevard, Kingston Mall, Kingston, Jamaica W.I.
Telephone: 967-1268, 967-4890, Fax: 922-2241
Email: oicfp.jfb@cwjamaica.com

IN CASE OF REPLY PLEASE QUOTE
THE DATE OF THE LETTER AND
THE FOLLOWING REFERENCE NO.
REF: **FP/467**

May 13, 2014

Dear Ms. :

INSPECTION OF X Y Z BASIC SCHOOL
EMAIL: xyzbasic@yahoo.com

The Jamaica Fire Brigade inspected your premises on Friday, May 9, 2014, in order to ensure compliance with reasonable Fire Safety Standards. During the inspection, it was observed that several breaches existed.

We are therefore stating the under-mentioned breaches and corrective measures to be taken by your organization.

RECOMMENDATIONS

1. We recommend that a copy of this report is sent to the Early Childhood Commission for their perusal and action.
2. Provide and install a Fire Alarm System. This system when activated should provide an audible and visual warning throughout the entire premises. This system must also comply with that of NFPA 72.
3. Ensure that all switches in the electrical panel box are labelled for ease of identification by a Certified Electrician.
4. Ensure that all the electrical plug sockets seen throughout the building are fitted with protective covering to prevent children from inserting anything into them.
5. Ensure that an unobstructed area is identified and marked as an assembly area in the event of an emergency. This area should not be at a dead-end or a car park and must be at a minimum of 20ft. from the building.
6. Provide and install one (1) Fire Alarm activation point onto the inner wall surface by the following areas:
 - (a) Inner wall surface by the main entrance/exit door to the school
 - (b) Inner wall surface by the exit door from the building
7. Provide and install one (1) 4.54kg CO2 Fire Extinguisher onto the inner wall surface by the main entrance/exit door to the building.
8. Ensure that notifications regarding Safety and Emergency evacuation procedures are posted conspicuously throughout the building.
9. Ensure that the emergency numbers for calling the emergency services are posted by the telephone area. The numbers for calling the Fire Brigade are: **922-2121-2, 926-8166, 110, 112 or 911.**


..../2

RECOMMENDATIONS

10. Ensure that arrangements are made to have the members of staff trained in the proper use of the First Aid Fire Fighting equipment. Hence, a Fire Drill must be conducted twice annually.
11. Ensure that all areas that contain Fire equipment and electrical panel boxes are kept clear and accessible at all times.
12. Ensure that an Emergency Plan is formulated, implemented and circulated among all members of staff. This plan should outline the steps to be taken in the event of an emergency, along with a Floor Plan of the building on which the emergency escape routes are illustrated.

We are therefore urging that immediate actions be taken to correct these breaches.

Yours truly


.....
Emeleo Ebanks
Acting Senior Deputy Superintendent
For Chief Fire Prevention Officer

Prepared by: Corporal Michael Maulsby

Public Health Act

Public Health (Food Handling) Regulations 1998



Health Certificate

KSAP64217Z3-00102339302

I, Dr. Susan Strachan-Johnson, Medical Officer (Health)
for the Parish of Kingston & St. Andrew hereby grant a licence to

of

Kingston 11

to operate a food handling establishment known as

Early Childhood Centre

SAMPLE

Kingston 20

in the parish of St. Andrew

This licence is granted subject to the following conditions :-

- a. NA
- b. N/A
- c. N/A

This licence is valid for a period of one (1) year from the date thereof and an application for renewal may be made within thirty (30) days of the date of expiry thereof.

