

RESIDENTIAL CARE ESTABLISHMENTS

S.I. 11/2005

[SECTION 34]

*[Commencement 2nd March, 2005]***PART I - PRELIMINARY**

1. These Regulations may be cited as the Residential Care Establishments Regulations. Citation.

2. In these Regulations, “the Act” means the Residential Care Establishments Act. Interpretation.
Ch. 235A.

PART II - REQUIREMENTS FOR REGISTRATION AND LICENSING

3. An application for the grant of a certificate of registration under sections 5 and 14 of the Act shall be made to the Authority and shall contain all of the relevant information specified in Form 1 of the First Schedule together with the following — Application for certificate of registration.
Form 1, First Schedule.

(a) a certificate of sanitation issued by the Department of Environmental Health Services; and

(b) the prescribed application fee.

4. An application for registration as an operator of a residential care establishment under sections 7 and 14 of the Act shall be made to the Authority and shall contain all of the relevant information specified in Form 2 of the First Schedule together with the prescribed application fee and the following — Application for registration as an operator.
Form 2, First Schedule.

(a) in the case of a natural person —

(i) a health certificate;

(ii) a health certificate of all employees employed therein;

(iii) a copy of the first four pages of the applicant’s passport;

(iv) a current police record;

(v) a current police record of all employees employed therein;

- (vi) a certified copy of the applicant's permanent residence certificate, if applicable; and
- (vii) certified copies of any certificates of qualifications; and
- (b) in the case of a body corporate —
 - (i) a health certificate of all the employees employed therein;
 - (ii) a current police record of all employees employed therein;
 - (iii) a certificate of good standing; and
 - (iv) certified copies of any certificates of qualifications of employees employed therein.

Certificate of registration.
Form 3, First Schedule.

5. (1) A certificate of registration granted by the Authority under section 5 of the Act, shall be made in Form 3 of the First Schedule and shall be valid for two years from the date of the grant of such certificate.

Form 4, First Schedule

(2) A record of every certificate of registration granted under section 5 of the Act shall be entered by the Authority in a register to be kept for that purpose made in Form 4 of the First Schedule.

Application for licence.
Form 5, First Schedule.
Second Schedule.

6. (1) An application for the grant of a licence under section 9 of the Act shall be made to the Authority and shall contain all the relevant information specified in Form 5 of the First Schedule together with the application fee set out in the Second Schedule.

(2) An application for the grant of a licence under paragraph (1), shall be submitted at least thirty days before the date upon which the licence is to take effect.

Licence.
Form 6, First Schedule.

7. (1) A licence granted by the Authority under section 9 of the Act shall be made in Form 6 of the First Schedule and shall be valid for two years from the date specified in the licence.

Form 7, First Schedule.

(2) A record of every licence granted under section 9 of the Act shall be entered by the Authority in a register to be kept for that purpose made in Form 7 of the First Schedule.

8. (1) An application to renew the grant of a certificate of registration or licence shall be made to the Authority and shall contain all the relevant information specified in Forms 8 and 9 of the First Schedule respectively.

Renewal and replacement of certificate or licence.
Forms 8 and 9, First Schedule.

(2) There shall be payable upon the renewal or replacement of any document issued under these Regulations the fees set out in the Second Schedule.

Second Schedule.

PART III - REQUIREMENTS IN RESPECT OF PREMISES TO BE USED FOR A RESIDENTIAL CARE ESTABLISHMENT

9. Any premises on which a residential care establishment is to be operated shall satisfy the following requirements —

Premises.

- (a) the building shall —
 - (i) be solidly and substantially built with a weather tight roof;
 - (ii) be floored throughout with wood, concrete, mortar or a pavement of brick, stone, or tiles;
 - (iii) be in good repair;
 - (iv) have adequate space for each person and adequate recreation areas;
 - (v) be equipped with suitable and adequate flush toilet facilities; and
 - (vi) have running water for hygienic purposes and hand washing;
- (b) the premises shall be properly fenced, secured by a gate;
- (c) facilities for food storage and preparation shall meet the requirements specified in the Health Rules; and
- (d) the premises shall be properly ventilated.

Sub. Leg. Vol. III, Ch. 231, p.3.

10. (1) Proper lighting shall be provided in every part of the premises where persons are accommodated or through which they pass.

Lighting.

(2) All electrical outlets in the premises shall be placed out of reach of persons and shall be protected by safety covers.

Water.

11. An adequate supply of potable drinking water shall be provided for the use of each person in every residential care establishment.

Storage of medicines, etc.

12. All medicines, detergents or toxic substances stored in a residential care establishment shall be locked in a cupboard or other receptacle which shall be kept out of the reach of anyone and away from equipment and all areas in which food is stored.

**PART IV - REQUIREMENTS IN RESPECT OF
SAFETY CONDITIONS IN A RESIDENTIAL CARE
ESTABLISHMENT**

Safety measures.

