Children’s Act Guide

for Early Childhood Development Practitioners

November 2011

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Acknowledgements

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Other guides on the Children’s Act are available at www.ci.org.za

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Forms

These forms are required in terms of the Children’s Act. Some of them cover the registration of a partial care facility and ECD programme, others relate to reporting requirements. This guide explains how and when they should be used. All forms are reproduced in full at the end of the guide.

**FORM 11** Application for the registration/ conditional registration/ renewal of registration/ reinstatement of a partial care facility

**FORM 12** Certificate of registration/ conditional registration/ renewal of registration/ reinstatement of a partial care facility

**FORM 14** An appeal against a decision of a provincial head of social development in terms of Section 86 of the Act in respect of a partial care facility

**FORM 15** An appeal against a decision of a municipal official in terms of Section 88(6) of the Act in respect of a partial care facility

**FORM 16** Application for the registration/ conditional registration/ renewal of registration of an early childhood development programme

**FORM 17** Certificate of registration/ conditional registration/ renewal of registration of an early childhood development programme

**FORM 19** An appeal against a decision of a provincial head of social development in terms of Section 101 of the Act in respect of an early childhood development programme

**FORM 20** An appeal against a decision of a municipal official in terms of Section 102(6) of the Act in respect of an early childhood development programme

**FORM 21** Assessment of early childhood development programme

**FORM 22** Reporting of abuse or deliberate neglect of child

**FORM 29** Inquiry by employer to establish whether person’s name appears in Part B of the National Child Protection Register
Acronyms

CIMCI  Community Integrated Management of Childhood Illness
CSOs  Community Support Organisations
CWP  Community Works Programme
DCPO  Designated Child Protection Organisation
DG  Director-General
DSD  Department of Social Development
ECD  Early Childhood Development
EPWP  Expanded Public Works Programme
HSD  Head of Social Development
ID  Identity document
IDT  Independent Development Trust
MEC  Member of the Executive Council
NCPR  National Child Protection Register
NDA  National Development Agency
NELDS  National Early Learning Development Standards
NIP  National Integrated Plan
NPO  Non-Profit Organisation
NQF  National Qualification Framework
UNICEF  United Nations Children’s Fund
UNCRC  United Nations Convention on the Rights of the Child
WCDSD  Western Cape Department of Social Development
# Glossary

<table>
<thead>
<tr>
<th>Key terms</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>The funds received or raised that is divided between (or allocated to) different activities.</td>
</tr>
</tbody>
</table>
| Caregiver | A caregiver is anyone who cares for a child, and includes:  
- grannies, aunts and other relatives who care for the child with the consent of the parents or guardian of the child;  
- a foster parent;  
- someone who cares for the child whilst the child is in temporary safe care;  
- the head of a shelter where the child receives services;  
- the head of a child and youth care centre where the child was placed, or a child and youth care worker supporting children in the community without care of the family; and  
- a child (16 years and older) heading a child-headed household |
| Children’s Bill and Children’s Amendment Bill | Parliament split the Children’s Bill into two parts in 2003. The first half was called the Children’s Bill, and the second half was called the Children’s Amendment Bill. The Amendment Bill covers services that are provided by provincial governments (e.g. child and youth care centres, early childhood development programmes and protection services). It was approved by Parliament and the President and is known as the Children’s Amendment Act 41 of 2007. The two Acts have now been combined into one Act called the Children’s Act 38 of 2005 (as amended by Act 41 of 2007). |
| Child(ren) in need of care and protection | Section 150 of the Children’s Act says that the government has to take action to protect children if a child:  
- has been abandoned or orphaned and is without any visible means of support;  
- displays behaviour which cannot be controlled by the parent or caregiver;  
- lives or works on the streets or begs for a living;  
- is addicted to substances causing dependence and is without any support to obtain treatment for such dependency;  
- has been or is at risk of serious physical or mental harm; or  
- has been abused, neglected, or exploited.  
If a child is found to be a victim of child labour or is living in a child-headed household, a social worker must investigate to find out if the child is in need of care and protection. |
| Designated child protection organisation | A child protection organisation that has been given written approval by the Director-General or provincial Head of Social Development to perform child protection services. |
| Designated social worker | Any social worker that works for the Department of Social Development, a municipality or a designated child protection organisation. |
| Enabling documents | These are documents (such as birth certificates, identity documents and the road-to-health card) that children need to access important services. |
| Exploitation | Some people take advantage of children and treat them unfairly. Children can be exploited in different ways. Child pornography and child prostitution are examples of sexual exploitation. Child labour and using children to commit crimes are examples of economic exploitation.¹ |
| Family environment | The environment in which the child lives including the relationships between the child and family members. The word ‘family’ means different things to different people. In South Africa, children may be cared for by different caregivers, and move between these different caregivers. |
| Fit and proper person | The Act does not give a definition of a ‘fit and proper person’, but it does give some examples of people who are unsuitable to work with children. For example, people whose names appear on Part B of the National Child Protection Register (NCPR). A ‘fit and proper’ person should also have the required skills and qualifications to work with children. |
| Government Gazette | All laws, regulations (and notices about laws and regulations) are published in the Government Gazette. Hard copies are available from the government printers. |
| Integrated approach | An integrated approach to programmes involves thinking about the whole child and what is needed to meet the child’s physical, psychological and social needs. Integrated programmes can take different forms and often involve partnerships between different role-players.² |
| Inter-sectoral approach | An inter-sectoral approach means working closely with different sectors such as health, education and social development to ensure that the full range of children’s needs is met.³ |
| Means test | In some cases it is a requirement that people applying for government support need to earn below a certain income level to qualify for support. |
| Multi-disciplinary approach | A multi-disciplinary approach involves drawing on the skills of people from different disciplines. This allows people to understand problems from different perspectives. By working with people who have different skills, training and experience, teams are able to find new solutions to complex problems. |
| Non-discrimination | This means treating people fairly or equally. |
| Person who has parental rights and responsibilities in respect of the child | The parent, guardian or care-giver of the child |

³ Ibid – see note no. 2.
<table>
<thead>
<tr>
<th>Positive discipline</th>
<th>Positive discipline teaches children how to behave well without hurting them or making them feel belittled. Positive discipline also builds children’s self-confidence by praising good behaviour and showing children how to do things right.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed</td>
<td>Required by law. For example: the provisions and forms contained in the regulations of the Children’s Act.</td>
</tr>
<tr>
<td>Psychological</td>
<td>Promotes children’s mental and emotional health.</td>
</tr>
<tr>
<td>programmes</td>
<td></td>
</tr>
<tr>
<td>Registration holder</td>
<td>The person whose name is on the registration certificate: Form 12 for partial care centres, and Form 17 for early childhood development programmes.</td>
</tr>
<tr>
<td>Rehabilitative</td>
<td>Helps children experiencing certain problems to cope with or recover from those difficulties. These programmes aim to help children return to a healthy and independent life.</td>
</tr>
<tr>
<td>programmes</td>
<td></td>
</tr>
<tr>
<td>Repealed</td>
<td>A law that has been repealed is no longer in force and cannot be used anymore.</td>
</tr>
<tr>
<td>Secondary disabilities</td>
<td>A child with a disability is more prone to illness and health-related complications. If precautions are not taken or if prompt treatment is not given at the first signs of a health condition or illness developing, then a child with an existing disability is at risk of developing a secondary health condition.</td>
</tr>
<tr>
<td>Social assistance</td>
<td>Government provides support to people who are unable to provide for their basic needs or those of their dependants. This is usually in the form of a cash grant.</td>
</tr>
<tr>
<td>Social service</td>
<td>The definition in the Children’s Act lists only probation officers, development workers, child and youth care workers, youth workers, registered social auxiliary workers and social security workers, but social workers are also social service professionals.</td>
</tr>
<tr>
<td>professionals</td>
<td></td>
</tr>
<tr>
<td>Stage of</td>
<td>As children grow up, they pass through different stages of development. For example, children usually learn to crawl before they can walk. Children learn certain skills (known as milestones) during each stage of development. Children also have different needs at different stages of development.</td>
</tr>
<tr>
<td>development</td>
<td></td>
</tr>
<tr>
<td>Substantiate</td>
<td>Have proof, or be able to give good reasons</td>
</tr>
<tr>
<td>Therapeutic</td>
<td>Helps children with their problems by treating the problem, and by promoting emotional and physical healing and wellness.</td>
</tr>
<tr>
<td>programmes</td>
<td></td>
</tr>
</tbody>
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1. Who is this guide for?

This guide is written for people working in the Early Childhood Development (ECD) sector and focuses on the parts of the Children’s Act that are most useful for ECD practitioners. In particular, the guide targets:

- the managers or supervisors of ECD centres, programmes and services;
- trainers providing training and capacity building to ECD practitioners; and
- a range of ECD service providers – including community-based ECD facilitators who do home visits (like the Abahambi in the SiSi case study on p. 18).

This guide should be read in conjunction with the relevant sections of the Act and it is not intended to replace the Act. All social service providers responsible for the care and development of young children are strongly encouraged to read the Act and attend a training course on the Act.

Visit www.ci.org.za for a copy of the Act and its regulations. Contact your provincial Department of Social Development to find out about training on the Act.

2. What is the Children’s Act?*

The Children’s Act provides for a range of social services for children and families. The aim of the Act is to support families to promote their children’s well-being, prevent abuse and neglect, and to ensure appropriate care for children in need of care and protection. The social services include:

- early childhood development programmes and partial care services;
- prevention and early intervention programmes (including home-based care for families affected by chronic illnesses such as HIV/AIDS, parenting programmes, child and family counselling; and providing families with the basic necessities);
- drop-in centres;
- protection services (identifying, reporting and supporting abused and vulnerable children);
- foster care and cluster foster care;
- adoption; and
- child and youth care centres (children’s homes, schools of industry, places of safety and shelters for street children).

It also regulates who provides these services, and how, by setting out the norms and standards for these services.

The original Children’s Act 38 of 2005 was amended by the Children’s Amendment Act 41 of 2007 – some of the provisions came into force on 1 July 2007 and the rest of the provisions and the associated regulations on 1 April 2010.

2.1 Children’s rights and the Children’s Act

The Act aims to give effect to children’s constitutional rights to:

- family care, parental care or appropriate alternative care (when removed from the family environment);
- social services;
- protection from maltreatment, neglect, abuse or degradation; and
- have people put the child’s best interests first in every matter concerning the child.

The Act reinforces the rights that children already have in the South African Constitution and introduces new rights such as children’s right to participate in decisions affecting them.

Everyone working with children must respect, protect, promote and fulfil the rights of children set out in the Children’s Act. They have a duty to:

- **Respect children’s rights.** People must not interfere with children’s enjoyment of their rights. For example, all caregivers must respect children’s right to be free from violence by not smacking them.
- **Protect children’s rights.** The State must take active steps to prevent other people from interfering with (or violating) children’s rights. For example, the State must run programmes to prevent people from abusing children, and anyone caring for children must protect children from abuse.
- **Promote and fulfil children’s rights.** The State must take action and put programmes in place to make these rights a reality. For example, the State must provide prevention and early intervention programmes to fulfil children’s rights to protection from abuse.

2.2 Putting the Children’s Act into practice

The Children’s Act took over 10 years to write and put into practice. During this time, the context in which children live and in which services are delivered has changed. For example, the number of orphans has grown due to HIV/AIDS. The Children’s Act was not designed to meet this particular challenge, so some parts of the Act need to change.

Some of the services in the Act are new, and are being implemented for the first time, so you may come across things that do not work in practice. This is to be expected with any new law.

At the time of writing, the Department of Social Development (DSD) was talking with practitioners to find out about their experiences and what

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Children’s Bill and Children’s Amendment Bill: Parliament split the Children’s Bill into two parts in 2003. The first half was called the Children’s Bill, and the second half was called the Children’s Amendment Bill. The Amendment Bill covers services that are provided by provincial governments (e.g. child and youth care centres, early childhood development programmes and protection services). It was approved by Parliament and the President and is known as the Children’s Amendment Act 41 of 2007. The two Acts have now been combined into one Act called the Children’s Act 38 of 2005 (as amended by Act 41 of 2007).

Family environment: The environment in which the child lives including the relationships between the child and family members. The word ‘family’ means different things to different people. In South Africa, children may be cared for by different care-givers, and move between different care-givers.

Caregiver: A caregiver is anyone who cares for a child including relatives, foster parents, a caregiver offering temporary safe care, the head of a shelter or child and youth care centre, child and youth care worker and a child (16 years and older) heading a child-headed household.
they recommend changing in the Children’s Act. These changes will be outlined in an Amendment Bill that the DSD hopes to take to Parliament as early as 2012.

It is important to see the Children’s Act as a living document that will change over time in order to best meet children’s needs. The information in this guide was accurate at the time of publication, but for the latest updates please check the DSD or the Children’s Institute websites.

### 3. Why is the Children’s Act important for ECD practitioners?

The Children’s Act is a comprehensive law on matters affecting children. It has **repealed** (replaced) various other laws affecting children including the:

- Child Care Act of 1983;
- Children’s Act of 1960;
- Age of Majority Act of 1972;
- Children’s Status Act of 1987;
- Guardianship Act of 1993;
- Natural Fathers of Children born out of Wedlock Act of 1997; and
- Section 4 of the Prevention of Family Violence Act of 1993.

The Children’s Act provides a legal framework to guide anyone involved in the care, development and protection of children, in order to promote children’s rights and well-being. The Act describes, among other things:

- ECD services and ECD programmes;
- the legal requirements that ECD services and practitioners need to meet, for example, it tells you how to register an ECD service; and
- services government is obliged to fund.

ECD practitioners are required to perform their duties and responsibilities according to the Act.

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**Take action**

You should write down any challenges you experience in implementing the Act and any suggestions on how to improve it. Contact Lizette Berry or Lucy Jamieson at the Children’s Institute for information on how to make a submission to the Department of Social Development.

**Repealed**: A law that is ‘repealed’ is one that is no longer in force and cannot be used anymore.
4. **Who does the Children’s Act apply to? (Section 8)**

The Act applies to individuals (parents or caregivers of children and people working with children), civil society organisations, companies and any organ of state. Organs of state are government departments (such as the Department of Social Development) and people who work for government such as educators, social workers, doctors and other officials. Government institutions such as public schools must also apply the general principles and requirements of the Act to everything they do that affects children.

5. **What are the general principles of the Children’s Act? Why are they important?**

The Act sets out general principles to guide the implementation of the Children’s Act and all other laws that apply to children. According to the general principles, all proceedings, actions and decisions concerning a child must:

- respect, promote, protect and fulfil children’s constitutional rights, the child’s best interests, and the rights and principles set out in the Children’s Act;
- respect the child’s dignity and treat children fairly and equitably;
- Protect the child from unfair discrimination – including discrimination based on the health status or disability of the child or his or her family;
- recognise the child’s need for development – including the need for play and recreational activities that suit the child’s age; and
- recognise a child with a disability and respond to his or her special needs.

The general principles also say that, in any matter concerning the child:

- the child’s family should be given an opportunity to express their views (if that would be in the child’s best interests);
- conflict should be avoided and people should work together to resolve their differences;
- people should try to avoid delays in taking actions or making decisions; and
- the child (depending on his or her age, maturity and stage of development) and the person who has rights and responsibilities in respect of the child must be informed of any actions or decisions that will significantly affect the child, and be made part of the decision-making process.

The United Nations Convention on the Rights of the Child (UNCRC) has four general principles on: survival and development, participation, non-discrimination and best interests. These principles underpin everything we do for children. The Children’s Act gives more guidance on the implementation of three of them.
5.1 The best interest principle (Sections 7 & 9)

Section 9 of the Children’s Act says that, “the child’s best interest is of paramount importance” in all matters concerning the care, protection and well-being of a child. This means that the child’s best interest is the most important factor people must consider when making decisions about any child care, early childhood development or other form of intervention provided to the child and his or her family.

How do I know what a child’s best interests are?

There is no easy answer to this question. Each case will be different and practitioners will have to make their own decision. The Children’s Act describes the factors that have to be balanced. Section 7 contains a long list of factors to consider when deciding on the best interests of the child. The following factors are most relevant for ECD practitioners:

- the child’s age, maturity and stage of development;
- the child’s gender;
- the child’s physical and emotional security and his or her intellectual, emotional, social and cultural development;
- any disability or chronic illness that a child may have;
- the child’s personal relationships with the parents, family or caregivers;
- the attitude of the parents, or any specific parent, towards the child;
- the capacity of the parents, or of any other caregiver, to provide for the needs of the child;
- the likely effect on the child of any change in the child’s circumstances;
- the practical difficulty and expense of a child having contact with the parents;
- the need for the child to maintain a connection with his or her family, extended family, culture or tradition;
- the need for a child to be brought up within a stable family environment and, where this is not possible, in an environment resembling as closely as possible a caring family environment; and
- the need to protect the child from any physical or psychological harm, or witnessing harmful behaviour towards another person.

Please consult the Act for the full list.

5.2 Children’s participation (Section 10)

The UNCRC and the African Charter on the Rights and Welfare of the Child are international laws that apply in South Africa. They both include provisions that protect children’s right to participate in actions and decisions that affect them. These rights include:

- the right to be heard;
- freedom of expression;
- the right to information; and
- the principle that the best interests of the child should be put first in every matter affecting a child (or a group of children).
Following in the footsteps of international law, Section 10 of the Children’s Act states:

*Every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child has the right to participate in an appropriate way and views expressed by the child must be given due consideration.* [Emphasis added]

Children’s right to participate is one of the principles of the Children’s Act. That means that it should be respected whenever a section of the Act is being put into practice. This principle allows for the child’s opinion to be heard and taken into account in all matters that would affect the child. This goes hand in hand with the general principle that the child must be informed of any action or decision taken that would significantly affect the child.

When it comes to young children, it is important to think about the age and development of individual children. Allowing young children to communicate and express their views and wishes in a manner that they are comfortable with is vital. This often needs creativity and the use of play and various forms of self-expression. Paying attention to children’s body language, facial expressions and gestures is as important as listening to what they say – especially when working with babies and children with limited verbal skills.

**5.3 Children with disabilities and chronic illnesses**

The rights of children with disabilities are protected by international and regional laws. The United Nations Convention on the Rights of the Child, especially article 23, recognises children with disabilities as a vulnerable group requiring special protection. And the United Nations Convention on Persons with Disabilities (2008) calls for the full and effective inclusion of children with disabilities in society, equal opportunities, respect, dignity, non-discrimination and the accessibility of services and programmes. This means children with disabilities should have access to and be included in ECD services and programmes.

The Children’s Act also recognises the needs of children with disabilities and chronic illnesses. Section 11 says that consideration must be given to:

- providing the child with parental, family or special care (as and when appropriate);
- creating conditions that ensure dignity, promote self-reliance and facilitate the child’s active participation in the community;
- providing support services to the child and his or her caregiver; and
- creating opportunities for the child to participate in social, cultural, religious and educational activities.

The case study below provides an example of an early intervention and stimulation service that can be offered to young children with disabilities.
Section 11 of the Act aims to ensure that children with disabilities or chronic illnesses are treated with dignity and that their right to participation is respected. It also aims to provide the children and their families with the necessary support services to prevent further discrimination or neglect. Children with disabilities or chronic illnesses also have the right not to be subjected to medical, social, cultural or religious practices that are harmful to their health, well-being or dignity.

Section 11 is one of the general principles, which means that it should guide all proceedings, actions and decisions involving children with disabilities or those with chronic illnesses.

While programmes and services to support children with disabilities is important, prevention is equally important. Giving parents, caregivers and communities useful information about how to prevent disability is a crucial step. The case study below shows how parents of children with disabilities can take action by raising awareness.

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**Cases from the field**

**Val Hoy, Child Care Information Centre, Red Cross War Memorial Children’s Hospital**

The Child Care Information Centre at the Red Cross War Memorial Children’s Hospital, Cape Town, has a toy library. This is an example of an early intervention programme for families of children with disabilities. Most of the children attending the library are in the birth to school-going age group.

At the toy library, children are assessed individually according to developmental milestones. Based on the child’s abilities, specific educational toys are selected to facilitate development of a range of skills. Children borrow toys regularly to use at home, and caregivers are given instructions on how to stimulate their children using the toys.

Jason*, a 5-month-old boy diagnosed with Down’s Syndrome, was brought to the toy library. He had poor head control and he was unable to reach for toys. He was unable to track or look at objects or people’s faces. By his third visit to the toy library, he could make eye contact, smile, grasp toys and was starting to babble. (Due to the poor eye contact at his first visit, he was also referred to the Eye Clinic.)

* Not his real name
6. How is early childhood development defined in the Children’s Act?

According to the Children’s Act\(^7\), ECD is defined as: *the process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age.*

The Act states that there is a difference between an ECD service and an ECD programme:

- **An ECD service** is described as a service that intends to promote the development of children from birth to school-going age, which is provided regularly by a person who is not a child’s parent or caregiver. For example, an ECD service may be a crèche, a pre-primary school, or a home-based intervention focused on the development of young children.

- **An ECD programme** is a programme, planned within an ECD service, which intends to provide learning and support suitable to a child’s level of development. It is a planned schedule of activities designed to promote development. Some people call this the Learning Programme or Curriculum. This means that a child’s age, stage of development and abilities must be considered when developing an ECD programme. Programmes may be offered at ECD centres or in other settings.

An ECD service can have more than one programme. The case study below describes an example of an ECD service offering different programmes. The home-visiting programme is provided in the homes of children who do not attend an ECD centre. This programme aims to stimulate children’s development through play and learning activities. The

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\(^7\)Section 91(1)
toy library described in the case study, which offers educational resources to all community children, is another example of an ECD programme.

### Cases from the field

**Mary James, LETCEE (KwaZulu-Natal)**

The SiSi home and family-based ECD model is value-driven based on respect, participation and partnership. It is implemented on three levels. Firstly, trained Abahambi (traveling ECD practitioners) visit the homes of children not attending an ECD site and facilitate ‘learning through play’ activities. The Abahambi also spend time with children’s caregivers, supporting them, sharing information and referring them to relevant community resources. Secondly, the Buddies aged 9 – 15 years, commit to playing energetic games, reading stories and engaging in early literacy activities with younger children. Lastly, a community toy library run by a trained toy librarian provides opportunities for group socialisation and access to games and educational resources to all community children.