Medical Officer (Health)
Kingston & St. Andrew

Dated this 30th day of March, 2016

Expires on the 30th day of March, 2017

MINISTRY OF HEALTH											
INSTITUTIONAL HEALTH INSPECTION FORM ¹											
Name of Establishment			Owner/Operator			Inspector Name <i>D. Salbott</i>		Critical Sc.			
Address and Parish SAMPLE			Inspection Date day month year <i>21 05 17</i>			Inspector Code [] [] [] [] [] []		Overall Sc.			
Staff Complement <i>6</i>		No. of Occupants <i>14</i>		Type of Building <i>Concrete board</i>		Compliance Result Satisfactory <input type="checkbox"/> UnSatisfactory <input checked="" type="checkbox"/>					
Building Size [] ft ² [] m ²		Telephone No. <i>463-4296</i>		No. of Building (s) <i>1</i>		Licence No.		Registration Status <input type="checkbox"/> Valid <input type="checkbox"/> Invalid			
Purpose of Visit <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Compliance <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint						Action <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Notice <input type="checkbox"/> Closure <input type="checkbox"/> NAI					
Item		Wt.		Sc.		Item		Wt.		Sc.	
BUILDING						PESTS					
01 Absence of Overcrowding		4		0		19 Absence		2		2	
02 Structural Integrity		2		2		20 Control System in Place		2		2	
03 Housekeeping		2		2							
04 Clean Floor		1		1		COMPOUND					
05 Clean Walls		1		0		21 General Cleanliness		2		2	
06 Clean Ceiling		1		1		22 Drainage		2		2	
07 Lighting		1		1		23 Protected from stray animals		2		2	
08 Ventilation		4		4		24 Vegetation		2		2	
WATER SUPPLY						SAFETY MEASURES					
09 Adequacy		4		4		25					
10 Potability		5		5							
EXCRETA DISPOSAL FACILITIES						INSPECTION FOR PHYSICALLY CHALLENGED					
11 Sanitary Excreta Disposal		5		0		26 Fire Extinguishers		5		5	
12 Adequacy		5		5		27 Access to Medical Care		3		3	
FOOD HANDLING FACILITIES²						28 First Aid Available		4		4	
13 Food Storage		5		5		29 Emergency Exit		3		3	
14 Kitchen		5		0		30 Veterinary Certification of Pets		1		1	
15 Dining Room		5		5		REFRIGERATION FOR NON-FOOD³					
16 Food Handling Practices		5		0		31 Adequacy		3		3	
SOLID WASTE MANAGEMENT³											
17 Storage		5		5							
18 Disposal		5		5							
Inspector's Signature <i>D. Salbott</i>						Rec'd By: <i>L. F. [unclear]</i>					
Comments:											
¹ Institutions shall include: hospitals, infirmaries, nursing homes, day care centres, training schools, prisons, police stations and lockups, and places of safety.											
² Apply Food Handling Establishment Guidelines											
³ Use where applicable											

Problem with overcrowding

 w/c N/R
 Conteen N/R.

THE EARLY CHILDHOOD COMMISSION
 Regulations And Monitoring Department
RECEIVED
 21 APR 2017
[Signature]

CONTRACT OF EMPLOYMENT

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

TERMS OF ENGAGEMENT:

- Permanent
- Temporary
- Part-time

DUTIES:

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

FULL-TIME SERVICE

- You shall either directly engage or be concerned in trade or in private professional practice, but shall devote the whole of your time and attention in the service of the **(NAME OF SCHOOL)** and shall use your utmost exertions to promote the interest of the institution.
- Your normal hours of work will be from 8:00 a.m. to 2:30 p.m. Exigencies of the service may however, require working beyond the normal hours from time to time.

REMUNERATION

Basic salary: \$_____ per (week), (fortnight), (month)

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:

- Casual _____ working days for (the stated period)
- Sick _____ calendar days for (the stated period)

In case of prolonged illness:

- Sick and casual leave will be utilized and
- The **(NAME OF INSTITUTION)** reserve the right to terminate this contract

TERMINATION:

- This contract may be determined by either party by giving _____ weeks' notice in writing.
- Where the **(NAME OF INSTITUTION)** chooses to terminate your engagement, it may opt to provide **two weeks** salary in lieu of notice (depending on years of service).
- Reason for which your contract may be terminated include:
 - Any criminal offence, which in the opinion of the Board of Management brings the institution into disrepute
 - And serious persistent breach of the provision hereof
 - Gross misconduct or willful neglect in discharge of your duties
 - Insanity
 - Persistent illness/poor health

In Witness Whereof the Chairman of the _____
has caused this Agreement to be executed on its behalf by its duly authorized representative and
the _____ has executed this agreement:

As of this _____ day of _____ 20__.

Signed by:

Employee

Date

Principal

Date

Witness

Date

Job Description - Caregivers

Objective: To assist with the stimulation of children in learning activities, security and general care during the school day.

Duties:

1. Ensure that the school's personnel file always has current and valid documents.
2. Provide support to the classroom teacher
3. Assist children individually or in small groups to help to reinforce learning concepts.
4. To provide general supervision of children while outside of the classroom.
5. To supervise children during rest periods, play and other recreational activities
6. To assist with the children on field trips
7. To be responsible for the daily care of the children in terms of bathing, feeding, caring for clothing, packing of bags and changing of diapers where applicable
8. To liaise with the teacher on any matter relating to the welfare of the children
9. To attend staff meetings and PTA meetings
10. Assist the children while using the bathroom facilities
11. Assist with their personal hygiene and also teaching them to care for themselves.
12. Assist with the nurturing and development of acceptable and correct values and attitudes.
13. Assist with ensuring the safe dispatch of students at the end of the school day.
14. Perform any other duties required or deemed necessary.

Please read your job description and never be restricted by it.