13. (1) A person who operates a residential care establishment shall ensure that —

- (a) there is a standing arrangement with a physician, clinic or hospital to ensure immediate treatment in cases of emergencies;
- (b) there is posted in a conspicuous place in the residential care establishment an up-to-date list of telephone numbers of all emergency services;
- (c) hazardous maintenance and construction work shall not occur in the residential care establishment when residents are present;
- (d) fire fighting and safety equipment are inspected annually and kept in an easily accessible area; and
- (e) fire drills are regularly carried out and that all members of staff participate therein.

(2) A caregiver in a residential care establishment shall only administer medication to persons which has been prescribed by a medical practitioner and which is contained in labelled prescription containers.

FIRST SCHEDULE

FORM 1

(regulation 3)

**APPLICATION FOR A CERTIFICATE OF
REGISTRATION TO USE A BUILDING AS A
RESIDENTIAL CARE ESTABLISHMENT**

SECTION 1 : GENERAL INFORMATION

1. Name of Residential Care Establishment :
2. Type of institute : (please tick appropriate box)
 - Elderly
 - Adults
 - Young Persons
 - Children
 - Disabled
 - Other
3. Type of water system:
4. Island/settlement:
5. Street Address:
6. P.O. Box: Telephone Number:.....
7. Date established :
8. Full name of sponsor : (church, group, individual)
9. Name of Operator :

SECTION II : ENROLLMENT OF PERSONS

10. Description of space :

Room No.	No. of square ft.	Maximum number of persons. (per room)
.....
.....
.....
.....
.....

11. Approximate maximum number of persons in the residential care establishment:

SECTION III : STAFFING

(Please complete the attached Summary of Qualifications)

12. Does the operator supervise only ? Yes/ No

Does the operator supervise and provide care ?Yes/ No

13. Number of care givers including
Operator/Administrator :

14. Number of aides :

15. Non-caregiver staff : (specify number)

Visiting doctor/nurse

Maintenance personnel

Janitor/Janitress

SECTION IV : REQUISITE DOCUMENTS

16. One copy of each of the following should accompany this form :

Programme Curriculum

Timetable

Certificate of fitness for all care givers

17. Additional information :

18. Type of Programme/Meal Plan ?

19. Fees charged :

20. I certify the above particulars correct as at :

Day

Month

Year

Print name

Signature

SUMMARY OF QUALIFICATIONS

Full name of caregiver (including middle name)	Age	Sex	Degree, Diploma (state area of study, college, etc.)	Care courses taken with dates	Other courses now in progress and expected date of completion	Years of experience
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

FORM 2

(regulation 4)

APPLICATION TO BE REGISTERED AS AN OPERATOR OF A RESIDENTIAL CARE ESTABLISHMENT

SECTION I : GENERAL INFORMATION

1. Name of Applicant :
2. Street Address :
P. O. Box :
3. Telephone Number : (w) (h)

SECTION II : EDUCATION (If a body corporate, specify in relation to the Administrator)

4. Name of Schools Attended Dates Certificates

5. List Professional Qualifications :

SECTION III : WORK EXPERIENCE (If a body corporate, specify in relation to the Administrator)

6. Place of Employment : No. of Years

7. Former Employer : No. of Years

SECTION IV : RESIDENTIAL CARE ESTABLISHMENT

8. Name of residential care establishment for which this application relates :

9. Street Address : Tel :.....

10. P.O.Box : Fax No :.....

I certify the above particulars correct as at :

Day

Month

Year

Print name

Signature

FORM 3

(regulation 5(1))

**MINISTRY OF SOCIAL SERVICES AND COMMUNITY
DEVELOPMENT****Residential Care Establishment****Certificate of Registration**

.....

is hereby certified to operate a Residential Care
Establishment for a period of two years

.....

Chairman Residential Care Establishments Licensing
Authority

Date

Date of Expiration

FORM 4

(regulation 5(2))

**REGISTER OF RESIDENTIAL CARE
ESTABLISHMENTS**

Certificate Number	Name of Residential Care Establishment	Operator of Residential Care Establishment	Administrator

FORM 5

(regulation 6(1))

**APPLICATION FOR A LICENCE TO OPERATE A
RESIDENTIAL CARE ESTABLISHMENT**

1. Applicant's Name :
Address :
Telephone Number :
P.O. Box :
Fax Number :
2. Facility Name :
Address :
Telephone Number :
P.O. Box :
Fax Number :
3. Professional Qualifications :
(If a body corporate, specify in relation to the
Administrator)
4. Number of residents that may be accommodated :
Present number of residents :
Age group of residents :
Sex : No. of Males..... No. of Females.....
5. Fees charged per resident monthly (tick appropriate
box) :
\$ 200.00 and under
\$ 200.00 - \$ 300.00
\$ 300.00 - \$ 500.00
\$ 500.00 - \$ 700.00
\$ 700.00 - \$ 900.00
\$ 900.00 - \$1,500.00
\$1, 500.00 - up