An ECD centre or facility, offering different kinds of programmes, is an example of an ECD service.

ECD programmes may therefore be provided in a range of different contexts but there are certain contexts within which ECD programmes MUST be provided.

The Act says that ECD programmes **must** be provided within:

- a partial care facility which caters for children of pre-school age; and
- a child and youth care centre accommodating children of pre-school age.

Any partial care facility providing partial care services for children below school-going age, such as a day-care service or an ECD centre, must provide an ECD programme.

A child and youth care centre, such as a children’s home, that provides full-time care for children in residence also needs to provide an ECD programme if it is caring for children from birth to school-going age.

### 6.1 Partial care services

ECD services offered in a facility or centre are one of a number of different types of partial care.\(^8\) Partial care is defined as any person (paid or unpaid) taking care of children on behalf of their parents or caregivers when:

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\(^8\)Regulation 12(1)(a)
• the total number of children cared for is more than six;
• care is provided during set hours of the day or night, or for a brief period; and
• the terms of care are agreed to by the parent or caregiver and service provider.

However, partial care excludes the care of a child in a school setting, hospital or medical facility.

6.2 What is the difference between partial care services and ECD programmes?

There is an important difference between an ECD programme and a partial care service. A partial care service is offered to children who gather together in a private or public structure or facility, such as a day-care service, a crèche, or drop-in centre. A partial care service can offer more than one programme, for example, the same centre could run an ECD programme in the morning and an after-school programme in the afternoon.

An ECD programme is not necessarily limited to a specific facility, for example, children and caregivers can gather at community play parks or in family homes for regular ECD activities. Through the notion of ECD programmes, the Act recognises a number of different ways to provide suitable learning and support to children, including methods that are not centre-based. The Act therefore legitimises ECD programmes and services that are offered, for example, in family homes and communities.

6.3 Prevention and early intervention

Prevention and early intervention are important services for children and families that the Children’s Act introduced. Prevention programmes aim to strengthen and support families with children and help them address and prevent problems. For example, support programmes for young mothers or parenting skills programmes.

Early intervention programmes are provided to families where children have been identified as vulnerable, or at risk of harm (or removal) from their family environment.

Early intervention is particularly important for children with disabilities to promote their maximum development and prevent secondary disabilities. For example, the parent of a child who is deaf may need particular encouragement to communicate with their child.

The Act considers ECD as a form of prevention and early intervention. The Act describes the kinds of activities that prevention and early intervention programmes should focus on. These include:

• Strengthening family relationships.

Note

EVERY facility that cares for 6 or more children, from birth onwards, MUST ensure that they provide activities for children to learn and develop.

Secondary disabilities: A child with a disability is more prone to illness and health-related complications. If precautions are not taken or if prompt treatment is not given at the first signs of a health condition or illness developing, then a child with an existing disability is at risk of developing a secondary health condition.
• Developing parenting skills and caregivers’ ability to protect the well-being and best interests of their children, especially children with disabilities. Such programmes should promote **positive discipline.**\(^9\) The case study on the next page provides some examples.

• Promoting healthy relationships within the family.

• Providing **psychological, rehabilitation and therapeutic** programmes for children. Such programmes offer support to children who may be experiencing psychological or behavioural problems.

• Preventing the neglect, exploitation,\(^10\) abuse of children and other failures to meet children’s needs.

• Preventing family problems from recurring, so that they don’t harm children or interfere with their development.

• Stopping problems getting so bad that children need to be removed from the family and placed in children’s homes or foster care.

• Keeping children and families together.

The case study below provides an example of a programme offering parents support and developing the capacity of parents to nurture their children’s development.

**Positive discipline:** Positive discipline teaches children how to behave well without hurting them or making them feel small. Positive discipline also builds children’s self-confidence by praising good behaviour and showing children how to do things right.

**Psychological programmes:** Promotes children’s mental and emotional health.

**Rehabilitative programmes:** Helps children experiencing certain problems to cope with or recover from those difficulties. These programmes aim to help children return to a healthy and independent life.

**Therapeutic programmes:** Helps children with their problems by treating the problem, and by promoting emotional and physical healing and wellness.

**Example of support programmes**

Children who are experiencing trauma, such as violence in the home environment, may need psychological support.

Children with physical disabilities will benefit from rehabilitation services such as regular physiotherapy or occupational therapy.

**Exploitation:** Some people take advantage of children and treat them unfairly. Children can be exploited in different ways. Child pornography and child prostitution are examples of sexual exploitation. Child labour and using children to commit crimes are examples of economic exploitation.

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ECD is only one of many prevention and early intervention programmes mentioned by the Children’s Act. Other prevention and early intervention activities include:

- assisting families to meet their basic needs;
- empowering families to meet their basic needs for themselves;
- providing families with information to enable them to access services;
- supporting and assisting families with a chronically ill or terminally ill family member; and
- promoting the well-being of children and the realisation of their full potential.

The case study on the next page provides an interesting example of a programme that supports adults’ and children’s literacy. By focusing on the family, the programme contributes to promoting the well-being and development of children.
Cases from the field

Lynn Stefano, Family Literacy Project (KwaZulu-Natal)

The Family Literacy Project believes a supportive home environment is essential for children to develop and grow well. The project supports caregivers in rural KwaZulu-Natal to play an active role as their child’s first teacher. This support happens through two linked activities: adult literacy sessions and home visits.

Adults who want to improve their own literacy skills attend sessions twice a week that build their confidence and enable them to help develop children’s early learning and literacy skills. Caregivers learn how to prevent illnesses in young children and make plans to improve conditions for children in their community.

Home visits reach the most vulnerable families. Adults who attend literacy sessions visit other families to raise awareness of early childhood development and the importance of stimulation and play. Home visitors use a resource kit containing toys, books, crayons and exercise books for children, and information booklets for adults. They read to and play with the children. Nine home visits are done per school term.

6.4 The relationship between ECD, prevention and early intervention

ECD services promote young children’s development and this includes ensuring the safety and protection of children and the prevention of harmful situations. Many ECD services, especially those that are not centre-based, show close linkages with prevention and early intervention programmes. For example, ECD services that develop the capacity of parents and caregivers, and enable them to access essential services (such as birth certificates and child support grants) are in line with the goals of prevention and early intervention programmes.

6.5 ECD services for children with disabilities and chronic illnesses

The Children’s Act states that partial care services, ECD programmes and prevention and early intervention programmes should make an extra effort to include children with disabilities and chronic illnesses, and families who lack the means to meet their children’s basic needs.

Partial care facilities should be accessible to children with disabilities. For example, there should be enough space for children with physical disabilities to move around freely. ECD programmes must meet the needs of the children participating in the programme, including children with disabilities and chronic illnesses. For example, visual aids and learning materials should be bold and in large print to assist children who struggle
(See case studies below for more examples of how services can respond to children’s needs).

**Cases from the field**

**Laetitia Brummer, Inclusive Education (Western Cape)**

Gloria’s* parents were concerned because she was already four years old and struggled to talk. Her physical development seemed okay but her movements were clumsy. Gloria attended a neighbourhood pre-school but it did not work out well – the older children mistreated her. The ECD practitioners thought she was unable to learn and that she was sometimes aggressive.

Then the family found an ECD centre willing to accept her – but only with a facilitator. Gloria enjoyed the pre-school. Her teacher showed interest in her and spent extra time with her. She also ensured that the other children did not mistreat Gloria and educated them about acceptance. By mid-year, Gloria could cope without the facilitator. When Gloria moved on to grade 1 (with her facilitator) the teacher reflected: “I have never had a class with so much empathy. They really cared for Gloria, played with her, understood her moods and her needs and celebrated her progress.”

* not her real name

**Cases from the field**

**HI Hopes Programme, University of Witwatersrand (Gauteng, KwaZulu-Natal, Western Cape)**

The HI HOPES Programme is for families of babies with hearing loss. It has a family-centred approach and provides information and support that is in the best interest of the child’s overall development and that considers the families’ specific circumstances and needs. This home-based intervention service, consisting of weekly home visits, is offered at no cost to the family until the child turns three years old. Short-term interventions are provided for children whose hearing loss is identified after the age of three.
7. How are ECD programmes and ECD centres registered?

ECD centres and ECD programmes must be registered separately.

All ECD service providers are legally required to register their ECD programme. In addition, ECD centres are legally required to register as a partial care facility.

If you are running an ECD centre you must:

- register the facility as a partial care centre; **AND**
- register the ECD programme.

In the case of child and youth care centres with children below school-going age, the child and youth care centre must be registered **and** the ECD programme running at the centre must be registered.11

In the case of ECD centres, you should be able to register your centre and the ECD programme at the same time.

There are different kinds of registration for ECD programmes and centres, but the same registration process is followed if you wish to apply:

- for first-time registration;
- for conditional registration;
- to renew your registration that is due to or has expired; or
- to have a cancelled registration reinstated.

For simplicity, we will refer to all these processes as ‘registration’ in the rest of this guide.

7.1 Who do I register with?

The Department of Social Development (DSD) is the lead department responsible for implementation of the sections of the Children’s Act that deals with ECD services. The Act states that the provincial Head of Social Development is responsible for the registration of partial care facilities and of ECD programmes, but it allows the provincial HSD to hand over some or all of the registration duties to a municipality. ECD practitioners should therefore register their ECD centre and/or ECD programme with:

- the provincial HSD; or
- the municipal manager for the area where the service is located (if registration duties have been assigned to the municipality).

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ECD practitioners who have registered a service are required to run the service according to the conditions on which registration was granted.

Practitioners should contact their nearest regional or district Social Development office to find out whom to register with.

ECD programmes and ECD centres must meet the national norms and standards and other requirements to register fully (see p. 43 – 49).

7.2 Registering an ECD programme (Sections 95 and 96)

Before you apply for registration of your ECD programme, you must screen all staff against the National Register for Sex Offenders and Part B of the National Child Protection Register (NCPR). For more information on the screening process, see p. 34.

Once you have received the clearance certificates, submit your application on Form 16 to the provincial HSD or municipal manager. It should be submitted with all the supporting documentation including:

- An overview of the ECD programme for which application for registration is being made.
- An implementation plan for the ECD programme.
- The staff composition including a description of the skills needed to provide the ECD programme. Supporting documents should be attached, including copies of staff members’ identity documents and qualifications.12
- Clearance certificates certifying that the names of the applicant and staff members do not appear in the National Register for Sex Offenders or in Part B of the NCPR.13
- If you are running a partial care centre or a child and youth care centre and are registering an ECD programme, you will need to include the following documents with your application:
  - The financial statements of the centre.
  - The relevant registration certificate (for example, if you are running an ECD centre, your registration certificate as a partial care facility).

The provincial HSD or municipal manager can also request additional information relating to the application.

All ECD programmes must be put through assessment and monitoring every two years.

7.3 Responding to applications for registration of ECD programmes (Section 97)

The provincial head of social development (HSD) or municipal manager must respond within six months and either refuse your application or register your programme (with or without conditions).

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12 Form 16 (C)
13 Children’s Act Regulations 24(3)
All relevant factors must be taken into account when considering your application. For example:

- Does the ECD programme adhere to the required norms and standards as set out in the Children’s Act regulations and other requirements?
- Is the applicant a fit and proper person to provide an ECD programme?
- Are the skills, training, funds and resources available to provide the ECD programme?
- Is the ECD programme able to meet the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of the children for whom the programme is intended?

ECD programmes must be assessed by a suitably qualified person from the DSD before the provincial HSD or municipal manager can decide whether to grant or refuse an application. The DSD official will be trained by the Department of Basic Education to assess if the content and delivery of an ECD programme meet the required norms and standards. The official will use a check-list based on the National Early Learning Development Standards.

If the application is granted, the applicant must receive a certificate of registration on Form 17. The certificate must also state the time period for which the registration is valid. In terms of Regulation 25(1), the application is valid for five years.

If the application is refused, the provincial HSD or municipal manager must inform the applicant of the refusal on Form 18 as set out in Regulation 25(3).

7.4 Registering an ECD centre (Sections 80 and 81)

An application to register an ECD centre must be submitted to the provincial HSD or municipal manager. You will need to complete Form 11 and submit it together with a report by a social service professional or a social worker. ECD practitioners should contact their nearest social development office or municipal office to ask for help with the registration process and request a visit and report from a social service professional. The following supporting documentation \(^{14}\) must also be submitted:

- A business plan containing the business hours of the centre, the fee structure, the day-care plan, the staff composition and the disciplinary policy.
- The constitution of the centre. This should contain:
  - the name of the centre;
  - the types of services to be provided;

\(^{14}\)Regulation 14(1) – (4)

\textbf{Fit and proper person:} The Act does not give a definition of a ‘fit and proper person’, but it does give some examples of people who are unsuitable to work with children. For example, people whose names appear on Part B of the National Child Protection Register (NCPR). A ‘fit and proper’ person should also have the required skills and qualifications to work with children.

\textbf{National Early Learning and Development Standards (NELDS)}

These standards have been developed by the Department of Basic Education. They set out the kinds of stimulation that infants and young children should receive, and what ECD programmes are expected to offer to children in the 0–4-year age group. For more information, contact the Department of Basic Education.

\textbf{Form 17: Certificate of registration/conditional registration/renewal of registration of an ECD programme.}

\textbf{Form 18: Rejection of an application for the registration of an ECD programme.}

\textbf{Form 11: Application for the registration/conditional registration/renewal of registration/reinstatement of a partial care facility.}

\textbf{Social service professional:} The definition in the Children’s Act lists only probation officers, development workers, child and youth care workers, youth workers, registered social auxiliary workers and social security workers, but social workers are also social service professionals.
• the composition, powers and duties of management, and, where applicable, the powers, obligations and undertaking of management to delegate all authority regarding the care, behaviour management and development of children to the head of the centre;
• the procedure for amending the constitution; and
• a commitment from the management to ensure that the centre meets the national norms and standards for partial care facilities.

• **A copy of the approved building plans** or a copy of the building plans that has been submitted for approval if the plans have not yet been approved.
• **An emergency plan** (see section on norms and standards for more detail).
• **Clearance certificates** certifying that the names of the applicant and staff members do not appear in the National Register for Sex Offenders or in Part B of the National Child Protection Register. See p. 34 for details on the screening process.
• **A health certificate** issued by the local municipality where the centre is or will be located, confirming that the centre meets the health requirements of that municipality. ECD practitioners should ask an environmental health practitioner from the local municipal office to visit the centre.
• **A description of the skills of the manager** of the ECD centre. Supporting documents should be attached, including copies of the manager’s qualifications.

The provincial HSD or municipal manager can also request additional information relating to the application. For example, in rural areas a letter from the tribal authority may be needed to confirm that the tribal authorities agree to the use of a specific piece of land for the establishment of an ECD centre.

Applications for renewal of both ECD programmes and ECD centres must be made at least 90 days before the registration is due to expire, but the provincial HSD or municipal manager can allow a late application on good grounds. If the application was submitted at least 90 days before the registration was due to expire, then the provincial HSD or municipal manager must renew the registration before it expires.

**What about centres that existed prior to the new Children’s Act?**
If an ECD centre was registered in terms of the Child Care Act on the 1st of April 2010, when the Children’s Act came into force, then that centre is regarded as being registered as a partial care facility in terms of the Children’s Act. Such centres are regarded as registered from the 1st of April 2010 for a five-year period, unless the registration is cancelled within that period. Once the five-year period has ended, such centres will need to renew their registration.

This registration process is not a once-off requirement. ECD centres are required to re-register as a partial care facility every five years.
7.5 Responding to applications for registration of ECD centres
(Section 97)

The provincial HSD or municipal manager must respond within six months and either refuse your application or register your programme (with or without conditions).

All relevant factors must be taken into account when considering your application. For example:

- Does the ECD centre adhere to the norms and standards and other requirements? Section 78(2)(b)(ii) states that ECD centres need to meet the structural, health and other requirements of the municipality in which the centre is located. Such requirements would include municipal by-laws which may include applying for re-zoning.
- The applicant is a fit and proper person to manage an ECD centre.
- The applicant has the necessary funds and resources available to provide ECD services at a centre.
- Each person employed at or involved in the centre is a fit and proper person to assist in providing ECD services at a centre.
- Each person employed at or involved in the centre has the required skills and training to assist in providing ECD services at a centre.

The provincial HSD or municipal manager must consider a report of a social service professional before deciding on a registration application.

The Act states that a provincial HSD or manager may assist an owner or manager of an ECD centre or ECD programme to meet the required norms and standards and other requirements.¹⁵

The case below shows an example of how ECD organisations partnered with the DSD to assist and support ECD centres through the challenging registration process.

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¹⁵ Section 82(5) and Section 97(5)

Re-zoning: In residential areas, if an ECD centre is based in a house or private residence, the local municipality may ask the centre manager to apply to have the premises re-zoned. A re-zoned premises means that the land is no longer considered suitable for residential use and is now classified as a ‘business’. Once the re-zoning application is approved, centres should receive a re-zoning certificate. There is usually a cost for applying for the certificate. The certificate may be needed for centre registration.
If the application is granted, the ECD practitioner who applied for registration must receive a certificate of registration on Form 12. The certificate must also state the time period for which the registration is valid. In terms of Regulation 15(1), the application is valid for five years.

If the application is refused, the provincial HSD or municipal manager must inform the applicant of the refusal on Form 13 as set out in Regulation 15(3).

7.6 What if I don’t meet all the requirements for registration? (Sections 98 and 83)

The Act states that the provincial HSD or municipal manager can grant registration on certain conditions, including:

- specifying the type of ECD programme or ECD centre that may (or must) be provided;
- stating the period for which the conditional registration will remain valid; and
- spelling out any additional requirements.
Conditional registration

When Parliament was processing the Children’s Amendment Bill, members of Parliament were very concerned that many crèches and ECD programmes would not be able to meet the norms and standards set by the Children’s Act. So they introduced “conditional registration” to give organisations the opportunity to work towards meeting the norms and standards. Partial care centres and ECD programmes that do not meet the full norms and standards can apply for registration on condition that they have a plan to meet the norms and standards. The intention of Parliament was very clear – members wanted all centres and programmes registered so that the provincial Departments of Social Development could support organisations to meet the norms and standards and monitor them.

If you think that your ECD centre or programme may not meet all the requirements for registration, you should follow this process:

- Apply for your centre or programme to be registered using the relevant form and supporting documents (see p. 25 - 27 for further details) – this is a legal requirement.
- Government officials will visit your centre or programme to assess it.
- After the assessment, government officials will let you know if your centre or programme meets the requirements or not.
- If your centre or programme meets all the requirements, your centre or programme will be granted full registration.
- If your centre or programme does not meet all the requirements, your centre or programme will be granted conditional registration.
- A government official will explain to you – and provide in writing:
  - What the conditions for registration are and the steps you need to take for your centre or programme to be fully registered.
  - How much time you have before the period of conditional registration ends.

- Your copies of Form 12 and/or Form 17 (the certificates for registration of an ECD centre and an ECD programme respectively) should clearly list the conditions for registration.
- DSD officials are required to support you in taking the steps needed to make sure that your centre or programme is fully registered. Ask for help from DSD when you need it.

The flow chart below shows the different steps in this process and the action you need to take at each step.
Conditional registration process: steps to follow

Apply

Be assessed

Wait for feedback

Receive feedback: full registration

Receive feedback: conditional registration

Understand the action you need to take

Make sure the conditions are in writing

Request support from DSD

7.7 Cancellation of registration (Sections 99 and 84)

The registration (or conditional registration) of an ECD programme or ECD centre may be cancelled by written notice to the registration holder. Registration can be cancelled if:

- the programme or centre is not implemented or managed according to the required national norms and standards and other requirements;
- the programme or centre breaks any of the conditions on which the original registration was granted;
- the registration holder or the management of the centre fails to adhere to the provisions of the Act;
- the registration holder becomes a person who is not a fit and proper person to provide an ECD programme or ECD centre; or
- a person who is not fit and proper provides or assists in the delivery of the programme or operation of the centre.

If the registration was cancelled because the registration holder couldn’t meet the requirements, then the provincial HSD or municipal manager can help the registration holder meet the norms and standards, and other requirements of the Act. The provincial HSD or municipal manager can postpone the cancellation for a period of time to allow the registration holder to meet the conditions on which the original registration was granted.

Registration holder: The person whose name is on the registration certificate: Form 12 for partial care centres, and Form 17 for early childhood development programmes.
holder to solve the problem that caused the cancellation and reinstate the registration if the holder puts things right within that period. However this rule does not apply when registration is cancelled because the registration holder is no longer considered a fit and proper person to provide an ECD programme or manage an ECD centre.

The cancellation of the registration of an ECD programme does not affect the registration of a partial care facility or a child and youth care centre.

7.8 Appealing a decision about registration

The Act allows registration holders to appeal to the MEC for Social Development against a decision of a provincial HSD within 90 days. This application must be submitted on:

- Form 14 if the registration application is for an ECD centre; or
- Form 19 in the case of an ECD programme.

Registration holders can appeal to the MEC for Social Development against a decision of a municipal manager within 90 days, on:

- Form 15 if the registration application is for an ECD centre; or
- Form 20 in the case of an ECD programme.

8. What staff and staff training is required for ECD programmes and ECD centres?

8.1 Staffing and training needs for ECD programmes

(Regulation 27 and Annexure B, Part Two)

The Children’s Act puts in place specific requirements about the number and qualifications of staff working in ECD programmes. The regulations state that the person applying for registration of an ECD programme must have the following qualifications and training:

- The National Certificate in Early Childhood Development at National Qualification Framework (NQF) Level 1 to 6 of the South African Qualifications Authority;
- An appropriate ECD qualification; OR
- A minimum of three years experience implementing ECD programmes.

In addition, the applicant must show appropriate knowledge of ECD.

The applicant must also show that they have the skills to:

- identify, record and report on the progress and developmental needs of the child and to consider opportunities and interventions that will improve a child’s development;
- design and produce stimulating activities and routines according to the developmental needs of the children;

Form 14: An appeal against a decision of a provincial HSD in terms of section 86 of the Act in respect of a partial care facility.

Form 19: An appeal against a decision of a provincial HSD in terms of section 101 of the Act in respect of an ECD programme.

Form 15: An appeal against the decision of a municipal official in terms of section 88(6) of the Act in respect of a partial care facility.

Form 20: An appeal against the decision of a municipal official in terms of section 102(6) of the Act in respect of an ECD programme.
• stimulate, extend and promote all-round development through interactions that enhance children’s emotional, cognitive, spiritual, physical and social development;
• create awareness of, promote and ensure the safety, protection, security, rights and development of the child, using with community resources where applicable;
• provide ECD programmes appropriate to the needs of the children served, including children with disabilities, chronic illnesses and other special needs; and
• implement systems, policies and procedures and to manage physical, financial and human resources.

The national norms and standards set out the required ratios of staff to children participating in an ECD programme. The ratios are based on the ages of children, as follows:

<table>
<thead>
<tr>
<th>Ratio of staff to children, by age group</th>
<th>For children aged:</th>
</tr>
</thead>
<tbody>
<tr>
<td>One staff member to:</td>
<td></td>
</tr>
<tr>
<td>6 children</td>
<td>1 – 18 months</td>
</tr>
<tr>
<td>12 children</td>
<td>18 months – 3 years</td>
</tr>
<tr>
<td>20 children</td>
<td>3 – 4 years</td>
</tr>
<tr>
<td>30 children</td>
<td>5 – 6 years</td>
</tr>
</tbody>
</table>

These ratios may need to be adapted for children with disabilities, based on how much support individual children need.

The ratios apply to teaching staff only. The norms and standards say that these teaching staff must be assisted by another staff member. However, this requirement is not in line with the Department of Social Development’s Guidelines for ECD Services and in most cases, it is not affordable.

The norms and standards also set out that staff must:

• have training in implementing ECD programmes;
• be equipped with the basic knowledge and skills to identify children’s serious illnesses and know how to respond appropriately; and
• be trained in first aid.

More details on the norms and standards are provided on p. 43 – 45.

All staff working in ECD centres or programmes must be screened against both the National Child Protection Register (NCPR) and the Sexual Offences Register. Everyone must be screened – including volunteers and people who do not work directly with children such as cooks or gardeners. The head of an ECD centre or programme should complete Form 29 and send it to the Director-General of Social Development to check if the names of staff or volunteers are on the NCPR.

It is an offence, punishable by up to 10 years in prison, or a fine, or both, to allow someone access to children if the person has been declared
unsuitable to work with children. A person found unsuitable to work with children could be dismissed if he or she does not disclose that information to an employer.

8.2 Staffing and training needs for ECD centres (Regulation 19)

The Children’s Act sets out different requirements for staff employed at an ECD centre than for those working in an ECD programme. The registration holder must make sure that staff employed at an ECD centre in a managerial capacity and staff directly involved in child care have the skills to:

- implement a programme for ECD;
- write reports and notes;
- identify unusual or inappropriate behaviour in a child;
- conduct basic numeracy;
- use their basic knowledge about child development; and
- assess age-related developmental milestones.

Since an ECD centre is required to implement an ECD programme, a centre manager will need to meet the qualification and skill requirements specified in the Act for an ECD centre and an ECD programme.

9. What are the sources of government funding for ECD?17

9.1 What does the Children’s Act say about funding?

The provisioning clauses for some services say that the MEC for Social Development “must” provide and fund these services. But the provisioning clauses for partial care, ECD, and drop-in centres say the MEC “may” provide these services. This means that MECs can decide not to fund these services at all, or to fund them only partially. It also means that ECD service providers are expected to raise money in other ways, for example, by charging fees, applying to donors, and organising fund-raising events.

The Act states that, where government does provide funding for these service areas, priority must be given to:

- communities where families lack the means to provide for their children’s basic needs; and
- making services accessible to children with disabilities.

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16 See Section 305(1)(c)
17 This section was written by Debbie Budlender (Community Agency for Social Enquiry). The main source used for this section is: Giese S, Budlender D, Berry L, Motlala S & Zide H (forthcoming) Government funding for early childhood development: Can those who need it get it? Ilifa Labantwana, Cape Town.
The provincial Departments of Social Development (DSD) are the main source of funding for ECD centres and ECD programmes. The provincial Departments of Education are the main source of funding for the training of ECD practitioners.

9.2 What happens in practice?

More than 90% of DSD’s funding of ECD takes the form of per-child-per-day subsidies. These subsidies are paid to ECD centres for children whose parents or caregivers qualify in terms of an income-based means test. Subsidies are only available to ECD centres that are registered. However, registration does not guarantee that a centre will receive a subsidy.

Subsidy funding is available in all provinces, but there are some differences in how provinces do this. For example:

- Some provinces allocate enough budget to subsidise eligible children in all registered centres. Other provinces do not.
- The amount of the subsidy differs across the provinces, from R12 to R15 per child per day in 2011/12.
- The means test differs between provinces.
- The maximum number of days per child per year that are funded differs across provinces.
- In some provinces the subsidy is paid only for the days on which a child attends the centre. This amount is calculated monthly based on attendance registers submitted by the centre. In other provinces, the centre is paid a subsidy for the number of children for whom the centre is registered and who qualify in terms of the means test, regardless of whether they attend every day or not.
- The provinces differ in how they want centres to divide the money they receive between nutrition, administration (including payments for practitioners), and other purposes.

The fact that this funding is called a “subsidy” means that government does not expect the money to cover all the costs of running a centre. Instead, ECD services are expected to raise funds through other means, including fees charged to parents and caregivers and fund-raising from donors. There is a relatively large number of donors who fund ECD, although not as many as the number who fund services for orphans and vulnerable children.18

Some provincial Departments of Social Development also fund ECD programmes in the homes of families and children. Applications for these “programme” funds must be done in the same way as applications for any other sort of non-profit organisation (NPO) funding. An organisation must, in the application, provide proof that it is registered as an NPO.

Means test: In some cases it is a requirement that people applying for government support need to earn below a certain income level to qualify for support.

Budget: The funds received or raised that is divided between (or allocated to) different activities.

Applications for funding from DSD must be submitted through the district offices of DSD. Some provinces have a specific format that must be used for applications. All provinces require that you submit various documents with the application. The required documents differ across provinces but typically include the following for applications for the centre subsidy:

- Partial care registration certificate and ECD programme registration certificate.
- Business plan and budget.
- Details and copies of identity documents (IDs) of management committee members.
- NPO registration certificate.
- Bank account in the name of the centre, with names and ID numbers of signatories from the community.
- Daily menu and educational programme.

Centres that receive subsidies must also provide information about each child that they want to be subsidised. The documents that must be provided for each child are:

- Proof of income of parents (for example a payslip, an affidavit, a printout from the South African Social Security Agency (SASSA), or a confirmation letter from the local municipality, or a headman).
- Copies of the parents’ IDs.
- Birth certificate of the child.

Some district offices may provide assistance if applicants have difficulties in completing the application.

9.3 What other funds are available?

The Department of Education provides funding for the training fees and a stipend for the person being trained. The training fee is paid directly to the training service provider. In some provinces the stipend is also paid through the service provider, but in other provinces it is paid through the centre where the person who is being trained is working. The funding for training is not discussed further here as it is targeted at individuals rather than at organisations.

Provincial Departments of Education also provide some subsidies for community-based organisations that provide grade R services. These funds are only available for organisations that are registered with the Department of Education as “independent schools”. In some provinces the funding is given as a per-child subsidy. In other provinces the funding takes the form of a salary for a grade R practitioner. Where salaries are paid, the money usually goes directly into the account of the practitioner.

The training funds from the provincial Departments of Education are seen as part of government’s Expanded Public Works Programme (EPWP). Phase II of the EPWP started in 2009 and offers a potential source of ECD funding in the form of the Community Works Programme (CWP).
The CWP supports community-based projects. The communities are selected on poverty-related criteria. Within each selected community, community members decide what types of work are needed (for example, road building, school infrastructure or ECD services).

The CWP cannot fund ECD services directly. But ECD-related activities can be included in the work that is done by the community members. For example, if the work is done within an ECD centre, then the CWP indirectly subsidises the costs of the centre.

The Independent Development Trust (IDT) manages a separate pot of money for non-government Expanded Public Works Programmes. The IDT advertises these funds in national newspapers and on radio in October or November each year. The advert states the criteria, for example, the applicant must be a registered NPO, must be tax exempt, and must either have existing work opportunities or a plan for creating them. Applications for IDT funds must be sent to regional offices. The regional offices then recommend to the national IDT which organisations should be funded. If the proposals are accepted, the funding covers only wage costs.

The National Development Agency (NDA) is another potential source of funding for ECD. The NDA was not a major funder of ECD in the past, but its 2010-2013 strategic plan lists ECD as one of the areas that it wants to support through both capacity building and funding.

10. How are centres and programmes assessed?
(Regulations 21 and 28)

The Children’s Act regulations say that ECD programmes and centres should be assessed and monitored to make sure the programme and the centre are in line with the regulations and the national norms and standards for ECD (see p. 43 - 49 for more details on the norms and standards).

The assessment for ECD programmes is done at the time of first registration and should take place every two years. The provincial HSD selects the person who conducts the assessment and monitoring. After each assessment and monitoring visit, the assessor should complete Form 21 and submit it to the provincial HSD and the management of the ECD programme and centre. For ECD programmes, a development plan is also written. This shows action steps for helping to align the programme with the norms and standards.

ECD centres should be assessed and monitored every five years, or more often, if assessment is needed to decide on a centre’s registration status. A centre can be assessed at any time if the provincial HSD or municipal manager orders it following a written complaint.
11. What must I do if there is an accident or a child is injured or abused while in my care?

11.1 Can I take the child to a doctor or the hospital?

Section 32 of the Act says that anyone caring for a child must do all they can to safeguard a child’s health, well-being and development. If a child needs urgent medical treatment and it is not possible to contact the child’s parent or guardian, then the person looking after the child can consent to medical examination or treatment. Make every effort to contact the parent or guardian before you take the child to a clinic or hospital, but do not delay treatment unnecessarily. The best interest and care of the child always comes first.

Only the parent or guardian can consent to an operation, but the hospital will know how to deal with an emergency.

It is helpful to record accidents and injuries that happen to children in an ECD programme or ECD centre. These records should include information about: the child, the date of the incident, a description of the incident and location, the name and detailed response of the staff member attending to the incident. These records should be filed for safe-keeping, either in an “accident book” and/or in children’s individual files.

11.2 Compulsory reporting required by ECD centres (Section 89)

If a child is seriously injured, abused, or dies, then the manager or a staff member must immediately report the incident to the provincial HSD and other authorities. Failure to report such incidents is a criminal offence, so it is important to know what to report, when to report it, to whom, and how.

**Reporting of serious injuries**

There is no specific form for reporting accidents and injuries in ECD centres in terms of Section 89. The absence of a form should however not prevent you from reporting. The information needed on other Children’s Act forms is helpful for the reporting of serious accidents and injuries in ECD centres. The serious accident or injury report could include:

- Details of the child: name and surname, date of birth, gender and age
- Date and place where the injury or abuse occurred
- The type of serious injury or abuse
- A brief explanation of how the injury or abuse occurred
- Description of the medical treatment
- Details of the organisation running the ECD centre
- Details of the person making the report
- Declaration by the person making the report that it is true to the best of their knowledge

In cases of suspected or known abuse, you should complete **Form 22.**

*Form 22: Reporting of abuse or deliberate neglect of child*
Reporting the death of a child

If a child dies while attending, or because of an incident that happened at the ECD centre, a staff member of the centre must immediately report the child’s death to:

- the care-giver of the child;
- a police official, who should make sure that the death is investigated if an unnatural cause of death is suspected; and
- the provincial HSD.

When the provincial HSD receives a report of an incident he or she must arrange for an investigation to be done.

12. What must I do if I suspect that a child has been abused or deliberately neglected? (Section 110)

The Children’s Act states that any staff member or volunteer at an ECD centre who, based on sound reasons, suspects that a child has been physically abused or sexually abused or deliberately neglected, should report this to a designated child protection organisation, the provincial DSD or a police official on Form 22. Some of the key indicators of abuse and neglect are outlined in Regulation 35. The manager of an ECD programme or the centre should be familiar with these.

Any person, who has sound reasons to believe that a child is in need of care and protection, should report those concerns to the provincial DSD, a designated child protection organisation or a police official.

The person reporting abuse or neglect should be able to substantiate their beliefs and a person who reports abuse or neglect in good faith will not be liable to civil action.

13. Which departments are responsible for early childhood development?

According to the Children’s Act, the Department of Social Development is responsible for providing ECD services for children below school-going age. Since the introduction and roll-out of grade R in public primary schools, the Department of Basic Education has started to take responsibility for children from grade R onwards. The Department of Education’s White Paper 5 explains that ECD services are for children younger than nine years. The Department of Basic Education provides Foundation Phase and grade R classes in primary schools, and support to community-based grade R facilities.

Designated child protection organisation: A child protection organisation that has been given written approval by the Director General or provincial Head of Social Development to perform child protection services.

Substantiate: have proof, or be able to give good reasons

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www.polity.org.za/polity/govdocs/white_papers/education.html
For children with disabilities, access to assessments is critical to guide learning programmes, interventions and support to meet children’s individual needs. Such assessments may be conducted in collaboration with the Department of Health and/or the Department of Education.

The Department of Health plays a key role by:

- delivering health care services;
- providing health education and nutrition support to pregnant mothers and young children;
- conducting screening and assessments of children with disabilities; and
- promoting home-based stimulation and appropriate developmental programmes.

Children younger than six years are entitled to free public health services. Useful ECD programmes include links to health services, such as the community-based Integrated Management of Childhood Illness services. The road-to-health card can be used as a communication and monitoring tool and promote collaboration between health and ECD services.

ECD practitioners are in an excellent position to identify children and families who need services and other help. Referral systems need to be developed and strengthened between relevant departments (for example, the Department of Social Development) and ECD service providers so that young children receive appropriate services when they need them. The National Integrated Plan (NIP) for ECD in South Africa (2005 – 2010), which was under review in 2011, strongly promotes collaboration and partnership between government and civil society to improve the delivery of ECD services and programmes.20

14. What are the government’s obligations according to the Children’s Act? (Sections 77, 87, 88, 92 & 102)

The national Minister of Social Development must consult with interested persons and other relevant departments to produce a national strategy. Provincial MECs for Social Development must develop a provincial strategy. These strategies should aim to:

- provide a properly resourced, co-ordinated and managed ECD system; and
- ensure an appropriate spread of ECD centres throughout the country or province, giving special attention to the inclusion of children with disabilities and chronic illnesses in such ECD services and programmes.

Some aspects of the NIP for ECD will be relevant for the national strategies currently being developed by the DSD.

As part of the provincial strategy, the provincial HSD must include a plan to negotiate with municipalities so they can assist in identifying and providing suitable premises for ECD centres. This is an important role since many ECD centres based in residential areas need to get re-zoned, which may lead to extra costs and delays in the registration process. Social Development’s negotiation with municipalities can be very helpful to support ECD practitioners through the re-zoning process.

The Children’s Act allows the provincial HSD to hand over provincial functions to a municipality. This includes the registration of ECD programmes and centres and ensuring compliance with the Act and the norms and standards. This agreement must be in writing and the provincial HSD must be satisfied that the municipality has the capacity to perform the agreed functions. If such an agreement has been made, the provincial HSD has a responsibility to monitor the municipality’s performance.

15. What are the norms and standards for ECD programmes and ECD centres?

The regulations set out detailed national norms and standards for ECD programmes and partial care or ECD centres. A centre or programme must meet these norms and standards to get full registration and qualify for funding. Norms and standards for prevention and early intervention programmes are also provided and those most relevant for ECD practitioners are included below. This section provides the norms and standards in a summary table.

While this guide was being written, the Department of Social Development was consulting with service providers to find out about their experiences of implementing the Children’s Act (see p. 12). Representatives of the ECD sector recommended changes to the Act, the regulations and the forms. In this section the challenges identified by the ECD sector related to the norms and standards for ECD programmes, ECD centres and prevention and early intervention programmes are summarised alongside the table. The regulations to the Act and the ECD sector’s full set of submissions and proposed changes can be viewed at www.ci.org.za.

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21 Programmes and centres can apply for conditional registration and receive assistance to meet the norms and standards.
### 15.1 Norms and standards for ECD programmes
(Regulations, Annexure B Part II)

<table>
<thead>
<tr>
<th>The provision of appropriate developmental opportunities</th>
<th>Programmes should:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Be run according to the stages of child development</td>
</tr>
<tr>
<td></td>
<td>Be delivered by staff who have the relevant knowledge and training</td>
</tr>
<tr>
<td></td>
<td>Foster respect for culture, dignity, individuality and language</td>
</tr>
<tr>
<td></td>
<td>Provide opportunities for exploration and offer daily variety and creativity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programmes aimed at helping children realise their full potential</th>
<th>Programmes should:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Make sure that children receive care, support and security</td>
</tr>
<tr>
<td></td>
<td>Promote children’s rights to rest, leisure and play</td>
</tr>
<tr>
<td></td>
<td>Promote self discovery, self-control and independence</td>
</tr>
<tr>
<td></td>
<td>Promote and support children’s motor, communication and sensory development</td>
</tr>
<tr>
<td></td>
<td>Promote child-to-child interaction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caring for children in a constructive manner and providing support and security</th>
<th>Programmes should make sure that:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Toilet facilities are safe and clean for children and potties are available</td>
</tr>
<tr>
<td></td>
<td>Every child under three years must have a potty</td>
</tr>
<tr>
<td></td>
<td>Children between three and six years should have access to a toilet and hand basin; one facility must be available for every 20 children</td>
</tr>
<tr>
<td></td>
<td>A place for children to bath is available</td>
</tr>
<tr>
<td></td>
<td>Discipline is enforced with care and respect for the child and builds character</td>
</tr>
</tbody>
</table>

**Policies, procedures and guidelines related to good health, safety and nutrition practices** are followed. These policies must focus on the prevention of contagious diseases, the provision of at least one meal per day to children and make sure that all food served are nutritious. A space for cleaning bottles should be provided if needed. Children should be supervised by an adult at all times.

Staffing requirements and staff-to-child ratios are described earlier on p. 34.

<table>
<thead>
<tr>
<th>Ensuring development of positive social behaviour</th>
<th>Programmes should:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Promote the development of positive social values</td>
</tr>
<tr>
<td></td>
<td>Promote an understanding of and respect for diversity and be conducted in a non-discriminatory manner</td>
</tr>
<tr>
<td></td>
<td>Include caregivers in the development of positive behaviours in children</td>
</tr>
<tr>
<td></td>
<td>Make sure that staff demonstrate and model positive social behaviour</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respect for and nurturing of the culture, spirit, dignity, individuality, language and development of each child</th>
<th>Programmes should promote appreciation and understanding for children’s culture and language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educators should use one language of instruction in class</td>
<td>Children should be free to communicate in the language of their choice outside class</td>
</tr>
<tr>
<td>Cultural diversity should be respected by staff and</td>
<td></td>
</tr>
</tbody>
</table>

#### Challenges identified by the ECD sector

**Caring for children in a constructive manner:** This section is confusing as it does not clearly state that these are the requirements for programmes, and that the requirements for ECD centres are in the section on partial care.

In some instances, programme staff do not have control over the environment in which they offer their programmes (for example, toilet facilities in family homes) and this should be taken into account.

#### Example

**Child safety policies** should set out sound practices on the collection of children from the programme by people other than the parents or primary caregiver. Such practices should make sure that children are handed over safely to a responsible person when the ECD programme ends and that there is proper communication between parents or caregivers and the programme staff about the collection of children.

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**Challenges identified by the ECD sector**

**Use of one language of instruction:**

It is recommended that the term ‘practitioners’ is used rather than ‘educators’. Also, the promotion of one language of instruction is not in line with the national language policy. It is developmentally appropriate and necessary for young children’s comfort and well-being to use mother tongue language as much as possible.
children and children should be supported to develop a positive sense of identity
Programmes may help with late birth registration as appropriate

<table>
<thead>
<tr>
<th>Meeting the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmes should be run according to children’s capacity for growth and development</td>
</tr>
<tr>
<td>Programmes should make sure that caregivers and parents are involved in the development of their children and should education and support them</td>
</tr>
<tr>
<td>The parents and caregivers of vulnerable children and children with special needs must be provided with information, knowledge and skills</td>
</tr>
<tr>
<td>Especially vulnerable children and children younger than three years should be able to access programmes in their homes or neighbourhood.</td>
</tr>
<tr>
<td>Programmes should promote children’s cognitive, sensory, fine and gross motor development</td>
</tr>
<tr>
<td>Activities should promote a positive relationship between the programme, families and the community and use existing community resources</td>
</tr>
<tr>
<td>Children’s emotional needs should be met and children should be encouraged to show their emotions in a supportive and protective environment</td>
</tr>
<tr>
<td>Children should feel valued and respected when participating in activities</td>
</tr>
<tr>
<td>Programmes must be based on an integrated approach</td>
</tr>
</tbody>
</table>

15.2 Norms and standards for ECD centres
(Regulations, Annexure B Part I)

<table>
<thead>
<tr>
<th>A safe environment for children</th>
<th>These standards include making sure that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children are safe and cared for while at the centre</td>
<td></td>
</tr>
<tr>
<td>Premises and equipment are safe, clean and well-maintained and the structure or building is safe and weatherproof</td>
<td></td>
</tr>
<tr>
<td>Children are transported safely and protected from the risk of fire, accidents and other hazards</td>
<td></td>
</tr>
<tr>
<td>There is adult supervision at all times</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proper care for sick children or children who become ill</th>
<th>Staff should be able to identify sick children and refer them for appropriate health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies and procedures on the health care of children while at the centre should be in place, and the procedure to deal with sick children must be followed</td>
<td></td>
</tr>
<tr>
<td>Medical records should be kept</td>
<td></td>
</tr>
<tr>
<td>A first aid kit should be available in every centre</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adequate space and ventilation</th>
<th>The ECD centre should have proper ventilation and enough light</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spaces for different activities should be clearly identified</td>
<td></td>
</tr>
<tr>
<td>New buildings or alterations should meet the building standards of the National Building Regulations and Building Standard Act, 1997</td>
<td></td>
</tr>
</tbody>
</table>

*Integrated approach: An integrated approach means programmes should think about the whole child and what is needed to meet the child’s physical, psychological and social needs. Integrated programmes can take different forms and often involve partnership with other role-players.*

*Challenges identified by the ECD sector*
First aid kits: It is not enough that first aid kits are available. They could be available but may not have any medicines or medicines may be expired.

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22 See for example: note no. 2.
<table>
<thead>
<tr>
<th>Safe drinking water</th>
<th>Safe and clean drinking water must always be available</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Where piped water is not available, water should be made safe and treated according to the approved national health guidelines for treating water</td>
</tr>
<tr>
<td></td>
<td>Water storage containers should be covered at all times</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hygienic and adequate toilet facilities</th>
<th>ECD centres caring for toddlers should have potties, toilets and washbasins that can be accessed by toddlers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children should be supervised by an adult when using a toilet</td>
</tr>
<tr>
<td></td>
<td>Centres should meet the requirements of the local authority regulations and by-laws regarding the building or structure and the health requirements</td>
</tr>
<tr>
<td></td>
<td>Every child under the age of three years should have a potty and potties should be emptied and cleaned after use in a hygienic manner</td>
</tr>
<tr>
<td></td>
<td>There should be a specific nappy changing area located away from the kitchen area</td>
</tr>
<tr>
<td></td>
<td>For children aged 3 – 6 years, there should be one toilet and washbasin for every 20 children</td>
</tr>
<tr>
<td></td>
<td>Where no sewerage system is available, there should be one appropriate toilet at or next to the ECD centre</td>
</tr>
<tr>
<td></td>
<td>All toilets should be safe and hygienic</td>
</tr>
<tr>
<td></td>
<td>Where no running water is available, 25 litres of drinkable water must be supplied to the ECD centre daily</td>
</tr>
<tr>
<td></td>
<td>Instead of washbasins, one suitable container for every 20 children can be used if the container is cleaned, kept closed, and the water changed regularly</td>
</tr>
<tr>
<td></td>
<td>For children aged six years and older, there should be hygienic and safe toilets, with one toilet and washbasin for every 20 children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safe storage of harmful substances and objects</th>
<th>Medicines and other dangerous substances or dangerous objects should be kept out of reach of children, in locked or child-proof cupboards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dangerous substances should not be used near to the children</td>
</tr>
<tr>
<td></td>
<td>Electrical plugs and appliances, paraffin and gas should be kept out of children’s reach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to adequate means of refuse removal</th>
<th>Where possible, refuse must be disposed of according to municipal regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Waste must be kept out of children’s reach, and methods of waste disposal must be safe and covered</td>
</tr>
<tr>
<td></td>
<td>Waste disposal areas should be sanitised</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A hygienic area for the preparation of food for children</th>
<th>There should be:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A specific, clean and safe area for the preparation of food and for cleaning after food preparation, enough clean water and cleaning agents</td>
</tr>
<tr>
<td></td>
<td>A specific, clean and safe area for serving food to children</td>
</tr>
<tr>
<td></td>
<td>Cooling and storage facilities for the food</td>
</tr>
<tr>
<td></td>
<td>A food preparation area that is clearly identified and out of children’s reach</td>
</tr>
</tbody>
</table>
### Separating children into different age groups

Where possible, children should be separated, in separate rooms or spaces, into the following age groups:

- a) Children younger than 18 months
- b) Children aged 18 – 36 months
- c) Children aged 3 – 4 years
- d) Children aged 4 – 6 years
- e) School-going children in after-care, where provided

Where more than 50 children are enrolled for a full day at an ECD centre, a separate room should be used as an office and a sick bay.

### The development of action plans for emergencies

Precautions must be taken to protect children from the risk of fire, accidents and other harmful events.

There should be policies and procedures to deal with emergencies and disasters, such as up-to-date emergency plans including evacuation procedures.

Staff should be trained to deal with emergencies and children should be made aware of emergency procedures.

### The development of policies and procedures regarding health care at the ECD centre

Policies should:

- Include procedures for dealing with infectious diseases at the centre, and for dealing with the medical needs of sick and chronically ill children.
- Address standards of hygiene and cleanliness at the ECD centre.
- Provide for the training of staff in first aid.
- Include procedures for record keeping on the storage and use of medicine and the promotion of confidentiality when dealing with health issues.
- Promote ongoing staff training on keeping a health environment and on the identification of illness in children.
- Encourage and support staff to take care of their own health.

### 15.3 Norms and standards for Prevention and Early Intervention Programmes (Regulations, Annexure B Part IV)

#### Outreach services

**Outreach services should:**

- Be aimed at reaching out to especially vulnerable children and families to meet the needs of the children, in the context of family and community.
- Promote the identification of children who are at high risk of requiring child protection services.
- Be aimed at developing community-based services and facilities to promote the safety and well-being of children in communities.
- Provide opportunities to children to identify their needs in their communities.
- Use community strengths and resources to promote neighbourhoods that enable the safety and well-being of children.
- Be aimed at addressing community risk factors including violence, substance abuse and crime.
- Ensure that children and families are able to access enabling documents to help with access to social

**Challenges identified by the ECD sector**

**Outreach services:** Currently, the norms and standards suggest that the aims apply to all types of prevention and early intervention programmes. However, most programmes are targeted to specific areas, e.g., ECD or abuse and neglect. All the aims listed here do not apply to all types of programmes.

**Challenges identified by the ECD sector**

**Include children:** Child participation is important but reliant on children’s age and capacity.

**Enabling documents:** These are documents (such as birth certificates, identity documents and the road-to-health card) that children need to access important services.

**Social assistance:** Government provides support to people who are unable to provide for their basic needs or those of their dependants. This is usually in the form of a cash grant.
<table>
<thead>
<tr>
<th><strong>Therapeutic programmes</strong></th>
<th><strong>Multi-disciplinary approach:</strong> A multi-disciplinary approach involves drawing on the skills of people from different disciplines. This allows people to understand problems from different perspectives. By working with people who have different skills, training and experience, teams are able to find new solutions to complex problems.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education, information and promotion programmes</strong></td>
<td><strong>Inter-sectoral approach:</strong> An inter-sectoral approach means that programmes work closely with different sectors such as health, education and social development to</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Therapeutic programmes</strong></th>
<th><strong>Education, information and promotion programmes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure that children in different settings (such as home, school and partial care) are able to access outreach services</td>
<td>Education, information and promotion programmes should:</td>
</tr>
<tr>
<td>Make sure that children and their families have access to resources that build on strengths and develop new capacities that promote resilience</td>
<td>Provide education and awareness on children’s rights and responsibilities and promote support for children’s rights</td>
</tr>
<tr>
<td>Teach communities to recognise the signs of child abuse and deliberate neglect and the linked risk factors</td>
<td>Promote the importance of the early years, especially ECD</td>
</tr>
</tbody>
</table>
| Be based on a multi-disciplinary and inter-sectoral approach  
Be delivered in a non-discriminatory manner and with sensitivity to language, religion and the culture of communities | Provide children and families with information and assistance on how to access the full range of government and civil society services available |
| Include home-based care, community-based care and community outreach to especially vulnerable children and families, including persons affected by HIV/AIDS | Provide information and support to high risk families, families affected by HIV/AIDS and other chronic illnesses and families of children with disabilities |
| Use available media and other communication measures | Provide information on the nature and type of services available to children, families and communities |
| Be delivered in the language of the target groups and be sensitive to the cultural values and norms of communities | Use available media and other communication measures |
| Promote values aimed at protecting children in their communities | Be delivered in the language of the target groups and be sensitive to the cultural values and norms of communities |
| Promote opportunities for community talks on matters affecting children | Be delivered in the language of the target groups and be sensitive to the cultural values and norms of communities |
| Provide information on community risk factors and resources to address them | Provide information on community risk factors and resources to address them |

---

23 Ibid – see note no. 4.
24 See for example: note no. 2.
<table>
<thead>
<tr>
<th>Skills development programmes</th>
<th>Assessments of programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist children and families to use their strengths and be conducted in a non-discriminatory manner</td>
<td>Assessment of programmes should be done by service providers who have the suitable training, support and abilities to conduct such assessments</td>
</tr>
<tr>
<td>Include children, their families and significant persons in the programme</td>
<td>They may be conducted by a multi-disciplinary group</td>
</tr>
<tr>
<td>Make sure that recipients receive the service provider’s name and contact number and make sure that proper records are kept and data captured</td>
<td>Assessments should be done annually</td>
</tr>
<tr>
<td>Be aimed at reducing secondary abuse and trauma</td>
<td>Assessments should be done in response to a report or complaint submitted to the provincial HSD and should help programme managers to develop quality services</td>
</tr>
<tr>
<td>Be sensitive to the needs, religious and cultural norms and values of children and their families</td>
<td>Assessments should focus on the strengths of the programme, be holistic and suitable to the programme’s cultural context</td>
</tr>
<tr>
<td>Allow recipients to express dissatisfaction with service providers and concerns and complaints should be taken seriously</td>
<td>Assessments should be aimed at protecting and promoting the rights of children, and promoting decision-making about future programmes</td>
</tr>
<tr>
<td>Be reviewed regularly according to the needs of the recipients</td>
<td>Assessments should monitor adherence to the national norms and standards and ensure that suitable action is taken where norms and standards violations exist. They should result in the development of a plan for capacity building and improved service delivery, within 30 days of the assessment taking place.</td>
</tr>
<tr>
<td>Be sensitive to the language needs, religious and cultural norms and values of children and their families</td>
<td>Assessments should be done with the participation of programme staff and children</td>
</tr>
</tbody>
</table>

### Challenges identified by the ECD sector

**Be sensitive to the language needs...** The literacy levels of the target group, i.e., children and families, are not always considered when communicating important information.
Programme assessments should consider:

a) The extent to which the programme is reaching the intended children and families
b) The profile of the population the programme intends to reach
c) Whether the programme is of a good quality
d) The impact of the service on children, families and communities
e) The availability and efficient use of programme resources
f) Quantitative and qualitative data on children and families and services provided
g) Whether the programme is viable over the long term
h) The ability of staff to run the programme
i) The roles, abilities and skills of management
j) Whether the programme meets registration conditions and the requirements of national financial regulations

In conclusion

The United Nations Committee on the Rights of the Child\textsuperscript{25} encourages us to recognise that young children are also rights holders, and that the early childhood period is critical for the realisation of children’s rights. As such, governments must put in place policies, laws and programmes to promote and enable the realisation of rights for all young children.