Date of Issue/Update	Employee's Name	Employee's Supervisor

Job Description – Cook/Canteen Workers

Objective: To ensure that healthy, nutritional meals are adequately provided

1. Keep food handlers permit up to date
2. Ensure that the school's personnel file always has valid documents
3. Duties:
 - a. To clean and sanitize tables, shelves, stoves and all canteen areas on a daily basis before and after preparing meals
 - b. Keep food covered at all times
 - c. Ensure that food is stored appropriately
 - d. Use gloves when necessary in the canteen
 - e. Store all garbage in bags for easy disposal
 - f. Appropriately discard of garbage on a daily basis
 - g. Keep hair covered by wearing appropriate hair net
 - h. Wear appropriate closed toe footwear
 - i. Prepare menus and purchase food on a weekly basis
 - j. Prepare and share lunches on time
 - k. Minimize wastage of food
 - l. Sanitize utensils before and after usage
 - m. Adhere to proper food handling practices
 - n. Demonstrate knowledge of children's nutritional needs
 - o. Perform any other duties assigned

Please read your job description and never be restricted by it.

Date of Issue/Update	Employee's Name	Employee's Supervisor

Job Description – Custodian/Janitors

Objective: To ensure that all areas of the school premises are kept in a sanitary condition at all times.

1. Keep food handlers permit up to date (if assisting in the canteen)
2. Ensure that the school's personnel file always has valid documents
3. Required skills:
 - a. Ability to read and write
4. Daily Duties:
 - a. Empty and wash all garbage bins
 - b. Sweep and mop floors
 - c. Ensure that all areas of the school premises are clean and tidy
 - d. Disinfect tables and door handles
 - e. Wipe and dust chairs, window jams and shelves in classrooms as well as remove cobwebs from classrooms
 - f. Clean and disinfect bathrooms
 - g. Tidy and arrange classroom furniture
 - h. Clean cabinets and storage areas
 - i. Ensure proper storage of cleaning agents and equipment
 - j. Perform any other duties assigned

Please read your job description and never be restricted by it.

Date of Issue/Update	Employee's Name	Employee's Supervisor

Job Description – Teachers

Objective: To ensure that healthy, nutritional meals are adequately provided

1. To maintain professional standards in deportment and decorum.
2. Set a good example of punctuality and be present in classroom before roll-call.
3. Sign staff register daily.
4. Assume full responsibility for each child assigned to your care as it relates to:
 - a. Receiving of the children in the mornings
 - b. The safe dispatch of students in the afternoons
 - c. Reporting to the principal any signs of illnesses observed
 - d. Informing parents/guardians of any relevant information or incident(s)
5. Ensure that the designated curriculum is administered effectively.
6. Model correct use of the English Language.
7. Prepare and submit activity plans weekly.
8. Mark children's register daily.
9. Keep accurate and current records of each child's progress.
10. Demonstrate good interpersonal skills with staff, parents/guardians and the school's management committee.
11. Assist with the planning and execution of activities geared towards enhancing the school's operations.
12. Ensure that the school's personnel file always has valid documents
13. Participate in workshops training and development sessions
14. Attend all duly called staff meetings, PTA meetings, meeting with the Early Childhood Commission and the Management Committee.
15. Comply with the school's policies as well as the Early Childhood Act and Regulations.
16. Perform any other duties required or deemed necessary.

Please read your job description and never be restricted by it.

Date of Issue/Update	Employee's Name	Employee's Supervisor



THE JAMAICA CONSTABULARY FORCE

CRIMINAL INVESTIGATION BRANCH
TECHNICAL SERVICES DIVISION
34 DUKE STREET
KINGSTON
JAMAICA
W. I.

Certificate No. 6793/2016

Date of Issue: 18-Jan-
Date of Issue:

SAMPLE

Telephone: (876) 922 - 3221
Telefax: (876) 922-0125
Email: tsd@jcf.gov.jm

POLICE CERTIFICATE



TO:

YOUR PHOTO

NAME OF APPLICANT:

/ D.O.B: 27-Dec-60 / PP A

A NATIVE OF: JAMAICA

does not appear in the Criminal Database.

.....
Applicant's Signature

.....
Assistant Commissioner of Police
Criminal Investigation Branch
Jamaica, W. I.

Note: This Certificate is valid for one (1) year as of the date of issue.

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 _____ (month) _____, is physically and mentally healthy, is fully immunized according to the requirement 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:

FOOD HANDLERS CARD/BOOKLET

WARNING

1. See a doctor or a health worker if you are ill.
2. Wash your hands before commencing work, when soiled and as often as necessary during the day while handling food.