6. Type of structure and condition of facility (tick appropriate box) :

- Stone
- Wooden
- Good
- Poor (need of repairs)
- Fair
- Very Good
- Excellent

7. Category of staff employed (tick appropriate box) :

- Administrator
- Supervisor
- Caregiver
- Cook
- Assistant Cook
- Laundress
- Gardener
- Handyman
- Bus Driver
- Other

8. Total No. of Staff Employed :

9. List three medical doctors (with addresses) who will provide medical assistance :

10. Type of rooms (tick appropriate box) :

- Office
- Reception
- Bedrooms
- Bathrooms
- Recreation Room
- Kitchen
- Laundry Room
- Storage Room
- Living Room
- T.V. Room
- Other

11. Total No. of Rooms :

Applicant's Signature : Date :

FORM 6

(regulation 7(1))

LICENCE TO OPERATE A RESIDENTIAL CARE ESTABLISHMENT ISSUED UNDER THE RESIDENTIAL CARE ESTABLISHMENTS ACT

This licence is granted under section 9 of the Residential Care Establishments Act

to

(name of operator)

to operate

.....
(state specific operation)

operating in the name of

at

(state location)

to take effect

for the period ending20.....

Conditions

.....

.....

Signed:

Chairman Residential Care Establishments Licensing Authority

FORM 7

(regulation 7(2))

REGISTER OF LICENCES

Licence Number	Name and address of Licensee	Name and location of Residential Care Establishment

FORM 8

(regulation 8(1))

**APPLICATION TO RENEW A CERTIFICATE OF
REGISTRATION TO USE A BUILDING AS A
RESIDENTIAL CARE ESTABLISHMENT**

SECTION I : GENERAL INFORMATION

1. Name of Residential Care Establishment :

2. Date of last registration with the Ministry :

3. Full name of sponsor (church, group, individual) :

4. Name of operator :

SECTION II : STAFFING

(Please complete the attached Summary of Qualifications in respect of new employees)

5. Does the operator supervise only ? Yes / No
Does the operator supervise and provide care ? Yes / No
6. Number of caregivers including Operator / Administrator :
7. Non-caregiver staff : (specify number)
 - Visiting doctor/nurse
 - Maintenance personnel
 - Janitor/Janitress

SECTION III : REQUISITE DOCUMENTS

8. One copy of each of the following should accompany this form :

Programme

Curriculum

Timetable

Certificate of fitness for all staff

9. Additional information :

(Please specify any changes that have occurred in the residential care establishment since last registration)

10. Fees charged :

(weekly, monthly, quarterly, yearly)

(circle appropriate one)

11. I certify the above particulars to be correct as at :

Day

Month

Year

Print name

Signature

SUMMARY OF QUALIFICATIONS

Full name of caregiver (including middle name)	Age	Degree, Diploma (state area of study, college, etc.)	Care courses taken with dates	Other courses now in progress and expected date of completion	Years of experience
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

FORM 9

(regulation 8(1))

**APPLICATION TO RENEW A LICENCE TO OPERATE
A RESIDENTIAL CARE ESTABLISHMENT**

1. Applicant's Name :

Address :

Telephone Number :

P.O. Box :

Fax Number :

2. Facility Name :

Address :

Telephone Number :

P.O. Box :

Fax Number :

3. Specify whether any additional professional qualifications since last licence :

(If a body corporate, specify in relation to the Administrator)

4. Number of residents :

Age Range : Sex :Males Females

5. Fees charged per resident monthly (tick appropriate box) :

 \$ 200.00 and under \$ 200.00 - \$ 300.00 \$ 300.00 - \$ 500.00 \$ 500.00 - \$ 700.00 \$ 700.00 - \$ 900.00 \$ 900.00 - \$1,500.00 \$1, 500.00 – up

6. Please specify any changes to the structure and condition of facility :

7. Category of staff employed (tick appropriate box) :

- Administrator
- Supervisor
- Caregiver
- Cook
- Assistant Cook
- Laundress
- Gardener
- Handyman
- Bus Driver
- Other

8. Total No. of staff employed :

9. List three medical doctors (with addresses) who will provide medical assistance :

I certify the above particulars correct as at :

Date

Applicant's signature

SECOND SCHEDULE**FEEES****(regulation 8((2))**

First registration fee as an operator	\$200.00
Certificate of registration	\$100.00
Issuance of a licence	\$ 10.00
Renewal fee for a certificate of registration	\$100.00
Renewal fee for a licence	\$ 50.00
Replacement fee for a certificate of registration or a licence	\$ 50.00