



**ASSESSMENT OF EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 28)
[SECTION 103 OF THE CHILDREN'S ACT 38 OF 2005]**

Name of Department of Social Development official:

Date of visit:

(A) EARLY CHILDHOOD DEVELOPMENT PROGRAMME

Name of ECD Programme:

Date opened:

Postal Address:

Physical Address:

Telephone number (if available):

Hours of opening:

(B) STAFF

Supervisor:

ECD Qualifications:

Other relevant qualifications:

Number of other practitioners:

ECD Qualifications of practitioners:

Other relevant qualifications:

Number of other staff:

(C) **CHILDREN**

Number of children registered:

Number of children present on day of review:

Age	Girls	Disabled	Boys	Disabled	Total
0 – 18 months					
18 months to 3 years					
3 – 4 years					
5 – 6 years					
TOTAL					

(D) **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

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:

(E) **ACTIVE LEARNING**

Daily programme

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Toys

Enough for number of children:

Clean and safe:

Developmentally appropriate:

Comments:

Equipment

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Children's work displayed?	Yes/No
Appropriate books available?	Yes/No
Creative materials available?	Yes/No
Puzzles available?	Yes/No

(F) **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:

(G) **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):