3. Do not handle food if you have

- * A BOIL
- * COUGH
- * FEVER
- * SKIN RASH
- * DIARRHEA
- * VOMITING OR
- * INFECTED SORES

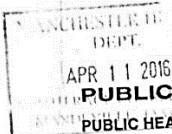
This Permit requires annual renewal

If found return to the nearest Health Department

PERMIT NO. SRHA: 004960

MINISTRY
OF
HEALTH

YOUR
PHOTO
GOES HERE



PUBLIC HEALTH ACT
PUBLIC HEALTH FOOD HANDLING
REGULATIONS 1998, 2000

FOOD HANDLERS PERMIT
(REGULATIONS 26, 27, 30, 31, 32)

PARISH: MANCHESTER

SAMPLE

Code: ISMA/657/103.967
Name: TONGA MITUKALL
Sex: Male Age: 37
Home Address: Caledonia

Business Address:

Category of Food Handler: General

Issued: 7/3/16 Expires: 7/3/17

I hereby certify that the holder of this permit has been granted a permit to handle food intended for human consumption. This permit is issued subject to the conditions, if any, set out below:

1. DEPT
2. APR 11 2016
3. MANCHESTER HEALTH DEPT
4. [Signature]

Medical Officer Health

Date of Clinic	Expiry Date of Card	Name of Trainer	Signature	Added Categories
7/3/16	7/3/17	A. Hume	[Signature]	

 MINISTRY OF HEALTH Public Health (Food Handling) 1998 Regulations 26, 27, 29, 30 & 31	
Category: RESTAURANT AND CATERING ESTABL Name: No: Issued: Expires: New Expiry Date:	<div style="border: 2px solid orange; padding: 10px; text-align: center;"> YOUR PHOTO HERE </div> <div style="text-align: center; font-size: 2em; margin-top: 20px;"> SAMPLE </div> <div style="margin-top: 10px;"> Signature: [Signature] MO (H) </div>

FOOD HANDLERS LETTER



Kingston and St. Andrew Public Health Department

*Caledonia Cres.
Kingston 5
Phone : 926-1550-1
906-1291-3*

July 30, 2016

SAMPLE

To whom it may concern

This is to certify that the client, Jane Doe has visited the
K.S.A. Public Health Department on July 25, 2016 to obtain a Food
Handlers Permit which will expire twelve (12) months after the date of training. He/She
has been physically examined and trained in food handling techniques and is now
qualified to handle food.

SAMPLE

However, the permit is presently being processed and is due for collection on
September 15 2016.

Thanks,


Public Health Inspector


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 attitudes to help children achieve their full potential. The Early Childhood Act outlines the following qualifications for early childhood practitioners working in Jamaica.

Title/Role	Qualification	Work Profile
Director/Manager (Child Development Programme Administrator)	(B.Sc. /B.Ed. in Nursing, Education, Social Work plus ECI Administration Certification or Masters in ECD Leadership or ECE	Child Development Programme Administrators manage the programme as well as perform administrative functions in medium to large early childhood institution. The Child Development Programme Administrator will plan, implement and monitor developmentally appropriate programmes for children birth to eight years with a range of abilities and needs.
Lead Teacher II (Qualified Teacher)	Bachelor in Education 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 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 must 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 NVQ-J 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 Teacher work under the direct supervision of a Qualified Teacher. They will 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' Aide	Teachers' Aides work under the direct supervision of an Assistant Teacher (II), Associate Teacher or 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 certificate will allow prospective students, entry into early childhood teacher professional development field.



EARLY CHILDHOOD COMMISSION
NOTICE OF CHANGE FORM

Name of ECI.....

Region..... Zone.....

Teacher/Practitioner Name:..... has Resigned () / Abandoned () Resumed ()

Other ()

his/her position as a Pre-trained ()/ Non-Pre-trained () teacher.

Effective date of change: Day.....Month..... Year.....

We are requesting a **termination/suspension/reinstatement** of his/her teacher salary subsidy.

Key Card Account Number..... and

Employee Number

All Key Cards are to be returned upon resignation with this form.

We undertake to inform the Commission of his/her resignation within five days of receiving it.

We understand that failure to do so may result in withholding future subsidies and grants.

Name.....

Name.....

Signed.....

Signed.....

Principal

Chairman

Date

Date

Contact Number.....

Contact Number.....

For Internal Use Only

We have verified and acknowledged the changes outlined and have received appropriate communications from the ECI/Teacher to validate these changes.

Name.....	Name.....	Name.....
Signed by:	Signed by.....	Signed by:.....
.....
Development Officer	Supervisor	Manager ECDS
Date.....	Date.....	Date.....

Approved by:	Processing authorization:	Processed by:
.....
Director Sector Support Services	Finance Director	Accounts Payable
Date.....	Date.....	Date.....



EARLY CHILDHOOD COMMISSION
ECI CHANGE OF INFORMATION FORM

Date:

Name of ECI:.....

Principal/Operator:.....

Address:Phone #:

Region: Zone: Parish:

Please indicate the ones that apply:

- ❖ Operator
- ❖ Staff
- ❖ Location
- ❖ Description of Structure
- ❖ Enrollment

Comments/Details:
.....
.....
.....
.....

NB: If there is a change in location; all documents for the new site must be submitted.

Principal's Signature: