GUIDELINES FOR EARLY CHILDHOOD DEVELOPMENT SERVICES

Department of Social Development
Republic of South Africa

unicef

Every child has the right to the best possible start in life.

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FOREWORD

In the human life cycle the early childhood phase from birth to nine years is considered the most important phase for every human being. Giving children the best start in life means ensuring them good health, proper nutrition and early learning. The well being of children depends on the ability of families to function effectively. Children need to grow up in a nurturing and secure family that can ensure their development, protection, survival and participation in family and social life. From an environmental perspective, it means safe water, basic sanitation, and protection from violence, abuse, exploitation and discrimination. These imperatives work best together and lay the foundation for life.

The aim of family and child welfare services is to preserve and strengthen families so that they can provide a suitable environment for physical, emotional and social development of all their members. It is important that the capacity of parents be strengthened and supported to give their children the best possible start in life. Money invested in ensuring children the best start in life yields a meaningful return for children, their families and taxpayers. It is therefore critical to develop human capital as it catalyses economic growth and saves public funds in health, education and welfare/social security.

Early childhood development services need to be holistic and should attend to the child's health, nutrition, development, psychosocial and other needs. Parents, communities, non-governmental organisations and government departments have a role to play to ensure an integrated service to children. Collaboration between sectors is therefore of the utmost importance. Access to basic social services is the right of all children, parents and other primary caregivers. They should have access to as many resources as possible to provide in the needs of young children.

This document, *The Guidelines for Early Childhood Development Services*, is a review of *The Draft Guidelines for Early Childhood Development Services* that was the product of a long and intensive consultation process. A need was identified, however, to review the latter to ensure that it rises to the challenges facing the ECD sector, i.e. poverty, HIV and AIDS, disability, gender equity to mention but a few.

The document is divided into different sections to deal with the continuum of early child development services. These sections deal with early childhood development services aimed at interventions and programmes aimed at parents and/or primary caregivers; community based services and early childhood development centres. The Guidelines were written in such a manner that different sections can be "pulled out" to use for a specific target groups. The Guidelines aim to explain the most important facets of service delivery in simple, clear terms for easy understanding and referencing by all service providers. More elaborative explanations and resource materials are attached as Appendices for reference and for use in training situations. Guidelines for family care pertaining to the young child have also been included, as the family provides the context in which the majority of children function.

These Guidelines were developed to facilitate the Department of Social Development's mandate towards early childhood development in South Africa. They also refer to important core aspects in the early childhood phase of life such as nutrition, health care, environmental safety and early education and learning. It remains, however, the role and mandate of the sister departments to provide guidance and information on their contributions and mandates towards young children through policies, guidelines and other methods of communication. For this purpose, an address list of relevant government departments is attached to this document.

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MINISTER OF SOCIAL DEVELOPMENT

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HOW TO USE THESE GUIDELINES EFFECTIVELY

It is not the aim of these Guidelines to be comprehensive but to provide basic information as set out in the different chapters. In essence, these Guidelines are divided to focus on three aspects namely, the policy and legislative provisions (Part One) and the actual service delivery (Parts Two and Three).

It is important to keep up to date with the latest policies and legislative developments that affect children, in particular young children (from birth to five years). These Guidelines only accommodate those policies and legislation that were in effect on the date of completion of this document.

Chapters 6, 7 and 8 were written in such a manner that they could be used as separate entities in service provision. It is hoped that this will facilitate easy reference for practitioners. For example, if you run an after school care centre, you only need to refer to Chapter 7 in Part 2 to find all the information you need.

These Guidelines also have a number of Appendices that contain more in-depth information on the needs and rights of young children and their caregivers. These should be used for reference and in-service training in accordance to the needs of the practitioners.

CONTENTS

DEFINITIONS AND DESCRIPTIONS

The following terms are used in these Guidelines:

AIDS:
Acquired Immune Deficiency Syndrome.

ART:
Anti-Retroviral Treatment is a combination of medicines given to someone who is sick with AIDS. ART helps strengthen the immune system. It is not a cure for AIDS.

Baby/infant:
A child from 0 to 18 months old.

CBO:
Community-based organisations concerned with helping the community local to the organisation. CBOs are not for profit organisations. Also see NGO.

Child:
A person under the age of 18 years.

Child minder/day mother:
A person who, whether for gain or free of charge, takes care of a maximum of six children away from their homes. Registration and assessment will be addressed in the new comprehensive Child Care Act. Presently some municipalities require child minders to register with them. Since a child minder is responsible for the care and development of children in her care, she must be familiar with basic safety measures and good child-care practices.

Children with disabilities:
Children who have an impairment, i.e. physical e.g. loss of a limb; sensory e.g. loss of hearing and sight; intellectual e.g. learning difficulty.

Communicable disease:
A disease that can be passed on to others e.g. scabies, chickenpox, measles.

Department:
In these Guidelines, Department refers to the Department of Social Development. If reference is made to any other government department, that department will be mentioned specifically.

Developmentally appropriate:
This term is used to describe activities, equipment or programmes. It is a way of working with children that takes note of what is known about child development and also what is known or learnt about each child and her development.

Director-General:
In these guidelines, Director-General refers to the Director-General of the national Department of Social Development.

ECD:
Early Childhood Development is the process of emotional, mental, spiritual, moral, physical and social development of children from birth to nine years.

ECD Centre:
Any building or premises maintained or used, whether or not for gain, for the admission, protection and temporary or partial care of more than six children away from their parents. Depending on registration, an ECD centre can admit babies, toddlers and/or pre-school aged children. The term ECD centre can refer to crèche, day care centre for young children, a playgroup, a pre-school, after school care etc. ECD centres are sometimes referred to as ECD sites.

ECD Services:
A range of services provided to facilitate the emotional, intellectual, mental, spiritual, moral, physical and social development and growth of children from birth to nine years.

ECD Programmes:
These are planned activities designed to promote the emotional, mental, spiritual, moral, physical and social development of children from birth to nine years.

Family:
Individuals, who either by contract or agreement, choose to live together and provide care, nurturing and socialisation for one another.

Grade R:
The national Department of Education has identified three models of provision of Reception Year/ Grade R: those within the public primary school system, those within community-based sites and the independent provision of reception year programmes. Grade R refers to the year before Grade 1.

Head of Department:
In these Guidelines, this refers to the Head of Provincial Department of Social Development.

HIV:
Human Immunodeficiency Virus that attacks the immune system of the body.

Local authority:
The local municipality within the boundaries of which the ECD service is provided.

Medical health officer (MHO):
A health officer in the service of a provincial or local authority. Also referred to as the Communicable Disease Control Officer.

Minister:
Member of Parliament responsible for a Ministry.

NQF:
The National Qualifications Framework is a framework on which agreed standards and qualifications are registered for the main purpose of bringing together separate education and training systems into a single, national system.

NGO:
All non-governmental, non-profit organisations that are concerned with the betterment of society or the individual. NGOs are private, self governing, voluntary organisations operating not for commercial purposes but in the public interest, for the promotion of social welfare and development, religious, charity, education and research.

Notifiable disease:
Diseases that must be reported to the Department of Health, local or provincial, e.g. measles, hepatitis.

Orphan:
A child who has lost one or both parents.

Place of care:
Any building or premises which are maintained or used, whether or not for gain, for the admission, protection and temporary or partial care of more than six children away from their parents. This does not include a boarding school, hostel or institution that is maintained or used mainly for the teaching or training of children as is controlled or registered or approved by the State, including a provincial administration. Depending on its registration, a place of care can admit babies, toddlers, pre-school aged children and school-going children on a full-day or other basis. In cases where parents work night shift, children could be cared for at night. Caution should be exercised that parents do not utilise the place of care as a boarding facility.

Practitioner:
The term refers to all ECD education and training development practitioners, i.e. educators, trainers, facilitators, lecturers, caregivers and development officers, including those qualified by their experience, and who are involved in providing services in homes, centres and schools.

In respect of educators and trainers, the term includes both formally and non-formally trained individuals providing an educational service in ECD. This would include persons currently covered by the Educators Employment Act (Act no. 138 of 1994).

Pre-school child:
A child under six years of age not yet attending formal school.

Qualification:
Formal recognition of the achievement of the required number and type of credits and such other requirements at specific levels of the NQF as may be determined by the relevant bodies registered for such purpose by the South African Qualifications Authority.

Quality Assurance:
The process of ensuring that the degree of excellence specified is achieved.

SAQA:
The purpose of the South African Qualifications Authority is to ensure the development and implementation of a National Qualifications Framework (NQF) that contributes to the full development of each learner and to the social and economic development of the nation at large.

Subsidy:
Financial support to ECD services by the government, including a place of care grant as referred to in Regulations of the Child Care Act, 1983.

The Act:
For the purposes of these Guidelines it means the Child Care Act, 1983 (Act 74 of 1983).

Toddler:
A child between 18 and 36 months old.

Vulnerability:
Heightened or increased exposure to risk as a result of one's circumstances.

PRINCIPLES

The following principles were used as a basis for these Guidelines:

Child-centred
The needs and rights of children are central to all services and provisions.

Holism
Children develop in a holistic way and social, emotional, intellectual and physical development should be equally valued.

The Rights of Children
The rights of young children as established in the UN Convention, African Charter on the Rights and Welfare of the African Child and the South African Constitution must be protected.

Accountability
Everyone who intervenes in the lives of young children and their families should be held accountable for the delivery of an appropriate, effective and efficient service.

Empowerment
The resourcefulness of each young child and her family should be promoted.

Participation
Young children and their families should actively participate in the utilisation of the facilities.

Family-Centred
Programme delivery must strengthen the family.

Integration
Services to young children and their families should be holistic, inter-sectoral and delivered by an appropriate multi-disciplinary team wherever possible.

Accessible
The language and format of the guidelines must be easily understood by most people who need to use them.

Family Preservation
All services should prioritise the goal to have young children remain within the family and/or community context wherever possible.

INTRODUCTION

Young children have rights and in South Africa, they are well protected by the Constitution and laws. However, many children do not enjoy these rights. It is our responsibility as practitioners and caregivers to know what these rights are and to make sure young children are properly cared for.

See Chapter 1 for more on Children's Rights
See also Appendix B: Children's Rights

We want children to enjoy life and to live in a safe and healthy environment. We know there are many problems that stop children living in this way. Some of these problems are poverty, HIV and AIDS, and other illnesses. Some children are treated unfairly because of a disability or because they are girls.

When children are well looked after when they are very young, many problems can be avoided in later life. If they receive proper care, including healthy food and stimulation, they will grow up stronger, healthier and better able to deal with school and adulthood.

The Department of Social Development is one of the government departments that have to ensure that young children are taken care of in the best way. Other government departments that work with the Department of Social Development include the Departments of Education, Health, Justice and local municipalities.

See Chapter 2: Inter-sectoral Collaboration

The Department of Social Development has developed the *Guidelines for Early Childhood Development Services* together with the other departments and NGOs focusing on early childhood development. These Guidelines are to help all caregivers provide the best possible care for young children.

It is also important that caregivers know about the laws that protect young children. Therefore, a section on these laws has been included in the Guidelines.

See Chapter 4: Legislation for ECD Centres (Places of care)

Young children in South Africa live in many different kinds of families, for example families with two parents, families with one parent, with grandparents, with extended family, with their brothers and sisters (child-headed households), in foster care or in institutions. In this document, we talk about a family as any group of people who live together and care for one another. Most young children in South Africa do not attend crèches or pre-schools before they start primary school. Many children stay at home with an adult, an older brother or sister or sometimes alone.

Because young children spend their time in these different places, these Guidelines are divided into three sections:

- The first section deals with guidelines to be used to register places where children spend time away from their families during the day.

See Chapters 5 and 6: Early Childhood Development Services

- The second section gives guidelines for after school care.

See Chapter 7: After school care programmes

- The third section provides guidelines to help adults and older siblings care for the young children who live with them.

See Chapter 8: Family care

PART ONE

CHAPTER 1

THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT

WHY THE EARLY YEARS ARE IMPORTANT

Research in South Africa and internationally indicates that the early years are critical for development. From birth to seven years is a period of rapid physical, mental, emotional, social and moral growth and development. The early years of a child's life are a time when they acquire concepts, skills and attitudes that lay the foundation for lifelong learning. These include the acquisition of language, perceptual-motor skills required for learning to read and write, basic numeracy concepts and skills, problem-solving skills, a love of learning and the establishment and maintenance of relationships.

The early years have been recognised as the ideal phase for the passing on values that are important for the building of a peaceful, prosperous and democratic society. These values include respect for human rights, appreciation of diversity, anti-bias, tolerance and justice.

It is important to identify and support "children at risk" early in their lives. If there is early and appropriate treatment and care, this can often reverse the effects of deprivation and support the development of innate potential. Early intervention and provisioning make it possible for children to grow and develop to their full potential, thus reducing the need for remedial services to address stunting, developmental lag and social problems later in life.

Quality provisioning will also increase educational efficiency, as children will acquire the basic concepts, skills and attitudes required for successful learning and development thus reducing their chances of failure.

Increased, quality provisioning can free parents and other adult carers to take up opportunities for education and employment, which can dramatically improve the socio-economic status of impoverished families.

THE IMPORTANCE OF PROVIDING QUALITY ECD SERVICES

Early childhood development services provide education and care to children in the temporary absence of their parents or adult caregivers. These services should be holistic and demonstrate the appreciation of the importance of considering the child's health, nutrition, education, psychosocial and other needs within the context of the family and the community.

Programmes for school-going children in the afternoons and during school holidays are also important. These ensure a protected environment in which attention is given to homework and the child is encouraged to use free time constructively.

The Department of Social Development has a responsibility to ensure that conditions are created for the optimum development of all children and their families through the provision and support of appropriate services.

Disadvantaged children and children with disabilities are often marginalised and their development needs ignored. These children should be accommodated in ECD services. There should be programmes that meet their specific needs.

ECD services have a responsibility to educate children about their rights and responsibilities as part of their developmental programmes. Children have the right to be listened to, respected, protected, educated and cared for. Children also have responsibilities towards others. They have to listen to others, care for and respect their peers, siblings, parents and other members of the community. This will ensure that the child develops into a confident, well-balanced and secure person.

The ECD service is an important support system within the community. Parents, families and communities have a responsibility to complement the services provided at early childhood development centres. In order to address the child's needs holistically, it is important that there should be close collaboration between the families and the ECD practitioner.

Early childhood development is a specialised field. Knowledge of and insight into child development is important. A practitioner should have a positive attitude towards caring for children. A practitioner should be sensitive to the needs of children and therefore needs specialised training. This training needs to be of an ongoing nature and practitioners must be prepared to expand their knowledge.

CHALLENGES FACING THE EARLY CHILDHOOD DEVELOPMENT SECTOR

There are many challenges facing young children, their families, practitioners, and government departments responsible for them. These include poverty, HIV and AIDS, disability, gender equity and the challenges of inter-sectoral collaboration.

- **Poverty:** The majority of young children in South Africa do not have access to quality ECD services. The main reason for this is poverty. Many families cannot afford to pay for early childhood services for their children. For this reason, government departments responsible for provisions for young children must work together to support quality early childhood services that are accessible and affordable to all families.

- **HIV and AIDS:** Children in South Africa are affected by this pandemic in three phases — illness (their own or family member), death and orphaning. All three phases have an economic as well as social and psychological impact on children. The stigma of HIV and AIDS also has a negative influence on children and their self-image. The challenges are faced by the children themselves, their families, educators and care providers as well as provincial and national departments.
  - The primary care givers, whether parents or other family members, need skills and confidence to provide psychosocial and emotional support to children as well as financial assistance to ensure their physical well-being.
  - Educators and care providers should develop and implement policies that do not discriminate against children affected or infected by HIV and AIDS and all children should be welcomed into all early childhood centres. The practitioners need to receive training and support to help build the self-confidence and coping strategies of all children and in particular those children who suffer discrimination and who have suffered from the illness or death of family members.
  - Government departments must work together to provide an integrated ECD service to all children, in particular those children infected and affected by HIV and AIDS.

- **Disability:** Children with disabilities often suffer discrimination and stigmatisation from those who do not understand the nature of the disability or who are frightened by it. Because of their

disabilities, some children are more likely to be abused. Some people see the disability as limiting the child's ability to do anything at all and these children are seen as a burden.

If children with disabilities are admitted to early childhood development centres they must be helped to participate in or enjoy the activities provided. Support needs to be given to families to bring children with disabilities to early childhood centres. They need to be informed that these centres have admission policies that welcome and accommodate their children. Practitioners should receive training that will encourage them to adapt centres and provide activities in ways that will allow children with disabilities to participate and so be able to develop their full potential.

If a child cannot be accommodated in an early childhood centre, referral to an appropriate centre must be made.

- **Gender equity:** Most families want their children to grow up strong and healthy. One way to achieve this is to make sure that boys and girls are treated equitably. Children have different learning styles and different approaches to communicating with others. Children should not be labelled nor should they be pressured to conform to a certain way of behaving.

  Children are socialised into gender roles in their families. Early childhood development services have to be sensitive to the beliefs and practices of families but at the same time must make sure that no child is treated unfairly because of gender.

- **Inter-sectoral collaboration:** There are many groups involved in the development of young children: families, non-governmental and faith-based organisations, business, municipalities and government departments. Within each group, there are different groupings and it is a challenge to accommodate and include everyone at the same time. Government departments can take a lead in ensuring that policies and practices complement one another and work together for the benefit of young children. For more information on inter-sectoral collaboration, see Chapter 2 of this document.

RIGHTS OF CHILDREN

In 1989, many nations came together and adopted the United Nations Convention on the Rights of the Child. A convention is an international agreement that must be obeyed by all nations who accept it. (In the Convention, a nation is called a "State", which means the government of a country). South Africa ratified (accepted) the Convention on 16 June 1995.

The Convention tells us which basic rights children need in order to survive, be protected, develop and participate. The nations who agreed to the Convention believe that we need to show respect for the dignity, equality and rights of all people, including children, in order to have freedom, justice and peace.

Children need special protection and care. The laws of the State are needed to protect children before and after they are born. In South Africa, for example, we have the Constitution and Child Care Act of 1983.

The following are some of the rights that relate to these Guidelines.

- Everyone under 18 years of age has all the rights in the UN Convention on the Rights of the Child.

- The Convention applies to everyone, whatever their race, religion, abilities, whatever they think or say, or whatever type of family they come from.
- All organisations concerned with children should work towards what is best for each child.
- Governments should make these rights available to children.
- Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.
- All children have the right to life. Governments should ensure that children survive and develop healthily.
- All children have the right to a legally registered name, the right to a nationality and the right to know and, as far as possible, to be cared for by their parents.
- Children should not be separated from their parents unless it is for their own good. For example if a parent is mistreating or neglecting a child.
- Children have the right to say what they think should happen when practitioners and caregivers make decisions that affect them, and to have their opinions taken into account.
- Children have the right to think and believe what they want and to practice their religion, as long as they are not preventing other people from enjoying their rights.
- Children have a right to privacy.
- Both parents share responsibility for bringing up their children. They should always consider what is best for each child. Governments should help parents by providing services to support them.
- Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.
- Children, who cannot be looked after by their own family, must be looked after properly by people who respect their religion, culture and language.
- Children who have any kind of disability should have special care and support, so that they can lead full and independent lives.
- Children have the right to shelter, good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy.
- The Government should provide extra money for children of families in need.
- Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their own and other cultures.
- Children have a right to learn and use the language and customs of their families.
- All children have a right to relax and play, and to join in a wide range of activities.
- Children should be protected from any activities that could harm their development.
- Children who have been neglected or abused should receive special help to restore their self-respect.

CHAPTER 2

INTER-SECTORAL COLLABORATION

The needs of children and their families are complex and diverse and cannot be addressed by an organisation or department working in isolation.

Inter-sectoral collaboration and an integrated approach value the contribution and role different service providers' play in ensuring the well being of children. A holistic approach places the child at the centre of a protective and enabling environment that brings together the elements needed for the full development of that child. Parents, or primary caregivers and the family, need access to basic social services such as primary health care, adequate nutrition, safe water, basic sanitation, birth registration, protection from abuse and violence, psychosocial support and early childhood care.

Integrated early childhood development starts with the family. Family life will differ from one child to the next in terms of composition, values and roles. However, within each family, the young child and caregiver should be able to receive the necessary psychosocial support and care to promote learning and development.

One of the main policy documents influencing early childhood development is the Ministry for Social Development's *White Paper on Social Welfare, 1997*. This guides the ministry in terms of service provisions in the social development sector. Key points include:

- Provision for children zero to nine, with a special interest in the zero to three year old age group.
- Placing early childhood development within the family environment, especially for those children under the age of five years. There is recognition of single parent families and families caring for children in especially difficult circumstances.
- It calls for an inter-sectoral national ECD strategy, bringing together other government departments, civil society and the private sector.
- It emphasises service delivery in early childhood development targeting all caregivers, parents and social service professionals.
- The registration of early childhood development services.

In addition, within the Ministry for Social Development, the *Child Care Act 1983, as amended,* provides for the regulation of early childhood facilities for children and the payment of subsidies/grants to early childhood facilities. These provisions are being reviewed within the new Children's Bill that is being developed under the auspices of the Department. The Department of Social Development is the main department responsible for the payment of the child support grant for young children in situations of extreme poverty. It is also assigned a key role in the care and support to orphan and vulnerable children in terms of the *National Integrated Plan for Children affected and infected by HIV and AIDS*. The Department has also modelled an integrated approach to early childhood development with their flagship programme for unemployed women with children under the age of five years, which pilots a cross-sectoral and integrated approach to developmental social welfare.

With regard to the Child Support Grants and Registration subsidies, the Department makes it clear that these are two separate payments. Receipt of one does not cancel out the other, i.e. if a parent receives a Child Support Grant, this does not mean that she has to use it to pay ECD centre fees and the ECD Centre does not lose the right to receive a full subsidy for the child.

The Ministry for Education through the implementation of *Education White Paper 5 on Early Childhood Development* prioritised early childhood development, particularly within the education sector. It sets clear goals for a reception year (Grade R) prior to the start of Grade 1; accreditation of early childhood development providers; and inter-sectoral programmes for pre-Grade R provision (0-4 year olds). It also recognises the need for national, provincial and local strategies for early childhood development in collaboration with other key departments and the National Programme of Action for Children Steering Committee. The Department of Education is in its fifth year of incorporating Grade R into the formal schooling system. The admission age for Grade R was lowered by the Ministry to children aged four turning five before 30 June of each year, which subsequently also lowered the age of entry into compulsory education at Grade 1.

The Ministry for Health implements a policy of free health care for pregnant women and children under six years; immunisation of children (and the Road to Health card); the integrated national nutrition programme; primary health care programmes; Integrated Management of Childhood Illness (IMCI) and Prevention of Mother to Child Transmission (PMTCT). All of these contribute towards the healthy development and growth of young children.

The Department of Local Government and local authorities such as local municipalities have a clear constitutional and legislative mandate towards service provision of early childhood development services, especially as far as these facilities are concerned. The Regulations to the Child Care Act, 1983, requires the local municipality to be involved in the early childhood facilities and that it should give its approval of the establishment or continuation of a early childhood facility, as a condition of registration of such a facility. Many local municipalities also have bylaws that regulate and monitor day-care facilities and child minding (up to six children taken care of by a private person in an informal early childhood programme). The latter is part of the Schedule 4 (Part B) Constitutional Functions of local government, i.e. Child Care Facilities[1].

The *National Programme of Action for Children* (2000 and Beyond) sets early childhood development as one of the country's major priorities (under the priority area Education, although components of integrated early childhood development are covered in all other priority areas).

Other government programmes that impact on young children include the Department of Home Affairs with the registration of births; Department of Housing in the provision of housing and shelter; Department of Water Affairs in the provision of safe water and a certain amount of free water at household level via local municipalities. Departments such as Safety and Security and Justice, together with the Department of Social Development, are responsible for the child protection system and services.

It is thus clear that early childhood development is a broad based concept and that all sectors and departments have a contribution to make. The three key departments that play an integral role in early childhood development, care and education are the Departments of Social Development, Health, and Education. These three provide a range of services from household level to school-based services for children from birth to nine years.

Inter-sectoral collaboration and integrated service delivery requires commitment from all departments, non-governmental organisations and other key services providers to achieve the best possible service for the young child and his/her family. It is important that this collaboration is achieved at national, provincial, district and local levels.

The government is committed to integrated and inter-sectoral collaboration. This commitment is shown in the manner in which national government departments work together in clusters, e.g. the Social Sector Cluster; how provincial departments align themselves to the *Provincial Growth and*

1 This is also further addressed in the Draft Children's Bill, 2003.

Development Plan in each province and how local municipalities develop and work according to an IDP (Integrated Development Plan). The national government completed a *National Integrated Plan for Early Childhood Development in South Africa* with the aim of bringing greater co-ordination to current government programmes undertaken by various government departments in the area of early childhood development.

To facilitate government obligations to children, the *National Programme of Action for Children* (NPA) has been established. This is situated in the Office of the President and brings government departments together at a national level to work and plan together for the children of the country. *The Provincial Programme of Action for Children* (PPA) exists at a provincial level, in the Office of the Premier, and aims to facilitate inter-sectoral collaboration, planning and implementation for services to children provincially.

It is important for each service provider to seek practical ways to facilitate inter-sectoral collaboration and integration in service provision to young children.

The following is a guide to achieving collaboration and integration:

- Know what each department is doing. Who else is providing services to young children in the area? What impact does this have on the lives of young children and their families?

- Know government policies and legislation that impact on children, especially young children, and their families. This will help in the liaison with the correct government departments, to solicit support and guidance, to influence service provision by government and direct children and families to the right resources for service delivery.

- Determine ways to work with other service providers and add value to their services and your service provision. For example, welfare organisations, local clinics, adult literacy programmes.

- In collaboration, **keep the rights of the young child CENTRAL** to discussions, strategies and agreements.

Contact details are provided on page 101 of this document for anyone who needs more information on services provided for children by any government department.

CHAPTER 3

THE ROLE OF THE DEPARTMENT OF SOCIAL DEVELOPMENT AT A NATIONAL AND PROVINCIAL LEVEL

The Department of Social Development is organised as a national department with nine provincial departments, who each have different roles and responsibilities. It is important to take note of these different roles and responsibilities regarding early childhood development (as determined by policies and legislation).

The roles and responsibilities of the national Department of Social Development:

- The development of national policies on early childhood development services, for example the *White Paper for Social Welfare, 1997*.

- To develop and support national legislation on early childhood development services, for example the current *Child Care Act, 1983 and its Regulations*; the *Children's Bill* currently under development; the *Social Assistance Act* that determines the payment of child support and other grants.

- To develop national minimum standards for the implementation of early childhood development services, for example the *Guidelines for Early Childhood Development Services*.

- To set national priorities for early childhood development services, for example services to families with young children; services to children; services to children affected by HIV and AIDS.

- To work together with core national departments such as the Departments of Health and Education to develop national strategies and frameworks for integrated early childhood development services, for example the *Expanded Public Works Programme and the National Integrated Plan for Early Childhood Development in South Africa*.

- To provide support, guidance and capacity development opportunities to provincial departments on early childhood development services.

- To monitor the way in which provincial departments of social development implement national policies, norms and standards.

- To appropriate a national budget for early childhood development services through the annual budget vote in Parliament.

- Registration of early childhood development service providers as *Not for Profit Organisations* as required by the *NPO Act*.

- To provide information on the requirement of the need to notify the Department of any instance where a child shows repeated bruising or injuries, abuse or neglect or suspected malnutrition.

- To provide feedback to the Minister for Social Development, the Portfolio Committee for Social Development and other structures of Parliament on early childhood development services rendered in the country.

The roles and responsibilities of the provincial Departments of Social Development:

- To promote the importance of early childhood development services in the province.

- To seek concrete ways of inter-sectoral collaboration and integration in early childhood development service delivery with the provincial departments of Education and Health and any other department or non-governmental organisation that contributes to services to young children and their families. As appropriate, to develop a provincial integrated plan for early childhood development services in partnership with the provincial departments of education and health.

- To establish mechanisms and programmes to facilitate capacity development in early childhood development service delivery in the province.

- To provide support and guidance to early childhood development service providers in the province.

- To facilitate integration of services to young children within the provincial department of social development, e.g. family preservation and development services; parent/caregiver support services; poverty alleviation programmes; child support grants; services to children affected and infected with HIV and AIDS and their caregivers, (orphans and vulnerable children (OVCs); early childhood services for young children; life skills programmes for youth, etc.

- Ensure that national policies, legislation, strategies and priorities are implemented within the means of the provincial department.

- To provide feedback to the *national* Department of Social Development on the implementation status of national policies, legislation, strategies and priorities for early childhood development services.

- A provincial Department of Social Development may develop, at the discretion of the MEC, provincial legislation, policies, guidelines, strategies and priorities on early childhood development, provided that they are in support of national legislation, policies, guidelines, strategies and priorities and do not contradict or oppose nationally accepted legislation, policies, guidelines, strategies and priorities.

- To register early childhood development centres. (Places of care as per section 30 of the Child Care Act, 1983, and related Regulations).

- To put mechanisms in place to facilitate the registration of early childhood development centres (places of care) in an empowering and developmental way.

- To keep a provincial register of all registered early childhood development services.

- To determine the place of care grant (subsidy), as per Regulation 38 to the Child Care Act, 1983, payable to early childhood development facilities in the province.

- To appropriate a provincial budget for early childhood development services through the annual budget vote in the provincial legislature.

- To allocate a provincial budget for support to early childhood development services, this shall include services to families and services to community-based programmes.

- To provide transfer payments for early childhood development services in line with the existing financing policies and guidelines.

- To monitor the provision of registered and non-registered early childhood development services (with specific reference to section 31 of the Child Care Act, 1983).

- Cancellation of a registration certificate of a Day Care Centre (place of care) in terms of section 32 of the Child Care Act, 1983.

- To provide information on the requirement of the need to notify the Department of any instance where a child shows repeated bruising or injuries, abuse or neglect or suspected malnutrition.

- *For more information see Appendix I*

CHAPTER 4

The Legislative Framework for ECD Centres (Places of Care)

This chapter deals with the current national legislation that regulates early childhood development centres. It is strongly advised that the original Act and its regulations be consulted in addition to this chapter. Where appropriate, parts of the Child Care Act, 1983, and its regulations are inserted into the text of this chapter (it is clearly indicated in a different font size).

Please note that the government is currently reviewing childcare legislation in South Africa and the proposed legislative changes will be found in the Children's Bill, 2003. At the time of writing these Guidelines, the Children's Bill was in the parliamentary process.

The current Child Care Act, 1983 makes provision for places of care that include the following:
- ECD Centres / Crèches,
- Playgroups,
- After-school centres,
- Or a combination of the three

in line with the definition as prescribed by the Act.

The definition of a place of care can be found in the definition section of these Guidelines (page 7).

In this section, the term *place of care* is used to stay in line with the language used in the current legislation. It is important to understand that this term refers to the range of formalised ECD provisions such as day-care centres, ECD centres, crèches, etc.

In terms of the Act, **section 30(2)**, a place of care must be registered. No child may be kept in an unregistered place of care (except for places of care maintained and controlled by the state).

The application for registration is done in terms of section 30(3) of the Act on **a form prescribed** (Regulation 30(1)) by the Director-General for Social Development (this has been delegated to a provincial level). The Act does not give more details about the registration except for the provisions in Regulation 30. There is a particular obligation on the Department of Social Development in terms of this section (section 30(3)(a)) to obtain information with regard to the application. Regulation 30(2) indicates that certain additional information should accompany the application form, namely:

- The constitution of the place of care which should include or indicate at least the following:
  - Name of the place of care;
  - Category or categories of children it will cater for;
  - Composition, powers and duties of the management;
  - Powers, obligations and undertaking of the management to delegate all authority with regard to care, behaviour management and development of children to the head of the place of care;
  - Procedures in respect of amending the constitution;
  - Commitment from the management to ensure the establishment and maintenance of minimum standards.
- A certificate issued by the local authority in whose area the place of care is for either:
  - Approval of the plans if it is still to be erected; or
  - Compliance with the structural and health requirements of the local authority.
- A certificate from the Director-General i.e. the Department of Social Development in the province indicating that a needs assessment was done.

Regulation 30(2) and (3) is clear on the importance of adhering to, and implementing minimum standards.

In terms of section 30(2)(b), the Director-General may either reject or grant the application. The latter can be either unconditionally[2] or conditionally[3] and a certificate for registration needs to be issued which is valid for a period of two years in terms of Regulation 30(4). Such a registration certificate needs to be reviewed based on a quality assurance assessment in the appropriate manner.

Section 30(4) of the Act allows for the classification of a place of care upon application for registration or any time thereafter according to the following:

- Sex of the children (e.g. for boys and girls);
- Age of the children (e.g. only for children from three to five years);
- Physical needs of the children;
- Mental needs of the children;
- Spiritual needs of the children.

This discretion of classification rests with the Director-General or the delegated authority (at a provincial level).

Therefore, in practice the **registration certificate** has to include at least the following:

- Name of the place of care;
- Physical address of the place of care;
- Date of registration;
- Expiry date of the registration certificate;
- Number of children to be accommodated;
- Sex of children to be accommodated;
- Ages of children to be accommodated;
- Classification of the place of care (where applicable);
- Conditions for registration (if applicable).

Section 30(6) of the Act indicates that any person who contravenes or fails to comply with the provisions and requirements for registration of places of care is guilty of an offence. This means that places of care that are not registered are illegal and the persons operating them can be charged with an offence.

Regulation 30A stipulates additional requirements to which a place of care shall comply. It is required from places of care that they adhere to the prohibition of behaviour management practices as described in Regulation 30A(1). This Regulation can be found below:

REGULATION 30A(1)
Additional requirements with which a place of care shall comply

30A. (1) Subject to the provisions of the Act and these regulations no place of care shall be registered or shall remain registered after 24 months unless the Director-General is satisfied that the following behaviour management practices are expressly forbidden:

(a) Group punishment for individual behaviour;

2 This means that there are NO conditions attached to the registration and that the Department of Social Development is satisfied that the Place of Care meets the minimum requirements.

3 This means that there are SOME conditions attached to the registration, i.e. aspects that need attention and that need to be put in place in order to meet the minimum requirements.

(b) Threats of removal, or removal from the programme;

(c) Humiliation or ridicule;

(d) Physical punishment;

(e) Deprivation of basic rights and needs such as food and clothing;

(f) Deprivation of access to parents and family;

(g) Denial, outside of the child's specific development plan, of visits, telephone calls or correspondence with family and significant others;

(h) Isolation from service providers or other children admitted to the place of care, other than for the immediate safety of such children or such service providers only after all other possibilities have been exhausted and then under strict adherence to policy, procedure, monitoring and documentation;

(i) Restraint, other than for the immediate safety of the children or service providers and as an extreme measure. This measure is governed by specific policy and procedure, can only be undertaken by service providers trained in this measure, and must be thoroughly documented and monitored.

(j) Assignment of inappropriate or excessive exercise or work;

(k) Undue influence by service providers regarding their religious or personal beliefs including sexual orientation;

(l) Measures which demonstrate discrimination on the basis of cultural or linguistic heritage, gender, race, or sexual orientation;

(m) Verbal, emotional or physical harm;

(n) Punishment by another child; and

(o) Behaviour modification such as punishment or reward systems, of privilege systems, other than as a treatment or development technique within a documented individual treatment or development programme which is developed by a team including the child and monitored by an appropriately trained multi-disciplinary team.

Regulation 30A(2) may cause some confusion within places of care and it is recommended that places of care apply those parts that have reference to the services offered in a place of care. The following are examples of this regulation that may not apply to a place of care:

- Regulation 30A(2)(b): Family reunification does not apply as children in a place of care are placed there by their parents for care, protection and development during the day, as a place of care is not a residential care facility.

- Regulation 30A(2)(e): Review of placement also does not apply, as placement in a place of care is not a statutory placement.

- Regulation 30A(2)(k): Children in a place of care usually have daily contact with their parents and no court order can restrict any contact as these children are not under statutory care.

- Regulation 30A(2)(l): The same applies here as above as these children are not under statutory care.

- Regulation 30A(2)(t): The reference to custody is not applicable as these children are not place in a place of care under a court order.

- Regulation 30A(2)(u): This sub-regulation also does not apply as the family and significant others cannot be refused discussions with the children.

The opinion is held that Regulation 30A(2) needs to be reviewed and amended to make it more applicable to places of care due to the fact that, as it stands now, it refers to children in out-of-home care e.g. children's home, rather than children in a place of care. In comparison with Regulation 31A(1), which deals with children's homes, shelters, places of safety and schools of industries, there is no difference in the wording of the said regulation and Regulation 30A(2), which makes Regulation 30A(2) inappropriate with regard to some aspects.

REGULATION 30A(2)

(2) All children in a place of care shall, where appropriate, have the right —

(a) To know their rights and responsibilities;

(b) To a plan and programme of care and development, which includes a plan for reunification, security and life-long relationships;

(c) To participate in formulating their plan of care and development, to be informed about their plan, and to make changes to it;

(d) To expect that their plan and programme is based on an appropriate and competent assessment of their developmental needs and strengths and, where possible, is in the context of their family and community environments;

(e) To a regular review of their placement and care or development programme;

(f) To be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the places of care;

(g) To be consulted and to express their views, according to their abilities, about significant decisions affecting them;

(h) To reasonable privacy and to possession of the personal belongings;

(i) To be informed of behaviour expected by service providers and of the consequences of not meeting the expectations of service providers;

(j) To care and intervention which respects their cultural, religious and linguistic heritage and the right to learn about and maintain this heritage;

(k) To regular contact with parents, family and friends unless a court order or their care or development programme indicates otherwise, or unless they choose otherwise;

(l) To the involvement of their family or significant others in their care or development programme, unless proved not to be in their best interests, and to return to live in their community in the shortest appropriate period of time;

(m) To be free from physical punishment;

(n) To positive disciplinary measures appropriate to their level of maturity;

(o) To protection from all forms of emotional, physical, sexual and verbal abuse;

(p) To education appropriate to their level of maturity, their aptitude and their ability;

(q) To be informed that prohibited items in their possession may be removed and withheld;

(r) To respect and protection from exploitation and neglect;

(s) To opportunities of learning and opportunities which develop their capacity to demonstrate respect and care for others;

(t) To an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care and development; and

(u) To privacy during discussions with families and significant others, unless this can be shown not be in the best interests of the child.

[Regulation 3OA inserted by GN 416 of March 1998]

Regulation 34 stipulates the specific **register** that needs to be kept by a place of care and is described quite clearly in the said regulation (see below). Managers of places of care have to ensure that they adhere to this and keep such a register updated. The register shall have the following headings:

- Surname of child;
- First names of the child;
- Date of birth;
- Sex of the child;
- Date of admission into the centre;
- Name of parent/primary caregiver;
- Physical address of parent/primary caregiver;
- Telephone numbers of parent/primary caregiver;
- Date on which child left the care of the centre (stop attending the programme);
- Other information such as chronic medical conditions (e.g. diabetes), dietary requirements (e.g. halaal, vegetarian, etc.) and other critical information for the care and development of the child.

REGULATION 34

Register to kept by place of care

34. Every place of care registered under section 30 of the Act shall keep a register of children attending that place of care in which the following particulars in respect of each child shall be entered:

(a) Full name, date of birth and sex of the child;

(b) Date of his admission;

(c) Names, addresses and telephone numbers of parents and foster parent;

(d) Date on which care is terminated; and

(e) Any other information regarding the child which the place of care may deem necessary or expedient to enter.

Regulation 38 allows for the payment of a place of care grant. The payment of such a grant is not compulsory or statutory and provision is merely made in the regulation that the grant **may be** paid (Regulation 38(1)) for children older than one month in a place of care.

Regulation 38(2) states that the application for such a grant must be made on a form determined by the Director-General (delegated to the provincial departments of Social Development).

Regulation 38(3) determines that this grant is calculated in accordance with a formula and is payable for the days a child is registered at the place of care. When a child is absent from the place of care for longer than six weeks the grant is not payable. The grant is not payable when the child is absent for consecutive periods that exceed two months.

Regulation 38(4)(a) sets the conditions for the payment of the grant, which include the operating times of the place of care (not more than eight hours on a weekday) and certain provisions for Saturdays, Sundays and public holidays. It further stipulates clearly that such a grant is not payable for the periods when the place of care is closed as the grant is paid per day per child.

Further conditions are set in Regulation 38(b) for the payment of the grant, which include the following:
- Meals and refreshments;
- Meeting the child's basic needs;
- Appropriate educational programmes;
- Subjection to evaluation and examination;
- Non-transfer of the grant;
- Submission of reports.

REGULATION 38

Place of care grant

38. (1) The Minister may, with the concurrence of the Minister of Finance, give approval for a grant to be paid to a place of care for the care of children older than one month;

(2) An application for a grant in terms of this regulation shall be made on a form determined by the Director-General.

(3) A grant in terms of this regulation shall amount to an amount or shall be calculated in accordance with a formula or in a manner determined by the Minister with the concurrence of the Minister of Finance and shall be payable in respect of each day during which the child concerned is registered in the place of care in accordance with the provisions of this regulation, provided that such child should not be absent from the place of care for a period longer than six weeks at a time or for consecutive periods which, in total, exceed two months.

(4) The payment of a grant to a place of care in terms of this regulation shall be subject to the following conditions:

(a) The hours of a place of care shall be for a minimum of eight hours from Mondays to Fridays and from 07:00 to 13:00 (where necessary to 14:30) on Saturdays: Provided that —

(i) The grant may be paid in respect of children who attend places of care on Sundays and public holidays on condition that they are children of bona fide working parents, guardians or custodians whose conditions of service provide that they must work on Sundays or public holidays;

(ii) If the management of a place of care is of the opinion that there is not sufficient justification for keeping the place of care open during the prescribed hours and days, it may close it; and

(iii) No grant shall be payable in respect of periods during which the place of care has been so closed.

(b) The payment of a grant to a place of care shall be subject to the following additional conditions:

(i) Meals and refreshments shall be served to every child who is present at a meal time or tea time;

(ii) The basic needs of every child as defined in regulation 1 shall be met;

(iii) An appropriate educational programme focussing on the intellectual development of every child shall be offered;

(iv) The Director-General or a person authorised by him or her shall at all times be entitled to evaluate the place of care, its books, documents and registers and its developmental programmes, and to examine to health, nutrition and general well-being of the children in the place of care;

(v) A grant shall not be transferred, ceded or encumbered and shall not be liable to execution or attachment; and

(vi) The management of the place of care shall send the reports and the returns required by the Director-General to him or her.

[Regulation 38 substituted by GN 416 of March 1998]

Section 31 in the current Act makes provision for the "inspection" of places of care, which refers to a system of monitoring and evaluation. As will be seen below, the Act refers to an inspection, whereas the Regulations refer to a quality assurance process. As the methodology for quality assurance has significantly changed in the past 20 years, it is understandable that that Act and the Regulations might differ. Within the context of the Department of Social Development, monitoring and evaluation should be seen as a developmental and empowering process, with the best interest of the child being more important than anything else. This should be seen as the point of departure for the discussion point below.

Inspection of children's homes and places of care

31. (1) A social worker, a nurse or any other person, authorised thereto by the Director-General, or any commissioner, may enter any children's home, place of care shelter or place of safety in order to-

(a) Inspect that children's home, place of care, shelter or place of safety and the books and documents appertaining thereto;

(b) Observe and interview any child therein, or cause such child to be examined by a medical officer, psychologist or psychiatrist.

[Sub-section (1) substituted by section 12(a) of Act 96 0f 1996]

(2) Any social worker, nurse or other person so authorised shall be furnished with a certificate to that effect, signed by the Director-General, which he or she, when acting in terms of subsection (1), shall produce at the request of any manager or staff member of the children's home, place of care, shelter or place of safety concerned.

[Sub-section (2) substituted by section 12(a) of Act 96 Of 1996]

(3) Any person who obstructs or hinders any social worker, nurse or other person so authorised or any commissioner in the performance of any function mentioned in subsection (1), or who fails to produce any child, book or document whose production a social worker, nurse or other person so authorised or any commissioner has demanded, shall be guilty of an offence.

(4) The social worker, nurse or other person so authorised, or the commissioner, shall submit a report to the Director-General after the performance of a function referred to in subsection (1).

[Sub-section (4) added by section 12(b) of Act 96 Of 1996]

(5) The powers of the Director-General on receipt of a report referred to in subsection (4) shall be as prescribed.

[Sub-section (5) added by section 12(b) of Act 96 Of 1996]

Section 31 deals particularly with the inspection of places of care. **Regulation 34A(3)** refers to this inspection as being a developmental quality assurance assessment and indicates a move away from the traditional "inspection" framework towards a more developmentally based review and evaluation approach.

Before the implications of this section are discussed, it is important to note that the departure point of a developmental quality assurance is the growth and well being of the organisation, in this instance the place of care. The details of the developmental quality assurance will not be discussed here, but the relevant provisions of the Act and the Regulations will be placed in context within this framework.

Section 31(1) states that only a social worker, nurse or person authorised by the Director- General (or his/her delegated authority), is allowed access to a place of care for a quality assurance visit. Such access should be based on a team of people who will be responsible for the developmental quality assurance. The same section also allows for a commissioner of child welfare to have access to a place of care. Though section 31(1)(a) and (b) may seem to give limited authority in the case of such a review and evaluation, this authority is extended quite broadly within the Regulations to the Act. The following regulations in particular refer to the importance of the Developmental Quality Assurance review:

- Regulation 30(4) requires that a registration certificate for a place of care shall only be renewable every 24 months after appropriately trained officials appointed by the Director-General have done a Developmental Quality Assurance review.

- Regulations 30A, 31, 31A and 32 highlight particular aspects regarding the care, protection and development of children that need to be covered by a developmental quality assurance review.

- Regulation 34 indicates the registers that need to be kept by a place of care and which will be open for review and evaluation during a Developmental Quality Assurance review.

Section 31(2) requires that social workers, nurses or authorised persons who conduct the review and evaluation of a place of care need to be duly authorised to do so in writing by the Director-General (or his/her delegated authority). The exception is that a commissioner of childcare does not need any authority and may enter such a facility at their discretion and on their own authority.

Section 31(3) indicates that obstruction or hindering a person authorised to review and evaluate a place of care is an offence.

Section 31(4) places the responsibility on any social worker, nurse, authorised person or commissioner who has entered, reviewed and evaluated a place of care to provide the Director-General (or his/her delegated authority) with a report after the performance of this function.

The power of the Director-General referred to in **section 31(5)** is prescribed in **Regulation 34A**. The said regulation places certain responsibilities and obligation on the Director-General upon the receipt of this report, which can be summarised into three main areas, namely:

- Action to be taken when requirements with regard to the registration are not met.
- Action to be taken with regard to concerns regarding the care, protection and development of children.
- That all places of care (including those maintained and controlled by the State) must have a developmental quality assurance review every 24 months undertaken by the Director-General (or his/her delegated authority) and this review must result in a report and a developmental programme.

REGULATION 34A

Review and evaluation of Children's homes, places of safety, places of care and shelters

34A. (1) On receipt of a report referred to in section 31 (4) of the Act indicating that a requirement for registration of a children's home, places of care, place of safety or shelter in terms of regulation 30 or 31 has not been met, the Director-General shall —

(a) Inform the management and the head of the children's home, places of care, places of safety or shelter, in writing, of the contents of the report;

(b) Where necessary, require the head and management to respond to the report, in writing, within 14 days of receipt of such report;

(c) Provide a developmental programme, guidance and support to enable the management and head to meet the requirements within a specified period being not less than two months and not more than six months of receipt of such report;

(d) require that the head and management meet the developmental goals set out in the report referred to in paragraph (b) and in the programme referred to in paragraph (c); and

(e) After the period referred to in paragraph (c) ensure that a further review and report is undertaken.

(f) If the report referred to in paragraph (e) indicates that the requirements for registration of a children's home, place of care or shelter in terms of regulation 30 or 31 have still not been

satisfactorily met, withdraw the registration certificate and instruct the children's home, place of care or shelter to arrange for the transfer of children to a registered children's home, place of care or shelter, as the case may be, whereupon the Director-General may close down the children's home, place of care or shelter.

(2) On receipt of a report referred to in section 31 (4) of the Act expressing concern about any matter relating to the care, protection or development of children in terms of regulation 31A, the control, maintenance of good order and behaviour, management of children in terms of regulation 32 or the keeping of registers or files in terms of regulation 33, 33A, 33B or 34, as required of children's homes, places of care and places of safety established under section 28 of the Act and of shelters, or on receipt on a review report referred to in paragraph (e) of sub-regulation (1), the Director-General-

(a) Shall inform the head of the department responsible for such children's home, place of care, place of safety or shelter, as the case may be, of the contents of the report;

(b) Shall require that the head of the department respond in writing to the concern or concerns raised or any other matter contained in such report within 14 days of receipt of such information;

(c) Shall instruct the head of department to provide a developmental plan, guidance and support to the children's home, place of care, place of safety or shelter, as the case may be, for a stipulated period;

(d) Shall after the period referred to in paragraph (c) give instructions for a re-inspection of the children's home, place of care, place of safety or shelter, as the case may be, and for a report thereon to be furnished within 14 days of receipt of such instruction;

(e) Shall, if the report referred to in paragraph (d) indicates that the concern or concerns raised in the original report have not been satisfactorily addressed or remedied, request the head of the department to take whatever steps he or she deems necessary and to report back to the Director-General within three months of receipt of such request; and

(f) May close down the children's home, place of care, place of safety or shelter.

(3) In terms of section 31 (1) of the Act all children's homes, places of care, shelters and places of safety, including facilities maintained and controlled by the State, shall be subject to a quality assurance review every 24 months with respect to the minimum standards for residential care: Providing that such a review will result in a report and developmental programme and shall be undertaken by the Director-General.

[Regulation 34A inserted by GN 416 of March 1998]

Section 32(1) allows that the registration certificate of a place of care issued under section 30(3) may at any time be cancelled by the Minister or surrendered to the Minister. It should be noted that the Act allows the cancellation or surrender of a registration certificate to the Minister whereas the registration rests with the Director-General. This should be an indication of the serious light in which the cancellation of a registration certificate is seen. Such a cancellation or surrender of a registration certificate needs to be done with one month's written notice.

It needs to be noted that this section differentiates between the notice to be given of the cancellation or surrender of the registration certificate, which is one month (section 32(1)(a)) and the date on which it is effected. This is either on a date agreed upon by both parties as stipulated in subsection 32(2)(a) or, when there is not an agreement on the date on which the surrender or cancellation of the registration

certificate is to be effected, not earlier than three months after the date on which such notice was given. The latter is clearly an attempt to ensure that the best interests of children are served and that the trauma or disruption of movement is minimised as far as possible.

The cancellation of a registration certificate is in line with the provisions of developmental quality assurance as spelled out under section 31. It should also be taken into consideration that Regulations 30(4) and 30A (1) state clearly that no place of care shall remain registered unless the requirements of these regulations respectively are met.

It needs to be noted that once the registration certificate is cancelled, the original copy of the registration certificate must be handed in to the Department of Social Development that issued the registration certificate.

Cancellation or surrender of certificate of registration

32. *(1)*

(a) A certificate of registration issued under section (3) may at any time be cancelled by the Minister or may at any time be surrendered to the Minister, but no such certificate shall be so cancelled except after not less than one month's written notice of the intention to cancel that certificate has been given to the person in whose name it was issued, and after consideration by the Minister of any representations which may be submitted in pursuance of such notice.

(b) Written notice shall be given of any cancellation or surrender of a certificate of registration.

(2)

(a) The cancellation or surrender of a certificate of registration shall take effect on the date specified in the document whereby notice is given of the cancellation or surrender.

(b) Unless the Minister and the person in whose name the certificate of registration was issued agree on the date, the date mentioned in paragraph (a) shall not be earlier than a date three months after the date upon which notice of the cancellation or surrender was given.

(3) The managers of a children's home or shelter shall within three months after written notice has been given of the cancellation or surrender of the certificate of registration of that children's home or shelter in terms of subsection (1), transfer to his or her parents or guardian or to any children's home or other suitable place approved by the Minister, every child in such first-mentioned children's home or shelter other than a child placed in the custody of that children's home under this Act.

[Subsection (3) substituted by section 13 of Act 96 of 1996]

(4) After the cancellation or surrender of the certificate of registration of any children's home in terms of this section, the Minister shall act under section 34, or under section 37, in respect of every child who was placed in the custody of that children's home under this Act and who was in that children's home at the time of the cancellation or surrender of the certificate.

CIRCUMSTANCES THAT CAN LEAD TO THE CLOSURE OF A PLACE OF CARE

- *Unsafe buildings or structures*
- *Refusal to meet requirements as stipulated by the local authorities*
- *Jeopardizing the health of children*
- *Physical abuse of children*
- *Insufficient personnel*
- *Incapable personnel*
- *Chronic lack of or inappropriate stimulation programme*
- *Discrimination that leads to violation of the rights of children*
- *Drastic reduction in the number of children utilising the facility*
- *A management committee that is not functioning, dysfunctional, has poor co-operation and/or is involved with corruption and maladministration*
- *The community shows no interest, or there is no longer a need for the facility.*

PROCEDURE FOR DEALING WITH CENTRES CONTRAVENING THE STIPULATED REQUIREMENTS (See the Child Care Act for the detailed procedure)

When, after monitoring or reviewing the facility or if a complaint is received, and it is found that the requirements are not met, the social worker must:

- *Compile an assessment report.*
- *Inform the management or owner of the facility of the contents of the report, in writing.*
- *Where needed, request the management or owner to respond to the report in writing, within 14 days of receipt of the report.*
- *Provide guidance and support to the facility to meet the requirements within two to six months.*
- *Review the facility and compile a report. If requirements are still not met, withdraw the registration certificate and instruct the facility to arrange for transfer of the children to a registered facility.*
- *Inform Head Office in writing of the situation and actions taken.*

PART TWO

CHAPTER 5

EARLY CHILDHOOD DEVELOPMENT SERVICES - STANDARDS AND REGISTRATION

MINIMUM STANDARDS

- Early Childhood Development Centres are places where children are cared for in the day when they are not with their families.
- Early Childhood Development Centres must be registered with the provincial Department of Social Development.
- Early Childhood Development Centres that meet most of the minimum standards should receive conditional registration and be eligible for subsidies to enable them to reach at least the minimum standards.
- Early Childhood Development Centres must meet minimum standards of care. Practitioners and caregivers in early childhood development services should try to improve on these minimum standards.

If minimum standards are kept and improved on, then parents and families will know that their children are being cared for in a safe place that helps them develop appropriate knowledge, skills and attitudes. Parents and families will be supported to fulfil their responsibilities towards their children. Children will have the chance to be happy and active.

MINIMUM STANDARD STATEMENTS FOR EARLY CHILDHOOD DEVELOPMENT SERVICES

PREMISES AND EQUIPMENT

- The buildings must be clean and safe for young children. Children must be protected from physical, social and emotional harm or threat of harm from themselves or others. All reasonable precautions must be taken to protect children and practitioners from the risk of fire, accidents and or other hazards.
- The inside and outside play areas must be clean and safe for young children. Each child must have enough space to move about freely, which means there should be 1,5 m^2 of indoor play space per child and 2 m^2 of outdoor play space per child.
- The premises should be disability friendly.
- Equipment must be clean and safe for young children. There should be enough equipment and resources that are developmentally appropriate for the number of children in the centre.

HEALTH, SAFETY AND NUTRITION

- Food must be provided for children at least once a day, either by parents or the centre.

- Children must be cared for in a responsible way when ill.

- The parent or responsible family member of a child with a disability must receive information on the services and treatment the child can access locally.

MANAGEMENT

- Administrative systems and procedures must be in place to ensure the efficient management of the facility and its activities.

- The privacy of families and children must be respected and protected. There must be admission policies that provide for the children who are affected or infected by HIV and AIDS.

- Policies and procedures regarding reportable incidents or actions must be provided to families. Families must be given information and knowledge about child protection.

ACTIVE LEARNING

- Children must be provided with appropriate developmental opportunities and effective programmes to help them to develop their full potential.

- Children must be cared for in a constructive manner, which gives them support security and ensures development of positive social behaviour.

- The culture, spirit, dignity, individuality, language and development of each child must be respected and nurtured.

PRACTITIONERS

- All practitioners must be trained and must receive ongoing training in early childhood development and the management of programmes and facilities for young children.

WORKING WITH FAMILIES

- ***Primary caregivers such as parents (and other caregivers that fall within this definition) are the most critical providers of stimulation, care and support for their young children and should be enabled to provide their children with the best possible care and support as a first point of departure.***

- Parents are the primary caregivers of their children and must be involved as much as possible in the functioning of the centre.

- Early childhood development services are part of the community and must make sure that there is a good relationship between them and families.

- Families and children must be free to express dissatisfaction with the service provided and their concerns and complaints must be addressed seriously.

WHAT MUST BE DONE TO REGISTER AN ECD CENTRE?

When someone wants to establish and register an Early Childhood Development (ECD) centre or needs to apply for changes to an existing registration certificate the following is very important:

- Any person, organisation or community who intends to set up an ECD centre, must contact the office of the Department of Social Development nearest to the proposed centre.

- The local authority (municipality) must be consulted to obtain the right of use and the necessary health clearance certificate to run the centre in a particular place.

- The Minister will consider the registration or re-registration of a centre when a report and a recommendation by the Department of Social Development have been received. A certificate from the local authority stating that the centre complies with all the structural and health requirements of the local authority must accompany the report of the Department of Social Development.

- Where minimum standards are not met, the centre can be provisionally registered and a subsidy may be paid to enable them to meet the minimum standards within a specific period. If these conditions are not met, this may result in closure of the facility and/or service.

- An ECD centre is subject to quality assurance review or inspection by the Department of Social Development at least once a year.

- All applicants must also contact the local Departments of Education and Health in the area where the ECD centre is located, to find out if they have any other requirements.

REGISTERING AN EARLY CHILDHOOD DEVELOPMENT CENTRE

STEP 1

A person intending to establish an ECD centre has to contact the social worker or other official employed and authorised by the provincial Department of Social Development at the district office in their region to arrange for an interview.

The following will be discussed:
- Registration requirements;
- Child Care Act;
- Registration procedures;
- Minimum standards;
- Application form;
- Subsidy procedure;
- Monitoring and evaluation.

STEP 2

The social worker or other official employed and authorised by the provincial Department of Social Development will provide the applicant with an application form and any other relevant documents to use as guidelines.

The following documents, attached to the application form, have to be completed by the applicant:
- Menu;
- Daily programme;
- Needs assessment form (giving details of the area local to the centre in terms of number of young children and how many other centres cater for them i.e. explain the need for this centre in this area).

The applicant also has to submit a copy of:
- A lease agreement, proof of ownership or permission to occupy the land;
- Job descriptions for centre staff, including grievance and disciplinary procedures.

Incomplete forms will not be accepted. All documents required are to be submitted with the application form to enable the evaluation process for registration to begin.

STEP 3

When the properly completed application form and all relevant documents listed in Step 2 have been received, the social worker or other official employed and authorised by the provincial Department of Social Development does the following:
- Visits the premises;
- Informs the environmental health officer by letter;
- Informs other relevant stakeholders by letter, for example Department of Education, that an application for registration has been received.

STEP 4

When the health clearance certificate and / or other reports have been received, the social worker or other official employed and authorised by the provincial Department of Social Development does the following:
Completes the checklist of all requirements detailed in Steps 2 and 3 and if these have been met, issues a provisional registration certificate (valid for one year). During this time, a subsidy may be granted to the centre to enable them to meet the minimum standards.

The following conditions need to be met:
- Administrative and financial management systems have to be satisfactory;
- Services provided to the children in terms of physical, emotional, intellectual and social care have to be satisfactory;
- The physical condition of the centre has to be satisfactory;
- The general functioning of the centre has to be satisfactory.

If not satisfactory, the social worker or other official employed and authorised by the provincial Department of Social Development will continue to consult, advise, empower, build capacity and review the facility.

STEP 5

The social worker or other official employed and authorised by the provincial Department of Social Development will monitor the centre for one year and do an assessment of the services offered by the centre, including:
- The general care of the children;
- Administrative systems;
- Financial systems.

If satisfactory, a full registration certificate will be issued (valid for two years) and a subsidy may be paid.

If not satisfactory, the provisional certificate will be extended for a further six months during which a subsidy may be paid.

If the centre does not meet the minimum standards after this six-month period, it will be shut down.

STEP 6

The centre must be monitored by the social worker or other official employed and authorised by the provincial Department of Social Development for two years.

A developmental quality assurance assessment must be done and the registration certificate will be renewed or withdrawn.

A centre has to re-register when an applicant intends to:

- Move the centre to another building or premises;
- Extend or decrease the size of the existing structure;
- Increase the number of children enrolled;
- Sell the business; or
- Change ownership.

The procedure for re-registration is the same as for registration.

CHAPTER 6

GUIDELINES FOR EARLY CHILDHOOD DEVELOPMENT SERVICES

6.1 PREMISES AND EQUIPMENT

Minimum Standards:

- The buildings must be clean and safe for young children. Children must be protected from physical, social and emotional harm or threat of harm from themselves or others. All reasonable precautions should be taken to protect children and practitioners from the risk of fire, accidents and or other hazards.
- The inside and outside play areas must be clean and safe for young children. Each child must have enough space to move about freely, meaning there must be 1,5 m^2 of indoor play space per child and 2 m^2 of outdoor play space per child.
- Equipment must be clean and safe for young children. There must be enough equipment and resources that are developmentally appropriate for the number of children in the centre.

The premises and equipment must be safe for young children, clean and well maintained. Children must have enough space to move around freely and explore the environment in safety. The premises should be bright and welcoming to children. Premises should be accessible to children with disabilities.

6.1.1 The structure must be safe, weatherproof and well ventilated.

The floor should be covered with material that is suitable for children to play and sit on.
Walls and floors should be easy to clean.

There must be windows that give adequate light and, if possible, allow the children to see the outside world.

6.1.2 If the same room space is used as a playroom, office and kitchen, each area must be clearly marked.

The separate areas will consist of an area for play activities, an area for taking care of sick children, and an area for food preparation. Fresh drinking water must be available for the children.

The play area for the children should be at least **1,5 m^2 per child**. As children progress from crawling to walking, they need space to practise these skills. Children need to be able to move around freely. Children with disabilities must have access to as many of the activities as possible.

6.1.3 Where more than 50 children are enrolled for a full day, a separate office must be provided. The office should be large enough to accommodate a sickbay for at least two children.

6.1.4 Where more than 50 children are enrolled for a full day, provision must be made for a separate area where staff are able to rest and lock up their personal possessions.

6.1.5 Where food is prepared on the premises, there must be an area for preparation, cooking and washing up.

When the kitchen is in the same area as the playroom, it must be cornered off and safety requirements must be complied with. Children must be protected from the dangers of hot liquids and food and from fire and other cooking fuels such as paraffin.

The kitchen area or separate kitchen must also:
- Be safe and clean;
- Have adequate washing up facilities and clean, drinkable water;
- Have hand washing facilities for staff;
- Have adequate storage space;
- Have adequate lighting and ventilation;
- Have cooling facilities for the storage of perishable food;
- Have an adequate number of waste bins with tightly fitting lids;
- Have an adequate supply of water and cleaning agents for the cleaning of equipment and eating utensils. Cleaning agents must be kept in their original containers and out of the reach of children.

6.1.6 Where children who are bottle-fed are cared for, suitable facilities must be provided for cleaning the bottles.

Bottles must be kept clean and washed regularly.

6.1.7 Toilet facilities that are safe for children must be available.

In areas where there are no sewerage facilities, sufficient covered chambers (potties) must be available. Where potties are used, the waste must be disposed of hygienically in a toilet. Potties must be disinfected after each use.

Potties and nappies must not be cleaned near the food preparation and eating area.

Toilet facilities must always be clean and safe.

There must be somewhere for children to wash their hands.

There must be one potty for every five toddlers.

For older children (ages three to six years) one toilet and one hand washing facility must be provided for every 20 children, irrespective of gender.

Doors on the children's toilet facilities should not have locks.

Facilities for the washing of children must be provided.

Separate adult toilet and hand washing facilities must be provided for the staff in terms of the National Building Regulations.

6.1.8 Provision must be made for the safe storage of anything that could harm children.

Medicines, cleaning materials, cooking fluids (paraffin), sharp knives and kitchen utensils must be stored out of reach of children. Medicines and cleaning materials must be kept away from food.

6.1.9 At least 2 m^2 safe outside playing space per child must be provided.

The outdoor area must be fenced with a gate that children cannot open.
Children should not be able to leave the premises alone.

Strangers should not be able to enter the premises without the knowledge of the staff.

Children need space to move and exercise to develop their gross motor skills. They need space to run freely and play with outdoor equipment.

The outside area can consist of lawn, sand pits, shady areas and hard surfaces.
Outside play equipment must be provided. This must be safe and not have sharp edges or pieces.

No poisonous or harmful plants may be grown on the premises.

6.1.10 All furniture and equipment must be safe and in good repair.

This means that, for example:
- Seating and working surfaces must be available.
- Beds, mattresses or mats for sleeping and resting on must be safe and clean.
- Waterproof sheets and blankets must be available.
- There must be enough age appropriate indoor as well as outdoor play equipment and toys, books and print material and other materials.
- There must be adequate storage space for indoor and outdoor equipment.
- Play apparatus must be safe so that children cannot be injured.
- Sufficient safe, clean and appropriate eating utensils must be provided.
- If there is a sand pit, it should be covered overnight so that animals cannot dirty it. It must be cleaned regularly by sprinkling it with coarse salt every six weeks or by wetting the sand with a bleach solution. Sand pit sand must be replaced at least once a year.
- If there is a swimming pool on the premises, the requirements of the local authority must be met. The swimming pool must be covered by a net and have a surrounding fence of sufficient height and a lockable gate.

6.1.11 Alterations and additions, as well as new buildings, must comply with the National Building Safety Regulations.

6.1.12 If pets are kept on the premises, they must be tame, clean, safe, healthy and well cared for.

6.1.13 Insects and vermin must be effectively combated.

6.2 HEALTH, SAFETY AND NUTRITION

Minimum Standards:
- Children must be provided with at least one meal a day by either parents or the centre.
- Children must be cared for in a responsible way when ill.
- The parent or responsible family member of a child with a disability must receive information on the services and treatment the child can access locally.

The child in a centre spends a large part of the day away from home. For this reason the health, safety and nutrition are important responsibilities.

6.2.1 The medical history of each child should be recorded and kept up to date and confidential.

The following should be included on a Medical History Form:
- Information about the child's general state of health;
- A copy of the Road to Health card for each child;
- Any communicable illnesses that the child has had and the dates when he/she had these illnesses;
- Details of the child's immunisation against polio, diphtheria, tetanus, whooping cough, measles, Hepatitis B, Tuberculosis and HIB (Haemophilus Influenzae Type B);

- Allergies, including food allergies, and any other diseases such as diabetes and epilepsy that the practitioners should know about;
- The name and contact details of the child's family health practitioner (doctor, clinic, traditional healer).

6.2.2 A record of each child's immunisation programme and Vitamin A schedule must be kept at the centre (i.e. a copy of the Road to Health Card).

6.2.3 There should be policies and procedures written down that cover health care at the centre.

These policies should cover cleanliness, hygiene and safety standards of the centre.

6.2.4 There must be action plans to deal with emergencies.

All staff, children and families and the surrounding community must know what the plan is and what action will be taken in an emergency.

Staff must be trained in first aid.

6.2.5 Staff should be able to recognise children's illnesses and how to deal with these.

Staff should watch out for possible illnesses and diseases in the children. Any illness or problem should be reported to the parent or family immediately. Staff must allow an ill child to rest away from the other children and inform the parent or family.

In urgent cases, the child should be taken to the nearest clinic or hospital for referral or treatment.

Staff must work closely with parents or families of children who are receiving chronic medication to help them see that the particular health needs are taken care of, for example children who are asthmatic, or children who are HIV positive and who are receiving anti-retroviral treatment.

6.2.6 Staff should be trained to recognise early signs of child abuse and how to protect children.

If the child shows repeated bruising or injuries, abuse or neglect or suspected malnutrition, this must be observed, recorded and reported to the social worker of the regional or branch office of the Department of Social Development or any other welfare organisation as well as the Child Protection Unit. The matter must be recorded at the centre.

For more information see Appendix I: Child Protection

6.2.7 Accident, medicine and abuse registers must be kept up to date.

Any accident, injury, bites, knocks to head or incident where treatment is applied while the child is at the centre must be recorded on the day it happened. The supervisor of the centre and the family of the child or children must be informed.

For a specimen of an Incident Report Form see Appendix L: Incident Report Form

A proper record of any medicine that is given to a child must be kept. No medicine should be given to a child without permission of a parent or responsible family member.

For an example see Appendix F: Example of a Medicine Administration Chart.

Any concerns about possible abuse of children should be recorded. A record must be kept of any wounds and bruises on the child if these were not obtained at the centre.

6.2.8 Staff should be aware of special medical and health needs of children at the centre and their responsibility in terms of the law.

The names of children who are allergic to certain substances or products should be placed in prominent places in the place of care and **all** staff informed.

The Medical Officer of Health (Communicable Disease Control Officer) must be notified in cases of communicable diseases or diseases that must be reported. The provisions of the Health Act, 1977, regarding the barring of children from schools owing to contagious diseases are applicable to all places of care.

If head or body lice and/or scabies are observed, the parents or family have to be informed immediately and the child or children concerned may not be allowed back into the place of care before the condition has cleared up.

6.2.9 A first aid box must be provided.

The first aid box must be stored where adults can easily reach it, but out of reach of the children. Contents of the first aid box must be checked regularly and replaced when necessary.

Staff must receive regular training on how to use the contents of the first aid box and how to deal with accidents.

Any medicine brought to the centre for children by the family must be clearly labelled and stored out of reach of the children.

See Appendix E: Suggested Contents of a First Aid Box

6.2.10 There should be a healthy environment for the children and staff.

The centre should be cleaned at least once a day; and toilets and potties must be cleaned after use and disinfected at least once a day.
There should be towels and enough soap available for children and staff.
Staff should wash their hands with soap and water after changing nappies, helping children in the toilet or dealing with any accidents.
Staff should wash their hands with soap and water before preparing or serving food.

Staff should be encouraged to take care of their own health and undergo regular health tests, particularly for tuberculosis. Regular training should be given to staff on childhood illnesses, other infections such as HIV and AIDS, Hepatitis B and notifiable diseases such as meningitis.

Staff and families should learn how illnesses can be spread and how to prevent this in the centre.

For more information see Appendix D: Universal Precautions in the Child Care Setting

6.2.11 No child should be stigmatised or treated unfairly because of any illness or disability they may have.

This is particularly important in the case of children who are affected and/or infected by HIV and AIDS, as there are misunderstandings in communities about this disease.

Children who are HIV positive are not a threat to other children or adults if high standards of hygiene are kept at all times. This is very important when staff deal with body fluids, especially blood.

Children who are deaf should not be forced to learn a spoken language, but sign language should be encouraged.

For more on HIV and AIDS see Appendix G: Children Affected and Infected by HIV and AIDS

6.2.12 All meals and snacks should meet the nutritional requirements of the children.

The amount of food and drink provided for children must be adequate for their age. The dieticians of the Department of Health or medical institutions can be consulted for guidance in this respect.

- Food served each day depends on the hours the centre is open:
- If the centre is open for less than five hours, a snack must be provided.
- If a centre is open for five hours or more but less than eight hours, two snacks and lunch must be provided.
- If the centre is open for eight hours or longer each day, two snacks and two meals (breakfast and lunch) must be provided.

Meals can be provided by the centre or be provided by the parents.

6.2.13 Planning of a menu, whether for babies, toddlers or older children, must be done in consultation with an expert (e.g. clinic sister, dietician), because children of different ages have different nutritional needs.

Menus for all meals at ECD Centres should be available for inspection, as well as for the information of the parents, at all times.

6.2.14 Children younger than one year should be fed when they are hungry i.e. on demand.

Babies who are bottle-fed should be held by an adult while feeding.
Milk formula must be made according to the manufacturer's instructions.

6.2.15 Children must be supervised by an adult when they are eating.

Staff should make sure meal times are relaxed.
Staff should be role models for healthy eating habits.
Children should be encouraged to try all the food available but they should never be forced to eat anything they do not want to eat. Children on special diets for health or disability reasons should be accommodated.

6.2.16 Safe, clean drinking water must always be available.

If water is not from a piped source, it can be made safe by adding one teaspoon of bleach to 25 litres of water and left to stand overnight.
All water containers must be kept covered.

For information on planning daily menus see Appendix H: General Guidelines for Nutrition.

6.3 MANAGEMENT

Minimum standards:

- Administrative systems and procedures must be in place to ensure the efficient management of the facility and its activities.
- The privacy of families and children must be respected and protected. There must be admission policies that provide for the children who are affected or infected by HIV and AIDS.
- Policies and procedures regarding reportable incidents or actions must be provided to families. Families must be given information and knowledge about child protection.

Administrative systems for managing the centre must be developed and maintained. Records and information on the children must be kept up to date. Families must be given information and policies relating to the centre.

6.3.1 Centre information and policies must be given to families before the child is admitted.

Families should know what is expected of them and what policies guide the centre:

- The days and hours of opening;
- The age group catered for;
- Rules in connection with times of arrival and departure;
- Arrangements regarding the fetching and transport of the child;
- Procedures to be followed when planning an excursion;
- Steps to be taken in case of an injury or accident or if a child is taken ill while at the centre;
- Admission of ill children/contagious diseases;
- The feeding of the children;
- Clothing;
- Monthly fees payable;
- Details and conditions for administering medicine to children;
- Notice of termination of attendance at the centre;
- Policies on admission of children with disabilities, chronic illnesses, HIV and AIDS infected and affected children;
- Management structures within the centre;
- Written complaints procedure.

6.3.2 Records on each child must be kept up to date.

In addition to correspondence regarding the child, the following forms must be kept on the child's file:

- The child's registration form. This form should include:
  - A copy of the child's birth certificate;
  - Surname, full name, gender and date of birth;
  - The child's home language;
  - Home address and contact details of parents/family;
  - Work address(es) and contact details of parents/family;
  - The income of parents/guardians (only in the case of subsidised places);
  - Name, address and contact details of another responsible person who can be contacted in an emergency;
  - Name, address and contact details of a person who has the parent or guardian's permission to fetch the child from the centre on their behalf;
  - Name, address and contact details of the child's family doctor or health care provider.

- A complete medical history of the child. This can form part of the registration form.
- Written permission from the parent that the child may be taken on an excursion. The date of the excursion and the destination must be entered on this permission form.

6.3.3 Registers must be kept up to date.

The supervisor must keep a register of all children. The date of admission and the date on which a child left must be entered in this register. This register may be combined with the daily attendance register.

There must be a daily attendance register where each child's presence or absence is noted.

6.3.4 A record of daily menus must be kept.

A copy of the daily menus for the various age groups, giving all meals and refreshments, must be displayed in a prominent place. It should also be available to authorised persons.

6.3.5 There must be regulations regarding the transport of children

If transport is provided for the children to and from the place of care, the centre staff must make sure that parents or responsible family members are aware of the rules with regard to the transportation of children. The rules from the provincial traffic department include the following:

- In addition to the driver, there should be at least one other adult in the vehicle with the children;
- The vehicle has to be fitted with child locks;
- The driver must remain in the driving seat of the vehicle and may not assist in handing over the children;
- No children may be transported in the front of the vehicle;
- The driver of the vehicle should be in possession of a special licence to transport passengers;
- A baby in a carrycot may not be pushed in under the seats;
- The seating space for each child and the room for carrycots must comply with the prescribed requirements especially proper safety seating, including for children with disabilities.

6. 4 ACTIVE LEARNING

Minimum Standards:

- Children must be provided with appropriate developmental opportunities and effective programmes to help them to develop their full potential.
- Children must be cared for in a constructive manner, which gives them support, security and ensures development of positive social behaviour.
- The culture, spirit, dignity, individuality, language and development of each child must be respected and nurtured.

Young children grow and develop very quickly and holistically. This means that practitioners and caregivers must be aware of all aspects of the child: intellectual, physical, emotional and social.

Most young children follow a developmental path but do so at different rates. Young children learn best when they are actively exploring their world and finding out more about it.

6.4.1 Each day should be organised with many different and carefully planned activities.

Activities must take into account the ages and the developmental needs of the children. It is important to plan for the daily activities. Plans should show that practitioners know the needs and interests of all the children. There should be a range of activities to give children opportunities to choose. Plans should include some routines, for example being welcomed on arrival, toilet, rest and refreshment needs catered for, and departures noted.

Each day should include:
- Physical activities for large and small muscle development;
- Creative activities using different natural and other materials;
- Talking and listening activities with other children and with adults;
- Challenging and exciting activities to develop intellectual abilities;
- Opportunities for imaginative play;
- Opportunities for rest and quiet play.

6.4.2 Activities should help children develop their full potential

Children learn best when they:
- Play and discover things for themselves;
- Relax and have fun;
- Are healthy and safe;
- Are encouraged to be creative;
- Talk and interact with others;
- Share their feelings and worries.

Activities should help children to develop holistically i.e. emotionally, socially, physically and intellectually. Activities to help achieve this development should include:
- Explore and learn about their world;
- Communicate with others;
- Develop their creativity;
- Develop resilience i.e. coping skills;
- Become more independent;
- Respect themselves, others and the environment;
- Have fun and enjoy themselves.

6.4.3 Practitioners should show that they enjoy working with young children.

Practitioners should work with the children helping them think about what they are doing, giving help and explanations when needed and using language to extend learning.

Practitioners should praise and encourage children to help them develop a positive self-image. They should set limits to behaviour in a firm but kind way and explain the reason for the limits.

Practitioners have the responsibility to make the ECD centre a place where children want to be because they feel safe and know they will have fun.

6.4.4 Practitioners should show that they know and understand how children develop.

Most children grow and develop in stages that do not always correspond to an age. There should be no pressure on children to do things in a certain way. Children learn best when they are relaxed and having fun and are not afraid of making mistakes.

For more information see Appendix A: The Development of Young Children

6.4.5 Children must never be punished physically by hitting, smacking, slapping, kicking or pinching.

Children must not be smacked or hit. No one should threaten to physically punish a child. Practitioners must use positive guidance to help children. There are times when problems emerge, for example if there are too few toys and practitioners should be aware of this and deal with them by distracting the children or providing alternative activities.

6.5 PRACTITIONERS

Minimum Standards:

All practitioners must be trained and must receive ongoing training in early childhood development and the management of programmes and facilities for young children.

Efficient and effective early childhood development services aim to educate and care for children in a holistic way. This task requires a responsible, trained and caring person who will be able to meet the child's needs holistically and in a child-friendly way. Practitioners should receive training to deal with and identify children with disabilities and other special needs.

6.5.1 The practitioner must be healthy enough to be physically and mentally capable of meeting all the demands made of caring for children.

The practitioner should be of an age where she is still capable of caring for children. The practitioner should be a healthy person.

6.5.2 The practitioner should have appropriate qualities to work with children.

The practitioner should show the following skills and qualities:
- Have a real interest in young children;
- Be patient with all children and set appropriate limits to behaviour;
- Enjoy being with children;
- Help provide a safe and stimulating environment and programme for the children;
- Get along well with other staff and families of the children;
- Value each child with respect to race, gender, religion, culture, language and ability;
- Have appropriate training in early childhood development.

6.5.3 All efforts should be made to limit staff turnover.

It is good for children's development if the same practitioners care for them for the whole year. If staff members come and go in the year, it often makes children unhappy and insecure. If children have problems at home or if their adult carers are ill or have died, they need to know that the practitioner they are used to will be at the centre.

The supervisor should make sure there is not a lot of change in the staff of the centre.
To help keep staff happy they should have:
- Written job descriptions;
- Support and understanding from the supervisor;
- A daily programme that is interesting and challenging;
- On-going stimulation through in-service training.

For more on employment see Appendix J: Basic Conditions of Employment

All staff should be properly trained to work with young children. Practitioners are more self confident and work better if they are properly trained. Training can be done through accredited service providers. On-going training and support can be through group discussions and interaction with the practitioners of other centres and through attending seminars and meetings.

NOTE: Training of caregivers should include training on HIV and AIDS, bereavement as well as various forms of disability.

The ratio of ECD practitioners to children enrolled should be as follows:
- Children from birth to eighteen months: one ECD practitioner for every six children or less. Where possible an assistant should be employed;

- Children aged older than 18 months and up to three years: One ECD practitioner for every twelve children or less. Where possible an assistant should be employed;
- Children aged three to four years: One ECD practitioner to every twenty children or less. Where possible an assistant should be employed;
- Children aged five to six years: One ECD practitioner for every thirty children or less. Where possible an assistant should be employed;
- School going children who attend after school care: One ECD practitioner for every thirty-five children or less. Where possible an assistant should be employed.

6.5.4 Practitioners should have at least the minimum qualification and work towards improving their qualifications.

- The minimum qualification of practitioners is the registered Basic Certificate in ECD NQF Level 1 of the South African Qualifications Authority. This qualification entails basic knowledge and skills about child development from birth to six year old. The practitioner must at this level demonstrate how to facilitate growth and skills development in early childhood development programmes.
- ECD centre supervisors should have a minimum qualification of the National Certificate in ECD at NQF Level 4 by the South African Qualifications Authority. They should have a general understanding of early childhood development from birth to six year old. ECD programme supervisors should demonstrate a theoretical and practical knowledge and experience in managing ECD centres. They should have management skills that enable them to tackle the various daily responsibilities at a centre, as well as communicate, liaise and meet the needs of all stakeholders at an ECD centre.

For more information on Levels 1 and 4 see Appendix C: NQF Levels 1 and 4 ECD qualifications

6.6 WORKING WITH FAMILIES

Minimum Standards

- Primary caregivers such as parents (and other caregivers that fall within this definition) are the most critical providers of stimulation, care and support for their young children and should be enabled to provide their children with the best possible care and support as a first point of departure.
- Parents are the primary caregivers of their children and must be involved as much as possible in the functioning of the centre.
- Early childhood development services are part of the community and must make sure that there is a good relationship between them and families.
- Families and children must be free to express dissatisfaction with the service provided and their concerns and complaints must be addressed seriously.
  Families are the first educators of young children. They teach them by the way they behave, as well as involving them in different things they do during the day.

6.6.1 A good relationship between families and the centre should be developed and supported.

Centre staff should welcome families when they bring or collect children. Practitioners can talk about what the child did during the day. If there is anything that worries the practitioner about a child, she should ask a responsible family member to come in for a discussion.

Families should be able to talk freely to centre staff about anything that concerns them about their child.

There may sometimes be differences between the staff and families about child rearing practices. These should be discussed respectfully, remembering that everyone is allowed to have his or her own beliefs.

CHAPTER 7

GUIDELINES FOR AFTER SCHOOL CARE

These Guidelines are for after-school centres not run by formal schools.

7.1 PREMISES AND EQUIPMENT

The premises and equipment must be safe, clean and well maintained. Children must have enough space to move around freely and explore the environment in safety. The premises should be bright and welcoming to children. Premises should be accessible to children with disabilities.

7.1.1 The structure must be safe, weatherproof and well ventilated.

The floor should be covered with material that is suitable for children to play and sit on.
Walls and floors should be easy to clean.
There must be windows that give adequate light and if possible allow the children to see outside.

7.1.2 If the same room space is used as a playroom, office and kitchen, each area must be clearly marked.

The separate areas will be an area for play activities, an area for taking care of sick children, an area for food preparation. Fresh drinking water must be available for the children.

The play area for the children should be at least **1,5 m² per child**. Children need to be able to move around freely. Children with disabilities must have access to as many of the activities as possible.

There should be space for children to rest as well as play. Children who have been at school all day may be tired and need to lie down or sit quietly for some time.

7.1.3 Where more than 50 children are enrolled a separate office must be provided. The office should be large enough to accommodate a sickbay for at least two children.

7.1.4 Where food is prepared on the premises there must be a separate area for preparation, cooking and washing up.

When the kitchen is in the same area as the play and rest area it must be cornered off and safety aspects must be complied with.

The kitchen area or separate kitchen must also:

- Be safe and clean;
- Have adequate washing up facilities and clean, drinkable water;
- Have hand washing facilities for staff;
- Have adequate storage space;
- Have adequate natural lighting and ventilation;
- Have cooling facilities for the storage of perishable food;
- Have an adequate number of waste bins with tightly fitting lids;
- Have an adequate supply of water and cleaning agents for the cleaning of equipment and eating utensils. Cleaning agents must be kept in their original containers and out of the reach of children.

7.1.5 Toilet facilities that are safe for children must be available.

Toilet facilities must always be clean and safe.

There should be a toilet and hand washing facility for every 20 children.

Separate adult toilet and hand washing facilities must be provided for the staff in terms of the National Building Regulations.

7.1.6 Provision must be made for the safe storage of anything that could harm children.

Medicines, cleaning materials, cooking fluids (paraffin), sharp knives and kitchen utensils must be stored out of reach of children. Medicines and cleaning materials must be kept away from food.

7.1.7 At least 2 m^2 safe outside playing space per child must be provided.

The outdoor area must be fenced with a gate that children cannot open.
Children should not be able to leave the premises alone.
Strangers should not be able to enter the premises without the knowledge of the staff.

The outside area can consist of lawn, sand pits, shady areas and hard surfaces.
Outside play equipment must be provided. This must be safe and not have sharp edges or pieces.

No poisonous or harmful plants may be grown on the premises.

7.1.8 All furniture and equipment must be safe and in good repair.

This means that, for example:

- Seating and working surfaces must be available;
- Beds, mattresses or mats for sleeping and resting purposes must be safe and clean;
- There must be enough age appropriate indoor as well as outdoor play equipment and toys, books and print material and other materials;
- There must be adequate storage space for indoor and outdoor equipment;
- Play apparatus must be safe so that children cannot be injured;
- Sufficient safe, clean and appropriate eating utensils must be provided;
- If there is a sandpit, it should be covered overnight so that animals cannot dirty it. It must be cleaned regularly by sprinkling it with coarse salt every six weeks or by wetting the sand with a bleach solution. Sand pit sand must be replaced at least once a year;
- If there is a swimming pool on the premises, the requirements of the local authority must be met. The swimming pool must be covered by a net and have a surrounding fence of sufficient height and a lockable gate.

7.1.9 Alterations and additions, as well as new buildings, must comply with the National Building Safety Regulations.

7.1.10 If pets are kept on the premises they must be tame, clean, safe, healthy and well cared for.

7.1.11 Insects and vermin must be effectively combated.

7.2 HEALTH, SAFETY AND NUTRITION

7.2.1 The medical history of each child should be recorded and kept up to date and confidential.

The following should be included on a Medical History Form:

- Information about the child's general state of health;
- Any communicable illnesses that the child has had and the dates when she had these illnesses;
- Details of the child's immunisation against polio, diphtheria, tetanus, whooping cough, measles, Hepatitis B, Tuberculosis and HIB (Haemophilus Influenzae Type B);
- Allergies and any other diseases such as diabetes and epilepsy that the practitioners should know about;
- The name and contact details of the child's family health practitioner (doctor, clinic, traditional healer).

7.2.2 There must be action plans to deal with emergencies.

All staff, children and families and the surrounding community must know what the plan is and what action will be taken in an emergency.

7.2.3 Staff should be aware of signs of child abuse and how to protect children.

If the child shows repeated bruising or injuries, abuse, emotional abuse or neglect or suspected malnutrition, this must be reported to the social worker of the regional or branch office of the Department of Social Development or any other welfare organisation as well as the Child Protection Unit. The matter must be recorded at the centre in the appropriate register.

7.2.4 An accident, medicine and abuse register must be kept up to date.

Any accident, injury, bites, knocks to head, or incident where treatment is applied while the child is at the centre must be recorded on the day it happened. The supervisor of the centre and the family of the child or children must be informed.

A proper record of any medicine that is given to a child must be kept. No medicine must be given to a child without permission of a parent or responsible family member.

For information see Appendix F: Example of a Medicine Administration Chart.

Any concerns about possible abuse of children must be recorded. A written record must be kept in the appropriate register of any wounds and bruises on the child if these were not obtained at the centre.

For more information on child protection procedures see Appendix I: Child Protection

The names of children who are allergic to certain substances or products should be placed in prominent places in the place of care and **all** staff informed.

The Medical Officer of Health (Communicable Disease Control Officer) must be notified in cases of communicable diseases or diseases that must be reported. The provisions of the Health Act, 1977, regarding the barring of children from schools owing to contagious diseases are applicable to all places of care.

If head or body lice and/or scabies are observed, the parents or family have to be informed immediately and the child or children concerned may not be allowed back into the place of care before the condition has cleared up.

7.2.5 A first aid box must be provided.

The first aid box must be stored where adults can easily reach it, but out of reach of the children. Contents of the first aid box must be checked regularly and replaced when necessary.

Staff should receive regular training on how to use the contents of the first aid box and how to deal with accidents.

Any medicine brought to the centre for children by the family must be clearly labelled and stored out of reach of the children.

See Appendix E: Suggested Contents of a First Aid Box for recommended first aid equipment.

7.2.6 There should be a healthy environment for the children and staff.

The centre should be cleaned at least once a day and toilets disinfected regularly.

There should be towels and enough soap available for children and staff.

Staff should wash their hands with soap and water after helping children in the toilet or dealing with any accidents.

Staff should wash their hands with soap and water before preparing or serving food.

Staff should be encouraged to take care of their own health and undergo regular health tests, particularly for tuberculosis. Regular training should be given to staff on childhood illnesses, other infections such as HIV and AIDS, Hepatitis B and notifiable diseases such as meningitis.

Staff and families should learn how illnesses are spread and how to prevent this in the centre.

For more information see Appendix D: Universal Precautions in the Child Care Setting

7.2.7 No child should be stigmatised or treated unfairly because of any illness or disability they may have.

This is particularly important in the case of children who are affected and/or infected by HIV and AIDS, as there are misunderstandings in communities about this disease.

Children who are HIV positive are not a threat to other children or adults if high standards of hygiene are kept at all times. This is very important when staff is dealing with body fluids, especially blood.

Children who are deaf should not be forced to learn a spoken language, but sign language should be encouraged.

For more on the rights of children with disabilities see Appendix J: The Rights of Children with Disabilities

For more on HI V and AIDS see Appendix G: Children Affected or Infected by HIV and AIDS

7.2.8 All meals and snacks should meet the nutritional requirements of the children.

The amount of food and drink provided for children must be adequate for their age. The dieticians of the Department of Health or medical institutions can be consulted for guidance in this respect.

Meals can be provided by the centre or by the parents.

Staff should make sure meal times are relaxed.

Staff should be role models for healthy eating habits.

Children should be encouraged to try all the food available but they should never be forced to eat anything they do not want to eat. Children on special diets for health or disability reasons should be accommodated.

7.2.9 Safe, clean drinking water must always be available.

If water is not from a piped source, it can be made safe by adding one teaspoon of bleach to 25 litres of water and left to stand overnight.

All water containers must be kept covered.

For general guidelines on planning daily menus see Appendix H: General Guidelines for Nutrition.

7.3 MANAGEMENT

Administrative systems for managing the centre must be developed and maintained. Records and information on the children must be kept up to date. Families must be given information and policies relating to the centre.

7.3.1 Centre information and policies must be given to families before the child is admitted

Families and caregivers should know what is expected of them and what policies guide the after school centre. They should be familiar with:

- The days and hours of opening;
- The age group catered for;
- Rules in connection with times of arrival and departure;
- Arrangements regarding the fetching and transport of the child;
- Procedures to be followed when planning an excursion;
- Steps to be taken in case of an injury or accident or if a child is taken ill while at the centre;
- Admission of ill children/contagious diseases;
- The feeding of the children;
- Clothing;
- Monthly fees payable;
- Details and conditions for administering medicine to children;
- Notice of termination of attendance at the centre;
- Policy with regard to admission of children with disabilities, chronic illness and HIV and AIDS infected and affected children;
- Written complaints procedure.

7.3.2 Records on each child must be kept up to date.

In addition to correspondence regarding the child the following forms must be kept on the child's file:

- The child's registration form. This form should include:
  - Copy of child's birth certificate;
  - Surname, full name, gender and date of birth;
  - The child's home language;
  - Home address and contact details of parents/family;
  - Work address and contact details of parents/family;

- The income of parents/guardians (only in the case of subsidised places)
- Name, address and contact details of another responsible person who can be contacted in an emergency;
- Name, address and contact details of a person who has the parent or guardian's permission to fetch the child from the place or centre on their behalf;
- Name, address and telephone number of the child's family doctor or health care provider.

- A complete medical history of the child. This can form part of the registration form.

- Written permission from the parent that the child may be taken on an excursion. The date of the excursion and the destination must be entered on this permission form.

7.3.3 Registers must be kept up to date.

The supervisor must keep a register of all children. The date of admission and the date on which a child left must be entered in this register. This register may be combined with the daily attendance register.

There must be a daily attendance register where each child's presence or absence is noted.

7.3.4 There must be regulations regarding the transport of children.

If transport is provided for the children to and from the centre, the centre staff must make sure that parents or responsible family members are aware of the rules with regard to the transportation of children. These rules from the provincial traffic department include the following:
- In addition to the driver, there should be at least one other adult in the vehicle with the children;
- The vehicle has to be fitted with child locks;
- The driver must remain in the driving seat of the vehicle and may not assist in handing over the children;
- No children may be transported in the front of the vehicle;
- The driver of the vehicle must be in possession of a special licence to transport passengers;
- The seating space for each child and the room for carrycots must comply with the prescribed requirements especially proper safety seating, including for children with disabilities.

7.4 ACTIVE LEARNING

7.4.1 Each day should be organised with many different and carefully planned activities.

Activities must take into account the ages and the developmental needs of the children. It is important to plan for the daily activities. Plans should show that practitioners know the needs and interests of all the children. There should be a range of activities to give children opportunities to choose. Plans should include time for homework, play, relaxation and rest.

7.4.2 Practitioners should show that they enjoy working with young children.

Practitioners should work with the children helping them think about what they have done, giving help and explanations when needed and using language to extend learning.

Practitioners should praise and encourage children to help them develop a positive self- image. They should set limits to behaviour in a firm but kind way and explain the reason for the limits.

Practitioners have the responsibility to make the after school centre a place where children want to be because they feel safe and know they will have fun.

7.5 PRACTITIONERS

Efficient and effective early childhood development services aim to educate and care for children in a holistic way. This task requires a responsible caring person who will be able to meet the child's needs holistically and in a child-friendly way. Practitioners should receive training to deal with and identify children with disabilities and other special needs.

7.5.1 The practitioner must be healthy enough to be physically and mentally capable of meeting all the demands of caring for children.

The practitioner should be of an age where she/he is still capable of caring for children. She/he should be a healthy person.

7.5.2 The practitioner should have appropriate qualities to work with children.

The practitioner should show the following skills and qualities:

- Have a real interest in children;
- Be patient with all children and set appropriate limits to behaviour;
- Enjoy being with children;
- Help provide a safe and stimulating environment and programme for the children;
- Get along well with other staff and families of the children;
- Value each child with respect to race, gender, religion, culture, language and ability;
- Have appropriate training in early childhood development.

7.5.3 All efforts should be made to limit staff turnover.

It is good for children's development if the same practitioners care for them for the whole year. If staff members come and go in the year, it often makes children unhappy and insecure. If children have problems at home or if their adult carers are ill or have died, they need to know that the practitioner they are used to will be at the centre.

The supervisor should make sure there is not a lot of change in the staff of the centre.

To help keep staff happy they should have:

- Written job descriptions;
- Support and understanding from the supervisor;
- A daily programme that is interesting and challenging;
- On-going stimulation through in-service training.

All staff should be properly trained to work with children. Practitioners are more self confident and work better if they are properly trained. Training can be done through accredited service providers. On-going training and support can be through group discussions and interaction with the practitioners of other centres and through attending seminars and meetings.

NOTE: Training of caregivers should include training on HIV and AIDS as well as bereavement.

- The ratio of practitioners to children enrolled should be as follows:
  - Children aged five years to six years: One ECD practitioner for every thirty children or less. Where possible an assistant should be employed.
  - School going children who attend after school care: One practitioner for every thirty five children or less. Where possible an assistant should be employed.

7.5.4 Practitioners should have at least the minimum qualification and work towards improving their qualifications.

- The minimum qualification of practitioners is the registered Basic Certificate in ECD NQF Level 1 of the South African Qualifications Authority. This qualification entails basic knowledge and skills about child development from birth to six years old. The practitioner must at this level demonstrate how to facilitate growth and skills development in early childhood development programmes.

- Centre supervisors should have a minimum qualification of the National Certificate in ECD at NQF Level 4 by the South African Qualifications Authority. They should demonstrate a theoretical and practical knowledge and experience in managing after school centres. They should have management skills that enable them to tackle the various daily responsibilities at a centre, as well as communicate, liaise and meet the needs of all the stakeholders at the centre.

For more information see Appendix C: NQF Levels 1 and 4 ECD qualifications

7.6 WORKING WITH FAMILIES

Families are the first educators of young children. They teach them by the way they behave, as well as involving them in different things that they do during the day.

7.6.1 A good relationship between families and the centre should be developed and supported.

Centre staff should welcome families when they bring or collect children. Practitioners can talk about what the child did during the time they were at the centre. If there is anything that worries the practitioner about a child, she should ask a responsible family member to come in for a discussion. Families should be able to talk freely to centre staff about anything that concerns them about their child.

There may sometimes be differences between the staff and families about child rearing practices. These should be discussed respectfully, remembering that everyone is allowed to have his or her own beliefs.

CHAPTER 8

GUIDELINES FOR FAMILY CARE

Most young children in South Africa do not go to early childhood development or after school care centres. They spend their days with their families or go home to their families after school. In this document, "family" means anyone the child lives with and who takes care of her/him. A family may be two parents, one parent, grandparent or grandparents, aunts, uncles, brothers, sisters or neighbours. Some children in South Africa live only with other children in child headed households. There are many reasons why there are so many different ways to describe a family. One of the main reasons today is that many adults are dying because of the HIV and AIDS pandemic.

Most adults and older children who care for young children want to know the best way to do this. Everyone has needs and everyone has rights but young children often need an older person to help him/her to meet his/her needs and enjoy his/her rights.

8.1 PREMISES AND EQUIPMENT

8.1.1 Homes must be a safe place for young children.

All children need a place where they can be safe.

Babies need space where they can see what is going on around them but where they are not in the way of other people or children. Babies can also be carried around so that they can see what is going on and feel the warmth of another human being.

As they grow and begin to crawl and then walk, they will try to touch everything they see. This is why sharp and dangerous things must be kept where they cannot reach them. They must not be able to reach cleaning fluids or any other poisonous liquids or medicines. It is best to move all these things to a higher level or locked cupboard so that everyone can relax.

Some children will stay near the person caring for them. Other children will crawl or walk off by themselves and these children need to be protected from getting lost or landing in a dangerous place like the road or river. A fence with a locked gate is necessary when there are young children in the home.

The area around the house where children play must be kept clean and all sharp objects, rubbish and thorny or poisonous plants must be cleared away. This gives children space to move about freely and develop their muscles and confidence.

Children enjoy looking at bright colours and things that move. If possible, put up posters or pictures on the walls for the child to look at and talk about.

8.1.2 Toilet facilities must be safe for children.

People taking care of babies must wash their hands after changing nappies.

When children start to use a potty, the waste should immediately be thrown away where no one will touch or tread in it. The potty must be washed each time it has been used.

8.2 HEALTH

8.2.1 The health of children should be protected and illnesses dealt with quickly and correctly.

When young children become ill they often cannot say exactly where the pain is or how they are feeling. Sometimes they can be treated at home and will recover quickly. At other times, they need to be taken to the clinic for treatment.

Take children to the clinic immediately when one or more of the following happen:

- When the child is unable to drink or breastfeed;
- When the child vomits up everything;
- If the child has convulsions;
- When the child is lethargic or unconscious;
- When the child has diarrhoea and sunken eyes or a sunken fontanel;
- When the child has diarrhoea with blood;
- When the child coughs and breathes fast - more than 50 breaths a minute;
- When a child under two months has a fever;
- Any other emergency.

8.2.2 Children must be immunised and receive their doses of Vitamin A.

Take children for a full course of immunisation according to the timetable marked on the Road to Health Card.

8.2.3 Diarrhoea must be dealt with correctly

When a child has diarrhoea, quickly start giving the child available fluids such as thin maize porridge, samp or rice water, fruit juice or soup.

Sugar-salt solution (eight teaspoons of sugar, half a teaspoon salt, and one litre of boiled, cooled water) can also be used: half a cup after each loose stool for children under two years and one cup after each loose stool for children over two years.

If a child is breastfed, continue to breastfeed frequently and for longer periods.

Give fluids each time a child passes a stool using frequent small sips from a cup.

If the child vomits, wait ten minutes then continue, but more slowly.

Continue giving extra fluids until the diarrhoea stops.

8.3 NUTRITION

Children need to eat different kinds of food to make sure that they grow and develop. Sometimes it is difficult to find all the right foods but some people grow their own vegetables so that children have a supply of these. Children also need clean water to drink at any time when they are thirsty.

Before preparing food or feeding children, hands should be washed with soap and water.

All children and especially HIV positive children need to be well nourished to help prevent infections.

Feeding 0-6 months:
Put the child to the breast immediately after birth.
Feed the baby only breast milk for the first six months after birth.
Breastfeed whenever the baby wants — at least eight times in each 24 hours.

Introduce solid food at 6 months:
Continue to breastfeed until the child is at least two years old if the mother is free of HIV infection.
If the mother is HIV positive, she should stop breastfeeding at six months.
At six months, start feeding the child freshly prepared nutritious food that is available at home.
Feed the child using a spoon and plate.

Feeding 12-24 months:
Feed the child nutritious foods such as porridge with added oil, peanut butter or ground peanuts, margarine and chicken, beans, vegetables and fruit five times a day.
Continue to feed with spoon and plate.
Try different foods.

Feeding 2 years and older:
Feed a child five times a day.
Give family foods at three meals each day. Also twice a day give nutritious snacks between meals such as bread with peanut butter or margarine, fresh fruit or full cream milk.

Children need vitamins and minerals:
At nine months, children should be taken to the clinic to have their first dose of Vitamin A.
Foods that have a lot of Vitamin A include paw-paws, mangoes, peaches, apricots, pumpkin, butternut, carrots, and dark green leafy vegetables like spinach. Fish, meat, chicken and ox or chicken livers are all good for children.

8.4 PROTECTION

8.4.1 Children should be kept safe at all times and their rights protected

All children have rights. HIV positive children have the same rights and needs as other children. Orphans and vulnerable children whose parents are very ill need particular care, love and support from those around them.

All births must be registered and the documents kept in a safe place. Every child should have a Road to Health card.

8.5 ACTIVE LEARNING

8.5.1 The importance of learning through play must be understood and supported.

Children learn when they play. They want to find out about the world and they do this by exploring, touching and talking. When children have fun and are relaxed, they learn easily.

There are many ways to help children learn around the home. When they are old enough, they can begin to wash and dress themselves. This will give them a lot of confidence.

Children learn to communicate with others from when they are babies. They need people around them who listen and respond when they cry, smile, laugh or make sounds. Take time to listen to young children. Show that you are interested in what they are doing and saying. Try to make a special time each day to talk to the child about what he/she has been doing. Listen to him/her and help him/her remember and describe what has happened. This will make him/her feel special and you can teach him/her new words.

Many children experience violence or grief and need help to cope with the way they feel about this. Children need to be able to talk to someone they trust and who will listen carefully to them. If children find it difficult to talk about what has happened, encourage them to draw how they feel. Watch them when they play imaginary games and learn more about what is worrying them.

8.5.2 Children should be helped to become strong.

Children need love and families should show unconditional love to young children. Children need to know that they will be loved no matter what they do. Families protect children and show them the best way to behave. Families who respect others show children how to respect themselves as well as other people.

Children need hope and it is important for children to believe that things will be all right. They need to believe that there are people they can trust and who want the best for them.

8.5.3 Children should be helped to become independent and confident.

Families help young children to learn how to do things for themselves. They show him/her and let him/her practice what he/she has learnt. He/she is praised when he/she does something right and when he/she finds him/her own way of doing something.

For more information see Appendix A: The Development of Young Children

PART THREE

APPENDIX A:

The Development of Young Children

Development in young children is holistic and includes social, emotional, physical and intellectual development. It is not easy to separate the different areas of development in young children and most play activities cover two or more areas of development.

Social development

Babies and very young children are self-centred, they see themselves as the centre of their world. As they grow older, they must be supported to share and be considerate towards others.

Children learn how to handle conflict and other social behaviours by watching adults. If the adults around them act with dignity and kindness, the children will learn from this.

Children accept limits to their behaviour if reasons are given for these, if they understand why they should not do certain things. Adults play an important role here and must set reasonable limits, based on what the child can understand and cope with.

Children learn to respect themselves and one another if they see adults behaving respectfully towards everyone. It is important to build respect for all people, their spiritual beliefs, colour, gender and physical attributes.

Emotional development

As they develop emotionally, children learn to name and understand their feelings. They develop a self-image based mostly on what others around them say and how they act towards the child. Many children have to learn how to deal with grief, fear and anxiety as they face death of family members and others close to them. Children need to be able to develop resilience by saying, "I can" (naming the things they can do), "I have" (knowing that there are people around who can help) and "I am" (being sure of their own strengths).

Physical development

Children need to exercise their large muscles so that they learn to move easily and with confidence. Control and co-ordination of their bodies comes from being encouraged to run, climb, jump, hop, balance etc. The control of small muscles comes when children are given the opportunity to hold and play with things, make marks on paper and turn pages of books.

Young children need guidance on how to keep their bodies safe and healthy. This can include activities on eating sensibly, and looking after teeth and hair.

Intellectual development

The foundation for intellectual development is laid through play. As children explore their world they discover what works and how, shapes, colours, textures etc. As they play they gain knowledge, learn how to reason and use information. Children show creativity when they sing, dance, draw, paint etc and when they work out problems for themselves.

The following is divided into ages rather than stages. If a child is not doing something by a certain age, practitioners should watch him/her carefully and assess his/her development, remembering that not all children move through stages at the same rate. If there is a big delay in development, it will be important to talk to the family and advise them to go to the clinic with the child.

Babies (0-18 months)

Babies usually become attached to one person so it is important that they have one adult who cares for them most of the time. Babies need love and affection and enjoy being cuddled and carried around.

Babies need to play, explore and move around. They begin by exploring their own bodies and then move to the person or things that are nearest to them. They need to see interesting things that are colourful and move like mobiles, trees or other children. They need a safe space where they can move their arms and legs and then practise rolling and turning. They will then need safe, clean surfaces to practise crawling, standing and walking.

Babies want to communicate and need others around them who will listen, talk, sing and laugh with them. Babies enjoy looking at brightly coloured pictures in books and talking about them.

Activities during the day must be changed to suit each baby. Babies should eat, sleep and play at times that suit them.

Suitable activities to be carried out daily include peeping games and the handling of colourful toys and books, as well as movements such as rolling over, standing up and beginning to walk while holding onto equipment and furniture. It is important to allow time for cuddling and affection.

Toddlers (18-36 months)

Toddlers are very mobile and need a safe space to move around in. Physical development is fast and most toddlers learn to climb, carry things, walk up stairs, run, kick balls, jump and walk on tiptoe before they are three years old.

They are very curious and want to explore everything they see. Play becomes more complicated as toddlers use their imagination and growing communication skills more. Toddlers imitate and act out what they see around them. This helps them name and understand different feelings and thoughts. Activities should include creative activities, problem solving opportunities, games using the imagination and language.

Toddlers should be given books to look at and time for story telling and reading. Their language develops quickly if they are listened to and encouraged to talk and learn new words and ways of expressing themselves.

Toddlers enjoy a routine and look forward to different activities that happen at set times in the day. Meals can be provided at set times but snacks should be available if a toddler becomes very hungry or thirsty.

Depending on the child's stage of development, time should also be allowed for toilet training and assistance in the use of the toilet.

Rest or sleeping times may be determined according to need, but there can be a fixed time for rest or quiet play during the day.

Children (3 - 4 years)

Children learn wherever they are and at this age have already learnt a great deal.
There must be a wide variety of activities. Children this age can play with more advanced apparatus, for example, more complicated puzzles and building blocks. Activities such as drawing, painting, singing, learning rhymes and listening to stories should be provided. Provision should also be made, for example, for a variety of fantasy games, a book area, and a display of natural and other interesting items.

There is a place for routines in the day. Meals and rest can take place at set times in the day. Children

this age are now able to follow a toilet routine. Arrivals and departures should be noted so that children feel they are important.

Reception Year (Grade R) 4 - 5 year olds

Children of this age have had thousands of experiences and learnt from these. Practitioners must start where children are in their development, decide what they should achieve and support them to achieve these outcomes.

The Reception Year is part of the Foundation Phase in the General Education and Training Band on the National Qualifications Framework (NQF). The Department of Education has developed a curriculum framework, Curriculum 2005, and anyone offering a Reception Year programme (Grade R) should use this as their guideline.

Activities should help children discover new knowledge and learn new skills as well as attitudes. Plans for the day should support the holistic development of the child. Children make sense of their world, classify and organise what they experience and use this information to guess what might happen next. At this age, children have developed communication, social, physical and problem solving skills and need to try them out in different situations. Attitudes express values practitioners are encouraging children to develop such as tolerance, respect and independence.

Language forms the basis for development. Communication between adults and children is very important. Children learn to listen, talk, ask questions, guess, tell stories and learn new words. This helps them as they learn more about science, technology and mathematics as well as preparing for becoming literate.

APPENDIX B:

CHILDREN'S RIGHTS

The following has been taken from "The State of the World's Children 2001, UNICEF: Section 28".

Very young children (0 - 3 years)

- Protection from physical danger;
- Adequate nutrition and health care;
- Appropriate immunisations;
- An adult with whom to form an attachment.
- An adult who can understand and respond to their signals.
- Things to look at, touch, hear, smell, taste.
- Opportunities to explore their world.
- Appropriate language stimulation;
- Support in acquiring new motor, language and thinking skills;
- A chance to develop some independence;
- Help in learning how to control their own behaviour;
- Opportunities to begin to learn to care for themselves;
- Daily opportunities to play with a variety of objects.

Pre-school aged children, all of the above, plus:

- Opportunities to develop fine motor skills;
- Encouragement of language through talking, being read to, singing;
- Activities that will develop a sense of mastery;
- Experimentation with pre-writing and pre-reading skills;
- Hands-on exploration for learning through action;
- Opportunities for taking responsibility and making choices;
- Encouragement to develop self-control, cooperation and persistence in completing projects;
- Support for their sense of self worth;
- Opportunities for self-expression;
- Encouragement of creativity.

Children in the early primary grades, all of the above, plus

- Support in acquiring additional motor, language and thinking skills;
- Additional opportunities to develop independence;
- Opportunities to become self-reliant in their personal care;
- Opportunities to develop a wide variety of skills;
- Support for the further development of language through talking, reading, and singing;
- Activities that will further develop a sense of mastery of a variety of skills and concepts;
- Opportunities to learn cooperation and to help others;
- Hands-on manipulation of objects that support learning;
- Support in the development of self-control and persistence in completing projects;
- Support for their pride in their accomplishments;
- Motivation for and reinforcement of academic achievement.

APPENDIX C:

NQF LEVELS 1 AND 4 ECD QUALIFICATIONS

The minimum qualification of ECD practitioners is the Basic Certificate in ECD at NQF Level 1 of the South African Qualifications Authority. This qualification entails basic knowledge and skills about child development from birth to nine years. The practitioner must at this level demonstrate how to facilitate growth and skills development in early childhood development programmes.
The practitioner should therefore meet the following exit level outcomes:

- Set up and manage a variety of active learning activities that are appropriate to the development needs of young children.
- Interact and communicate with young children in a way that supports all aspects of learning.
- Use an inclusive anti-bias approach that respects the cultural, religious and experiential background of the children and supports children with disabilities.
- Maintain a safe and healthy learning environment.
- Establish a supportive and caring environment that meets childrenís basic and social needs and helps them manage their own behaviour.
- Establish respectful and co-operative relationships with co-workers families and community.
- Contribute to programme planning and evaluation, the assessment of children's progress and administration of the learning programme.
- Identify and maintain standards of childhood care and educational practice and personal development.

Appropriate Work Experience

An early childhood practitioner must be adequately supervised especially during the first three years of working with young children in an informal or formal ECD site. Documented proof of this experience must be available.

ECD site supervisors/heads should have a minimum qualification of the National Certificate in ECD at NQF Level 4 of the South African Qualifications Authority. They should have a general understanding of early childhood development from birth to nine years. ECD programme supervisors should demonstrate a theoretical and practical knowledge and experience in managing ECD sites. They should have management skills that enable them to tackle the various daily responsibilities at a site, as well as communicate, liaise and meet the needs of all the stakeholders at an ECD site.

The following are the ECD site supervisorís exit level outcomes:

- Provide a wide variety of developmentally appropriate learning activities that support and extend learning.
- A range of skills and techniques to mediate childrenís learning on an individual basis in small and large groups.
- Demonstrate inclusive and anti-bias attitudes, values and practices in all aspects of the learning programme.
- Protect the safety of the children and adults and support good health practices.
- Support each childís emotional and social development in ways that help them learn to manage their own behaviour.
- Establish positive and supportive relationships with co-workers, families and community.
- Manage a well-run, purposeful learning programme responsive to children's interests and development.
- Demonstrate commitment to the development of high quality ECD services.

Appropriate Work Experience:

An ECD site supervisor must have a minimum of three years experience of working in the ECD field.

APPENDIX D:

UNIVERSAL PRECAUTIONS IN THE CHILD CARE SETTING

Childcare providers are responsible for ensuring a safe environment for the normal healthy development of children in their care. To protect children, universal precautions need to be taken to ensure the well being of the children.

The Human Immunodeficiency Virus (HIV) is a serious infection but can be prevented. In the childcare setting, blood is the most likely cause of the spread of HIV. Remember we cannot tell who is infected by a virus and who is not. Protective measures must therefore focus on preventing exposure to blood.

Hepatitis B Virus (HBV) is also a serious infection but can be prevented by washing hands and keeping toilets clean.

The HBV or HIV infected child or staff member is not a risk of infection to others in the childcare setting when universal precautions are followed.

Universal precautions are the careful measures that help prevent the spread of all diseases if all blood, as well as other body fluids, are treated as if infected.

- **Management Practices and Protective Measures:**

  Always practise universal precautions. **Treat all blood or body fluids containing blood as infected with HIV or HBV**.

  Hand washing: Thorough hand washing with soap and water is the simplest most effective precaution and should be done by caregivers and children.

  Intact healthy skin is the best defence against infection. Open sores, skin lesions and broken skin must be covered with waterproof dressings until healed.

  Care givers must use latex gloves or plastics packets to cover hands when contact with blood is a possibility, e.g. dealing with bleeding injuries, open sores, skin lesions, broken skin, cleaning up blood spills or handling of blood soiled items.

  Gloves, plastic packets and absorbent paper should be kept in particular areas of the facility so that they are easily accessible when required, but out of reach of children.

  Children from a very young age must be taught never to touch other people's blood or body fluids. Children should be trained to manage their own bleeding e.g. nosebleeds and minor cuts and grazes.

  Attendance Registers and Incident Books must be accurately maintained.

- **Infection Control Measures are applied to prevent the spread of infections, diseases and conditions viz. Diarrhoea, nits and lice.**

  Bleeding:

  Bleeding needs immediate attention

  Apply pressure to the wound avoiding direct contact with blood. (When possible, the injured child should apply pressure to her own wound).

Caregivers must use gloves or plastic packets as a barrier against blood.

Do not move the injured person, until the bleeding is controlled. (This is to keep the blood spill in one area).

In cases of grazes and small cuts, hold briefly under running water: clean with cotton wool and disinfectant, dry and cover with waterproof dressing.

Hands must be **washed immediately** after any contact with blood.

Hands must always be washed after gloves are removed. **GLOVES DO NOT SERVE AS A SUBSTITUTE FOR HAND WASHING**.

If blood splashes onto mucous membranes (eyes, nose, mouth), flush immediately with **running water for at least three minutes**

Blood Spill:

Children must be separated from the person bleeding and from blood spills.

Gloves or plastic packets must be worn when cleaning up the blood spills to prevent skin/blood contact.

Spilt blood must be soaked up with absorbent material e.g. paper, dry soil or sawdust.

Used paper, dry soil or sawdust and used gloves must be carefully placed in double plastic bags, tied securely and thrown away into the rubbish bin.Wash hands immediately afterwards.

The blood stained area must be sprayed with a disinfectant solution (household bleach one part to nine parts of water which is made up daily) and followed with normal cleaning.

Bloodstained Items:

Gloves or plastic packets must be worn when handling bloodstained items such as clothing, linen, carpets etc.

Remove as much of the blood as possible using absorbent paper or tissues.

Rinse or mop with cold water to remove the bloodstain. Clean the mop using the disinfectant solution and dry in the sun.

Place clothing or linen into a plastic bag and return to child's home for washing.

Carpets can be sponged with hot soapy water, rinsed and allowed to dry in the sun if possible.

All disposable cleaning material (e.g. paper, tissue) and gloves to be placed in double plastic bag, tied securely and thrown into the bin. Wash hands immediately afterwards.

Used sanitary towels must be placed in double plastic bags, tied securely and disposed into a lidded refuse bin for collection.

PREVENTING POISONING

Every year, thousands of children swallow dangerous things. These include medicines and tablets, sedatives, household products, garden and garage products. Hundreds of children are admitted to hospitals for treatment after swallowing poisonous substances. Some die as a result, others are left with permanent damage.

Remember that the young child:
- Explores with his/her mouth;
- Is unable to distinguish between odours;
- Will swallow even bad-tasting substances.

Children under four years of age are the ones most exposed to danger.

- ***Storage of medicine***

Most important: Lock up all medicines and potentially dangerous household products. Even a high shelf is not safe. Do not forget that children are curious and persistent. And they can climb. Specially designed childproof cupboards - one for medicine and one for other dangerous substances - are advised. Where possible, the centre should have two such childproof cupboards - one for medicine and one for other dangerous substances.

Always make sure that you replace the lid after having given the child a tablet. Put the container away immediately.

Never store potentially harmful products in soft drink bottles, containers or cups used for food or drink. Children get confused and might drink the contents by mistake.

Keep medicines separate from other products.

Never store cleaning products with food - keep them in a locked cupboard.

You must know which products in the centre are poisonous or dangerous. Attractively packaged products that look harmless and that are used in and around the home can be dangerous when swallowed by a child. Often such products are not labelled as poisonous and contain only the word "Caution" as warning. Remember, small children cannot read warnings.

- ***Possible trouble spots***

- **Kitchen**
  The following can be dangerous to young children: polishes, bleaching powder, detergents, ammonia, washing powder, insecticides and cleaning agents for drain-pipes. In addition, children should be protected from hot food, boiling liquids and cooking fluids e.g. paraffin.

- **Bathroom Cupboards**
  The following can be dangerous to young children: Medicines and tablets, prescribed medicines and almost all other non-prescribed medicines that can be bought "over the counter", e.g. Aspirin, Panado, tonics, iron tablets and home perm kits.

- **Toilet**
  The following can be dangerous to young children: Disinfectants, deodorant blocks and toilet cleaners.

- **Other**
  The following can be dangerous to young children: Perfumes, nail polish remover, mothballs and insect repellents in strips, sticks, aerosol cans and fluids.All batteries are dangerous to young children. Be especially careful with button-sized batteries used in calculators and digital watches. Small children can easily swallow the button-sized batteries.

- **Garage and garden shed**
  The following can be dangerous to young children: petrol, paraffin, brake fluid, battery acid, anti-rust paint, paint thinners, swimming-pool chemicals, weed killers, insecticides, pesticides, rodenticides and fertilisers.

  A small child can also accidentally spray products in aerosol cans into his eyes.

- **Poison out of doors**
  Some plants, berries and mushrooms are poisonous. Children should be taught never to eat anything from the garden before asking an adult.

- ***Preventing hints***

- **Administering medicines**
  Make sure you have the correct bottle for the correct child before giving medicine. Do not give medicines in the dark. Using the wrong bottle could have tragic results.

- **Read the label**
  Measure the dose carefully with a medicine spoon and give only the quantity prescribed for a child. Never talk a child into taking tablets by telling her that they are "sweets" or "lollies". This makes them dangerously attractive at other times.

- **Do not allow a child to take medicine on her/his own.**
  Avoid taking medicines or tablets in a child's presence. Children love imitating adults, especially their parents. Remember, always to put containers away after use.

- ***Dispose of unused medicines in this way:***
- Never throw bottles of medicine in the rubbish bin.
- Dispose of unwanted, leftover medicines and pills by returning them to the local pharmacist. If this is not possible, flush them down the toilet, or wash them down the drain or put them in a pit latrine.
- Wash out the empty bottle before putting it in the rubbish bin.

Never allow children to play with medicine containers, empty or full.
Teach the children not to eat or drink from bottles or cans left lying about.

Keep a list of emergency telephone numbers near the telephone or in a safe but accessible place.
Source: *Prevent Poisoning - it's not child's play*. Child Safety Centre, Red Cross War Memorial Children's Hospital, Rondebosch and the Institute of Child Health, University of Cape Town.

Important:
Contact your nearest Poisons Information Centre immediately if you suspect that a child has accidentally swallowed some medicine or a poison. The Red Cross Children's Hospital Poison Hotline can be dialled on (021) 689-5227.

Treat all cases of poisoning as urgent. If you take the child to a doctor, clinic or a hospital, also take along the following: the container, label, prescription, remaining tablets, the substance swallowed, vomited matter or whatever might help the doctor to identify and estimate the amount of poison taken.

APPENDIX E:

SUGGESTED CONTENTS OF A FIRST AID BOX

The first aid box must be clearly marked as such and stored out of the reach of children. Every ECD practitioner must know where the first aid box is stored.

A list of emergency numbers must be placed (stuck) inside the first aid box.

Inside the first aid box must be a list of the contents of the box.

2 pairs Latex Gloves (or a supply of plastic bags)	For incidents involving blood or body fluids
1 pair of household gloves	For cleaning after blood spills
A small plastic bowl	To hold water and Savlon while cleaning and washing wounds
50 ml Savlon	For cleaning and washing wounds
100 ml household bleach (to dilute with 10 litres of water)	For blood spills
1 packet gauze swabs (20)	For covering larger wounds and eye injuries
1 packet cotton wool (or a roll of toilet paper)	For cleaning out wounds and covering or compressing wounds
Waterproof plasters (20)	For protecting cuts and scraps or other breaks in the skin. Waterproof dressings must be used if a worker works with food or drinks.
Safety pins	To secure bandages, dressings and slings
Micropore (or cellotape)	For securing a dressing
75 mm bandage (or a long strip of material)	For stopping bleeding, covering wounds, or making a sling
One-way resuscitator (or an airway)	To keep airways open
Plastic bags	For refuse disposal
Scissors	For cutting plasters, bandages and material
Tweezers	For extracting splinters and bee stings
Tissues	For general absorption of liquids

Improvised First Aid Box

2 litre ice-cream container
Scrap cotton for dressings
Scrap cotton for bandages
Scrap cotton triangular bandages
Scrap small pieces of material for nose wipes
Scrap material for face cloths
Plastic bags to substitute for rubber gloves
Litre container (to make re-hydration drink)
Cardboard & padding for rigid splints

APPENDIX F:

EXAMPLE OF A MEDICINE ADMINISTRATION CHART

NAME OF CHILD: _____

NAME OF MEDICINE: _____

INSTRUCTION OF PARENT OR GUARDIAN: (Frequency, dosage/volume)

_____

_____

_____

_____

_____

_____ _____

SIGNATURE OF PARENT/ GUARDIAN | DATE

_____ _____ _____

DATE | TIME | *SIGNATURE

_____

**SIGNATURE OF STAFF MEMBER WHO ADMINISTERS THE MEDICINE*

APPENDIX G:

CHILDREN AFFECTED AND INFECTED BY HIV AND AIDS

Young children who are infected with HIV and AIDS or whose family members have HIV and AIDS are in particular need of supportive services. The National Strategic Framework for Children Infected and Affected by HIV and AIDS recommends the strengthening of families as an essential element of community based care programmes. Part of this is linking families with child early childhood services. As the prevalence of HIV and AIDS rises, more and more of the children eligible for day care services will be infected with the virus.

In terms of the constitution every child has the right to be treated equally, therefore no one may discriminate against children with HIV or AIDS or those affected by it. Yet, HIV and AIDS are highly stigmatised conditions. Children who are HIV positive, or even children, whose family members are infected with it, have been excluded from attending early childhood centres with others because of negative assumptions and misconceptions associated with the disease. Because of poor knowledge of the disease and its transmission, these children, merely by attending the centre with other children, are seen to be placing other children at risk of infection.

HIV is not transmitted through casual contact. That is why it is very difficult for children of any age to become HIV positive from being in an early childhood centre. (So, the risk of infecting other children cannot be used as a reason to exclude children who are HIV positive from an early childhood centre).

The risk of transmission in an early childhood site environment is in the context of physical injuries involving bleeding and open wounds. Following universal precautions and good hygiene in all circumstances can effectively eliminate transmission.

Early childhood centres must provide for children with HIV and AIDS in their admission policies.

A useful guideline for early childhood centres is the Department of Educationís HIV and AIDS national policy for public schools and FET Institutions. The main aim is to prevent discrimination against children infected and affected by HIV and AIDS, increase awareness and prevent the spreading thereof. The policy allows for special measures in respect of learners with HIV and AIDS. If an infected child poses a medically recognised risk to others, appropriate measures should be taken. These risks include untreatable contagious highly communicable diseases, uncontrollable bleeding, unmanageable wounds or physically aggressive behaviour, which might create a risk of HIV transmission. (Copies of the policy are available from The Director Communications, Department of Education, Private Bag X895, Pretoria, 0001; Telephone (012) 312-5271. It can also be found on the internet at ***http://education.pwv.gov.za.***)

Early childhood centres have an important role to play in life skills education for young children especially about HIV and AIDS. The main aim of this education is to prevent the spread of infection, allay fears about the epidemic, reduce the stigma attached to it and to install positive attitudes towards persons with HIV and AIDS. For young children at this age the focus of education should be on family relationships, issues regarding friends, liking, respecting and caring for and protecting their bodies and treating people who are different from themselves with respect and as equal to themselves. How illness is contracted, what HIV and AIDS are and universal measures concerning the handling of blood should be introduced. Other issues appropriate for young children include taking care at home of someone who is ill and death in the family. At this age, the only sexuality education should be about the prevention of sexual abuse.

Caregivers need training to give guidance and life skills education on HIV and AIDS and to implement universal precautions. They must understand the need for non-discrimination and informed confidentiality if a child is positive so that the child is not discriminated against. They are not allowed to tell each other or other parents about the HIV and AIDS status of children. At least one caregiver in every early childhood centre should have been trained on HIV and AIDS so that she can educate and provide information to colleagues, children, parents and the community if necessary. Bereavement counselling should be part of the training.

APPENDIX H:

GENERAL GUIDELINES FOR NUTRITION

1. **Plan menus according to the following basic meal patterns:**

Breakfast
Porridge with milk and sugar

Mid-morning snack
Brown bread with margarine
Milk

Midday meal
Protein-rich food or dish, e.g. dry beans, meat, fish, chicken, eggs, cheese; Starchy food, e.g. porridge, samp, maize rice, potato.

Vegetables, preferably dark green or deep yellow in colour, e.g. spinach, green beans, cabbage, carrots, pumpkin. The nutritional value of these vegetables is higher than that of other vegetables. Fruit, if possible, twice a week.

Afternoon snack
Brown bread with margarine
Peanut butter or other spread
Milk to drink

2. Do not discard meat bones or the outer leaves of vegetables but use these in soups or stews.

3. Do not scrape, peel or cut vegetables and potatoes the previous evening and leave them in water. These should all be prepared shortly before they are to be used, as the longer a vegetable (either raw or cooked) is left standing, the more food value is lost. Do not soak vegetables once cut.

4. Always put vegetables to be cooked in a small amount of boiling water; more can be added later, if necessary. Cook until soft and not longer as over cooking diminishes the food value. Any leftover water should be used in soup or gravy.

5. A protein-rich food or body-building food such as dry beans, meat, fish, eggs or cheese, or a combination of these, forms part of the main meal every day, as it is essential for good nutrition. A small amount of fish, meat, chicken, egg or cheese, combined with dry beans or other dry legumes, makes a nutritional adequate dish.

   Soya beans have a higher nutritional value than any other dry legume. Products made from soybeans, so-called Textured Vegetable Protein (TVP) products, e.g. "Toppers" and "Sungold", are much cheaper than animal protein and are good value for money. Serve these products at least once or twice a week.

6. Peanut butter on brown bread is a good bodybuilding food. It is preferable if milk is served with the same meal.

7. A meal consisting of vegetable soup with bread or porridge is not adequate unless a bodybuilding food is served at the same time.

8. Sufficient protective foods, such as vegetables and fruit, have to be included every day in order to protect children against disease. If fruit is not available, use fresh, raw vegetables, e.g. tomatoes, cabbage, carrots.

9. Skim-milk powder is the cheapest form of milk. If funds permit, full-cream, or low-fat (2%) milk should be used. Milk blends, although much cheaper, are not recommended, as these do not have the same nutritional value as milk products. Always look for the "Real Dairy" mark before you buy dairy products.

10. Use measuring spoons and cups and/or a scale to measure and weigh ingredients for recipes.

FEEDING OF INFANTS UNDER TWO YEARS OF AGE

If the mother is healthy, breast-feeding is recommended for the general well being of the baby.

If it is not possible to breast-feed the baby, the directions for preparing the artificial (formula) food should be followed very carefully. All bottles must be washed and brushed regularly.

Do not add salt or sugar to the food.

Parents should be told what their baby has eaten every day.

As babies get older, i.e. from six months onwards they can eat pureed, mashed and semi-solid foods. By eight months, most infants can also eat pieces of food that they can pick up by themselves from the plate. By twelve months, most children can eat the same types of foods as the rest of the family. They should not be given foods that may cause choking (i.e., items that have a shape and/or consistency that may cause them to become lodged in the trachea, such as nuts, grapes, raw carrots).

Babies and toddlers need to be given food when they are hungry. For the average healthy infant, meals should be provided four to five times per day, with additional nutritious snacks (such as a piece of fruit or bread) offered once or twice a day.

Babies and toddlers need to be given a variety of foods, if possible. For example, meat, poultry, fish or eggs should be eaten daily, or as often as possible, as they are rich sources of many nutrients such as iron and zinc. Milk products are a good source of calcium and several other nutrients. If children have a diet that does not contain animal source foods (meat, poultry, fish or eggs, plus milk products), they cannot meet nutrient needs at this age unless fortified products or nutrient supplements are used. Other foods such as soybeans, cabbage, carrots, squash, papaya, green leafy vegetables, guava and pumpkin are useful additional sources of calcium.

Every day children should eat foods that contain Vitamin A e.g. dark coloured fruits and vegetables; Vitamin A fortified oil or foods; Vitamin C rich foods e.g. many fruits, vegetables and potatoes, eaten meals to enhance iron absorption; and foods with Vitamin B vitamins, including liver, egg, dairy products, green leafy vegetables, soybeans, Vitamin B6 e.g. meat, poultry, fish, banana, green leafy vegetables, potato and other tubers, peanuts and folate e.g. legumes, green leafy vegetables, orange juice.

Babies and toddlers should not be given too many drinks of tea, coffee or sugary drinks. Instead, they should be given clean, safe water when they are thirsty.

APPENDIX I:

CHILD PROTECTION

RELATIONSHIP BETWEEN ECD AND THE PROTOCOL DEVELOPMENT IN CHILD PROTECTION SERVICES

The family is the basic unit of society and children need to grow up in nurturing and secure families to ensure their survival, development and protection. A healthy family provides the child with a sense of belonging, imparts values and life-skills, creates a sense of security, provides a spiritual foundation and instils a sense of discipline.

Society should respect and support the efforts of parents and ECD practitioners to nurture and care for children in a family environment and services should be aimed at preserving and strengthening families.

There is always the need for a broad range of services to be available and accessible to children and families in different stages and circumstances. This is why early childhood development services are an essential component of such a range of services.

We also know that child protection is a community problem. No single agency, individual or discipline has all the knowledge, skills or resources to provide the assistance needed by children and their families who are in need of care. Two very important principles are involved here, namely *partnership* and *clarity of roles and boundaries* between all those involved. When these are absent or inadequate, children will fall through gaps, or be torn between the different parts of the system.

Early childhood development services have an important role to play in the recognition and referral of children in difficult circumstances. Early childhood development services are well placed to observe signs of child abuse, or changes in a childís behaviour or the failure to develop.

That is why it is important that staff members be trained in the detection and management of child abuse so that cases can be referred to an appropriate authority. The head of the ECD service or principal should carry the responsibility of liaising with the social services departments and other relevant agencies, such as clinics, regarding cases of child abuse. It is essential for the early childhood development services to develop and follow set procedures for the reporting of suspected abuse. A link must be formed with the Protocols that have been established in all the provinces, so that referrals are made as quickly and smoothly as possible.

Through the daily programme of the ECD services, ECD practitioners have the responsibility to help the children to resist abuse in their own lives and to prepare them for the responsibility of adult life and parenthood.

The community in which the ECD venue is located has a responsibility for the well-being of the children and should remain alert to circumstances in which children may be harmed. The management committee of the ECD service should ensure that awareness programmes and preventive education forms part of the daily activities. This will help to create a climate conducive to reporting any abuse.

It is therefore important that the child protection system should be child-centred and should:
- Recognise children as individuals as well as members of families and communities;
- Give primary attention to their best interest, as reflected in their needs and experiences;
- Provide opportunities for them to be heard in all matters affecting them; and
- Respond to the diversity of their cultural backgrounds and of the circumstances in which they find themselves.

Serious attention to the perspective of the child will lead to a substantial increase in supports of families and a decrease in the inappropriate separation of children from their families.

APPENDIX J:

BASIC CONDITIONS OF EMPLOYMENT

BASIC CONDITIONS OF EMPLOYMENT ACT, 1997: POPULAR SUMMARY

This is a popular summary of the most important sections of the Basic Conditions of Employment Act, 1997. Workers must be able to see a summary at their workplaces in the official languages that are spoken there.

1. WHO IS THIS ACT FOR?

The Act applies to all workers and employers except members of the National Defence Force, National Intelligence Agency, South African Secret Service and unpaid volunteers working for charities.

This Act must be obeyed even if other agreements are different.

2. WORKING TIME

This section does not apply to senior managers (those who can hire, discipline and fire), sales staff who travel and workers who work less than 24 hours a month.

2.1 Ordinary hours of work

- A worker must **NOT** work more than:
- 45 hours in any week;
- Nine hours a day if a worker works five days or less a week; or
- Eight hours a day if a worker works more than five days a week.

2.2 Overtime

If overtime is needed, workers must agree to do it and they may not work more than three hours overtime a day or ten hours overtime a week.

Overtime must be paid at 1,5 times the workersí normal pay or by agreement get paid time off.

More flexibility of working time can be negotiated if there is a collective agreement with a registered trade union. For example, this can allow for more flexible hours for working mother and migrant workers.

A worker may agree to work up to 12 hours in a day and work fewer days in a week. This can help working mothers and migrant workers by having a longer weekend.

A collective agreement may permit the hours of work to be averaged over a period of up to four months. A worker who is bound by such an agreement cannot work more than an average of 45 ordinary hours a week and an average of five hours of overtime a week over the agreed period. A collective agreement for averaging has to be re-negotiated each year.

2.3 Meal breaks and rest periods

A worker must have a meal break of 60 minutes after five hours work. But a written agreement may lower this to 30 minutes and do away with the meal break if the worker works less than six hours a day.

A worker must have a daily rest period of 12 continuous hours and a weekly rest period of 36 continuous hours, which, unless otherwise agreed, must include Sunday.

2.4 Sunday work

A worker who sometimes works on a Sunday must receive double pay. A worker who normally works on a Sunday must be paid at 1,5 times the normal wage. There may be an agreement for paid time off instead of overtime pay.

2.5 Night work

Night work is unhealthy and can lead to accidents. Workers working between 18:00 at night and 06:00 in the morning must receive extra pay or be able to work fewer hours for the same amount of money. Transport must be available but not necessarily provided by the employer.

Workers who usually work between 23:00 and 06:00 in the morning must be told of the health and safety risks. They are entitled to regular medical check-ups, paid for by the employer. They must be moved to a day shift if night work develops into a health problem. All medical examinations must be kept confidential.

2.6 Public holidays

Workers must be paid for any public holiday that falls on a working day. Work on a public holiday is by agreement and paid at double the rate. A public holiday is exchangeable by agreement.

3. LEAVE

3.1 Annual leave

A worker can take up to 21 continuous daysí annual leave or by agreement, one day for every 17 days worked or one hour for every 17 hours worked.

Leave must be taken not later than six months after the end of the leave cycle.

An employer can only pay a worker instead of giving leave if that worker leaves the job.

3.2 Sick leave

A worker can take up to six weeksí paid sick leave during a 36 months cycle. During the first six months a worker can take one dayís paid sick leave for every 26 days worked. An employer may want a medical certificate before paying a worker who is sick for more than two days at a time or more than twice in eight weeks.

3.3 Maternity leave

A pregnant worker can take up to four continuous months of maternity leave. She can start leave any time from four weeks before the expected date of birth, OR on a date a doctor or midwife says is necessary for her health or that of her unborn child. She also may not work for six weeks after the birth of her child unless declared fit to do so by a doctor or midwife.

A pregnant or breastfeeding worker is not allowed to perform work that is dangerous to her or her child.

3.4 Family responsibility leave

Full time workers employed longer than four months can take three days paid family responsibility leave per year on request when the workerís child is born or sick or for the death of the worker's spouse or life partner, parent, adoptive parent, grandparent, child, adopted child, grandchild or sibling. An employer may want proof that this leave was needed.

4. JOB INFORMATION AND PAYMENT

4.1 Job information

Employers must give new workers information about their job and working conditions in writing. This includes a description of any relevant council or sectoral determination and a list of any other related documents.

4.2 Keeping records

Employers must keep a record of at least:

- The worker's name and job;
- Time worked;
- Money paid;
- Date of birth for workers under 18 years old.

4.3 Payment

An employer must pay a worker:

- In South African currency;
- Daily, weekly, fortnightly or monthly;
- In cash, cheque or direct deposit.

4.4 Payslip information

Each payslip must include:

- Employer's name and address;
- Worker's name and job;
- Period of payment;
- Worker's pay;
- Amount and purpose of any deduction made from the pay;
- Actual amount paid to the worker.

If needed to add up the worker's pay, the payslip must also include:

- Ordinary pay rate and overtime pay rate;
- Number of ordinary and overtime hours worked during that period of payment;
- Number of hours worked on a Sunday or public holiday during that period;
- Total number of ordinary and overtime hours worked in the period of averaging, if there is an averaging agreement.

4.5 Approved deductions

An employer may not deduct any money from a worker's pay unless:

- That worker agrees in writing;
- The deduction is required by law or permitted in terms of a law, collective agreement, court order or arbitration award.

4.6 Adding up wages

Wages are based on the number of hours normally worked. Monthly pay is four and 1/3 times the weekly wage.

5. TERMINATION OF EMPLOYMENT

5.1 Notice

A worker or employer must give notice to end an employment contract of not less than:

- One week, if employed for four weeks or less;
- Two weeks, if employed for more than four weeks but not more than one year;
- Four weeks, if employed for one year or more.
- Notice must be in writing except from a worker who cannot write.

Workers who stay in employerís accommodation must be given one monthís notice of termination of the contract or be given alternative accommodation until the contract is lawfully terminated.

An employer giving notice does not stop a worker from challenging the dismissal in terms of the Labour Relations Act or any other law.

5.2 Severance pay

An employer must pay a worker who is dismissed due to the employerís operational requirement pay equal to at least one weekís severance pay for every year of continuous with that employer.

5.3 Certificate of service

When a job ends, a worker must be given a certificate of service.

6. CHILD LABOUR AND FORCED LABOUR

It is against the law to employ a child under 15 years old.
Children under 18 may not do dangerous work or work meant for an adult.
It is against the law to force someone to work.

7. VARIATION OF BASIC CONDITIONS OF EMPLOYMENT

7.1 Bargaining Council

A collective agreement concluded by a bargaining council can be different from this law, as long it does not:

- Lower protection of workers in terms of health and safety and family responsibilities;
- Lower annual leave to less than two weeks;
- Lower maternity leave in any way;
- Lower sick leave in any way;
- Lower protection of night workers;
- Allow for any child labour or forced labour.

7.2 Other agreements

Collective agreements and individual agreements must follow the Act.

7.3 The Minister

The Minister of Labour may make a determination to vary or exclude a basic condition of employment. An employer or employer organisation can also do this on application.

8. SECTORAL DETERMINATIONS

Sectoral determinations may be made to establish basic conditions for workers in a sector and area.

9. EMPLOYMENT CONDITIONS COMMISSION

This Act makes provision for the Employment Conditions Commission to advise the Minister of Labour.

10. MONITORING, ENFORCEMENT AND LEGAL PROCEEDINGS

Labour inspectors must advise workers and employers on their labour rights and obligations. They inspect, investigate complaints, question people and inspect, copy and remove records.

An inspector may serve a compliance order to a compliance order by writing to the Director General of the Department of Labour, who will then look at the facts and agree, change or cancel the order.

This decision can be challenged in the Labour Court.

Workers may not be treated unfairly for demanding their rights in terms of this Act.

11. GENERAL

It is a crime to:

- Hinder, block or try to wrongly influence a labour inspector or any other person obeying this Act;
- Obtain or try to obtain a document by stealing, lying or showing a false or forged document;
- Pretend to be a labour inspector or any other person obeying this Act;
- Refuse or fail to answer fully any lawful question asked by a labour inspector or any other person obeying this Act;
- Refuse or fail to obey a labour inspector or any other person obeying this Act.

APPENDIX K:

RIGHTS OF CHILDREN WITH DISABILITIES

The assumption is that one can generalise on all children's rights. Discrimination may be direct or indirect and as a means to educate society on disability issues, it is important to state these rights separately.

Children with disabilities:

- Have a right to inclusion, integration and mainstream facilities and services;
- Have a right to a normal environment;
- Have a right to all other benefits enjoyed by their non-disabled counterparts and siblings;
- Have a right to family, social and community life;
- Have a right to sports and recreation;
- Have a right to an accessible environment;
- Have a right to develop independence and self-reliance;
- Have rights to special needs and attention;
- Have a right to be different;
- Children who are deaf have a right to sign language;
- Have rights to devices that assist them when they need them;
- Have a right to appropriate active learning that is suitable for their abilities without them being isolated.

SPECIMEN INCIDENT REPORT FORM

(Complete in triplicate)
One copy to parent
One copy to childís file
One copy to the accident file

Name of the child _____ Date of the incident _____

Description of accident / injury / incident _____

_____

_____

_____

_____

Where did it occur? _____

When did it occur? _____

Who witnessed the accident / injury / incident? _____

What injuries or symptoms resulted (describe part of the body)? _____

Was any blood present? _____ How much blood? _____

Where was the blood? _____

What was done for the child (first aid treatment)? _____

_____

_____

Is any further medical attention required? _____

When was the parent notified? _____

When did the parent collect the child? _____

What advice was given to the parent? _____

Who was in charge when the incident occurred? _____

What measures are necessary to prevent such an incident in the future? _____

_____

_____

_____

Signature and date of staff member _____

Signature and date of parent _____

APPENDIX M

THE QUALITY ASSURANCE REVIEW

In terms of the Child Care Act No 74 of 1983 with the integration of amendments as on 1 January 2000, ìthe Director-General or a person authorised by him or her shall at all times be entitled to evaluate the place of care, its books, documents and registers and its developmental programmes, and to examine the health, nutrition and general well-being of the children in the place of care.î From Regulation 3 substituted by GN 416 of March 1998)

The quality assurance review is important as it helps improve the way the centre is run.

- Good practice must be noted and praise given where appropriate.
- Where there are improvements to be made, these should be discussed with the responsible staff member and guidance offered so that changes can be made.
- Where there are unacceptable practices, these must also be discussed and agreement reached on changes to be made immediately to ensure the safety and well being of the children at the centre.

The three-point quality assurance scale

The evaluation takes place according to a scale under the following three headings:
- Not acceptable;
- Acceptable with a few adaptations;
- Acceptable.

The top of the scale, i.e. acceptable is the level to be aimed at for registration according to the minimum requirements.

The following is an example of a quality assurance report.

QUALITY ASSURANCE REPORT

Name of Department of Social Development official:

Date of visit:

CENTRE DETAILS

Name of ECD Centre:

Date opened:

Postal Address:

Physical Address:

Telephone number (if available):

Hours of opening:

STAFF

Supervisor:

ECD Qualifications:

Other relevant qualifications:

Number of other practitioners:

ECD Qualifications of practitioners:

Other relevant qualifications:

Number of other staff:

Kitchen workers:

Gardeners:

Caretakers/security:

Cleaners:

Other (specify):

CHILDREN

Number of children registered:

Number of children present on day of review:

Age	Girls	Boys	Total
0 - 2 years			
2 - 3 years			
3 - 5 years			
TOTAL			

MANAGEMENT

Admission / Registration forms available: Yes/No

Are the Admission / Registration forms up to date? Yes/No

Are there job descriptions for all staff? Yes / No

Is there a Staff Development Plan? Yes/No

Menus Yes/No

Admission policy Yes/No

Admission policy of HIV/AIDS infected and affected children Yes/No

Admission policy of children with disabilities Yes/No

Other policies: Specify

Outings procedure:

Complaints procedure:

Emergency plan:

First Aid kit:

Attendance Register:

Accident register:

Abuse register:

PREMISES AND EQUIPMENT

Toilet facilities:

Not acceptable

Acceptable with a few adaptations acceptable:

Number of toilets/potties:

Comments:

Hand washing facilities:

Not acceptable:

Acceptable with a few adaptations acceptable:

Comments:

Kitchen facilities

Not acceptable:

Acceptable with a few adaptations acceptable:

Comments:

Outside area:

Not acceptable:

Acceptable with a few adaptations acceptable:

Comments:

Outside play equipment

Not acceptable:

Acceptable with a few adaptations acceptable:

Comments:

Fencing

Not acceptable:

Acceptable with a few adaptations acceptable:

Comments:

Other e.g. swimming pool

Not acceptable:

Acceptable with a few adaptations acceptable:

Comments:

Management of pets

Not acceptable:

Acceptable with a few adaptations acceptable:

Comments:

ACTIVE LEARNING

Daily programme

Not acceptable:

Acceptable with a few adaptations acceptable:

Comments:

Toys

Enough for number of children:

Clean and safe:

Developmentally appropriate:

Comments:

Equipment

Not acceptable:

Acceptable with a few adaptations acceptable:

Comments

Children's work displayed?	Yes / No
Appropriate books available?	Yes / No
Creative materials available?	Yes / No
Puzzles available?	Yes / No

OBSERVATION BY REVIEWER

Practitioner - child interactions

Detail:

Child - child interactions

Detail:

Discipline

Detail:

Provision of variety of play materials

Detail:

Any other relevant observations

Detail:

SUPPORT

Changes agreed with practitioners

1. Give details of the change agreed:

By when:

Support from DoSD:

2. Give details of the change agreed:

By when:

Support from DoSD:

3. Give details of the change agreed:

By when:

Support from DoSD:

SIGNED:

Quality Assurance Reviewer (name and date):

Supervisor/Practitioner (name and date):

APPENDIX N:

CONTACT DETAILS OF THE PROVINCIAL DEPARTMENTS OF SOCIAL DEVELOPMENT

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WESTERN CAPE PROVINCE
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CONTACT DETAILS OF THE DEPARTMENT OF EDUCATION

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