The Children’s Act has been written in line with the United Nations Convention on the Rights of the Child, other international laws, and the South African Constitution. It is an important piece of legislation that sets out new requirements and opportunities for practitioners working in child care and development. All ECD practitioners should be aware of and apply the Children’s Act in the delivery of services to young children.


www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/GeneralComment7Rev1.pdf
APPENDICES

FORM 11
APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION / REINSTATEMENT OF A PARTIAL CARE FACILITY
(* DELETE THAT WHICH IS NOT APPLICABLE)
(Regulation 14)

[SECTION 81 OF THE CHILDREN’S ACT 38 OF 2005]

(A) NATURE OF APPLICATION

This is an application in respect of:

☐ A crèche, providing partial care for children from birth to an age of 3 years
☐ An educarecentre, providing partial care for children from 3 years until school going age
☐ An after school centre, providing partial care for children attending a primary or secondary school
☐ A private hostel, providing partial care for children attending a primary or secondary school
☐ A temporary respite care facility, providing temporary full-time partial care during the temporary absence of their parents or a parent or care-giver of a child
☐ A place of care providing partial care for children with disabilities who require a high level of support

(Indicate the partial care facility or facilities in respect of which application is made)

Name of partial care facility: _____________________________________________________
Physical address:______________________________________________________________
____________________________________________________________________________
Postal address:  _______________________________________________________________
_____________________________________________________________________________
Telephone : _________________________ Cell phone:   _______________________________
Fax number: _________________________ E-mail:  ___________________________________

The number of children that will be accommodated in each category of partial care in respect of which application is made:  ________________________________________________________________
_________________________________________________________________________________

(B) PARTICULARS OF APPLICATION

Name of person or body who manages the partial care facility or who wishes to establish it: 
_____________________________________________________________________________
_____________________________________________________________________________

Physical address of person or body: _______________________________________________
_____________________________________________________________________________
Telephone : _________________________ Cell phone:   _______________________________
Fax number: _________________________ E-mail:  ___________________________________

The number of children that will be accommodated in each category of partial care in respect of which application is made:  ________________________________________________________________
_________________________________________________________________________________
(C) SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

- An exposition of the prescribed or other skills with supporting documents of the applicant or manager of the partial care facility including a copy of any qualification which would enhance partial care of children;
- A report by a social service professional on the viability of the application as prescribed by section 81(1)(c) of the Act;
- A business plan containing the information prescribed by regulation 14(4)(a);
- The constitution containing the information prescribed by regulation 14(4)(b);
- An original copy of the approved plans or a copy of the plans that has been submitted for approval if the application for the approval of the plans is still under consideration;
- The emergency plan; and
- Clearance certificates that the name of the applicant and the names of all staff members do not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 and in part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act;

(D) GENERAL REMARKS

Any additional remarks by the applicant in support of the application: ___________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

I certify that the above-mentioned particulars are, to the best of my knowledge, true and correct.

____________________________          _________________________    _______________
SIGNATURE OF APPLICANT                CAPACITY                     DATE
FORM 12

CERTIFICATE OF REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION / REINSTATEMENT OF A PARTIAL CARE FACILITY

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 15)

[SECTION 82 OF THE CHILDREN’S ACT 38 OF 2005]

Reference No.: _______________

REPUBLIC OF SOUTH AFRICA

It is hereby certified that:

☐ the following partial care facility has been registered in terms of section 82 of the Act

☐ the following partial care facility has been conditionally registered in terms of section 83 of the Act;

☐ the registration of the following partial care facility has been renewed in terms of section 82 of the Act

☐ the registration of the following partial care facility has been conditionally renewed in terms of section 83 of the Act

☐ the reinstatement of the following partial care facility has been approved in terms of section 84

on ____________________ (insert date).

Name of partial care facility: _________________________________________________

Physical address of partial care facility:

__________________________________
__________________________________
__________________________________

The validity of this registration expires on: ________________________________ (insert date)

The partial care facility is registered subject to the following conditions indicating the maximum number of children that may be accommodated:
<table>
<thead>
<tr>
<th>Indicate registration (Yes or No)</th>
<th>Type of partial care facility</th>
<th>Maximum number of children that may be accommodated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Crèche</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Educare centre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After school centre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Private boarding hostel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temporary respite care facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Place of care providing partial care for children with disabilities requiring a high level of support</td>
<td></td>
</tr>
</tbody>
</table>

The registration or renewal of registration is subject to the following additional conditions:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Provincial Head: Social Development
Municipal Manager

Province/Municipality: _______________________
Date of issue: _______________________

FORM 14

AN APPEAL AGAINST A DECISION OF A PROVINCIAL HEAD OF SOCIAL DEVELOPMENT IN TERMS OF SECTION 86 OF THE ACT IN RESPECT OF A PARTIAL CARE FACILITY

(Regulation 16)

[SECTION 86 OF THE CHILDREN’S ACT 38 OF 2005]

Name of appellant: ______________________________________________________________

Name of partial care facility:  _______________________________________________________

Physical address of partial care facility:  ______________________________________________

______________________________________________________________________________

This is appeal against a decision of the provincial head of social development of ________________________________

(Insert name of province) against the exercise of his or discretion in respect of a decision relating to:

<table>
<thead>
<tr>
<th>Indicate decision against which this appeal is lodged (Indicate yes or no)</th>
<th>Grounds on which appeal is lodged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 82: Consideration of application for registration</td>
<td></td>
</tr>
<tr>
<td>Section 82: Consideration of application for conditional registration</td>
<td></td>
</tr>
<tr>
<td>Section 82: Consideration of application for renewal of registration</td>
<td></td>
</tr>
<tr>
<td>Section 83: Conditions on which registration was granted</td>
<td></td>
</tr>
<tr>
<td>Section 84: Cancellation of registration</td>
<td></td>
</tr>
<tr>
<td>Section 84: Consideration of application for re-instatement</td>
<td></td>
</tr>
<tr>
<td>Other grounds of appeal</td>
<td></td>
</tr>
</tbody>
</table>

The reasons provided by the provincial head of social development for his or her decision are attached.

My reasons for appealing against the decision are attached.

________________________________
APPLICANT/REGISTRATION HOLDER

_______________________________
DATE

NOTE: The appeal must be lodged with the MEC for social development in the province where the decision was taken by the provincial head of social development.
FORM 15

AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 88(6) OF THE ACT IN RESPECT OF A PARTIAL CARE FACILITY

(Regulation 16)

[SECTION 88 OF THE CHILDREN’S ACT 38 OF 2005]

Name of appellant: ______________________________________________________________

Name of partial care facility: _____________________________________________________

Physical address of partial care facility: ____________________________________________

This is appeal against a decision of municipal official of _____________________________ (Insert name of municipality) against the exercise of his or discretion in respect of a decision relating to:

<table>
<thead>
<tr>
<th>Indicate decision against which this appeal is lodged (Indicate yes or no)</th>
<th>Grounds on which appeal is lodged</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The sections stated below refers to the sections in respect of which functions have been assigned to a municipality in terms of section 102 of the Act</td>
</tr>
<tr>
<td></td>
<td>Section 82: Consideration of application for registration</td>
</tr>
<tr>
<td></td>
<td>Section 82: Consideration of application for conditional registration</td>
</tr>
<tr>
<td></td>
<td>Section 82: Consideration of application for renewal of registration</td>
</tr>
<tr>
<td></td>
<td>Section 83: Conditions on which registration was granted</td>
</tr>
<tr>
<td></td>
<td>Section 84: Cancellation of registration</td>
</tr>
<tr>
<td></td>
<td>Section 84: Consideration of application for re-instatement</td>
</tr>
<tr>
<td></td>
<td>Other grounds of appeal</td>
</tr>
</tbody>
</table>

The reasons provided by the municipal official for his or her decision are attached.

My reasons for appealing against the decision are attached.

_________________________________
APPLICANT / REGISTRATION HOLDER

_________________________________
DATE

NOTE: The appeal must be lodged with the municipal council of the municipality where the decision was take
FORM 16
APPLICATION FOR THE REGISTRATION/ CONDITIONAL REGISTRATION/ RENEWAL OF REGISTRATION OF
AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME

(Regulation 24)

[SECTION 96 OF THE CHILDREN’S ACT 38 OF 2005]

(A) PARTICULARS OF APPLICANT

Name of applicant: ____________________________________________________________

Physical address: _____________________________________________________________

Postal address: _______________________________________________________________

Postal code: ______________

Telephone: _________________________ Cell phone:   _______________________________

Fax number:_________________________ E-mail:  ___________________________________

(B) CHILDREN

Number of children to whom the programme will be presented---------------------------------

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Number of Children</th>
<th>Gender</th>
<th>Number of children with special needs</th>
<th>Number of staff per child age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month – 18 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 months – 3 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 – 4 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 – 6 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Days of operation: From……………………………………….To……………………………………………………………………………

Hours Operation:
From……………………………………….To……………………………………………………………………………..

(C) SUPPORTING DOCUMENTS

The following supporting documents must be attached for the registration purposes:

- the overview of the early childhood development programme in respect of which application is made for registration;
- an implementation plan for the early childhood development programme in respect of which application is made;
- the staff composition including an exposition of the prescribed and other skills with supporting documents and including copies of any qualifications and identity documents in respect of staff that will be responsible to provide the early childhood development programme;
In the case of a partial care or child youth care centre, the relevant registration as a partial care or child and youth care centre;

- a clearance certificate that the name of the applicant does not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 or in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act.

(D) GENERAL REMARKS

Any additional remarks by the applicant in support of the application: _______________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

I certify that the above-mentioned particulars are, to the best of my knowledge, true and correct.

____________________________          _________________________    _______________________

SIGNATURE OF APPLICANT                CAPACITY                     DATE
FORM 17
CERTIFICATE OF REGISTRATION
OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 25)
[SECTION 97 OF THE CHILDREN’S ACT 38 OF 2005]
Reference No.: _______________

REPUBLIC OF SOUTH AFRICA

It is hereby certified that an early childhood development programme:

☐ has been registered in terms of section 97 of the Act;
☐ has been conditionally registered in terms of section 97 of the Act; or
☐ has been renewed in terms of section 97 of the Act.

on ____________________ (insert date) in favour of
________________________________________.

The total Number of children to whom the programme will be presented
__________________________________________________________________

Number of children with special needs-________________________________________

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month – 18 months</td>
<td></td>
</tr>
<tr>
<td>18 months – 3 years</td>
<td></td>
</tr>
<tr>
<td>3 – 4 years</td>
<td></td>
</tr>
<tr>
<td>5 – 6 years</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Days of operation: From_______________________________________

To_______________________________________

Hours Operation: From_______________________________________

To_______________________________________
Physical address of partial care facility/ child and youth care centre or an organization that implement the early childhood development programme:

__________________________________

__________________________________

__________________________________

The validity of this registration expires on: ____________________________ (insert date)

The registration or renewal of registration is subject to the following additional conditions:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Provincial Head: Social Development/

Municipal Manager

Province/Municipality: ______________________________

Date of issue: __________________
FORM 19

AN APPEAL AGAINST
A DECISION OF A PROVINCIAL HEAD OF SOCIAL DEVELOPMENT IN TERMS OF SECTION 101 OF THE ACT IN RESPECT OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME

(Regulation 26)

[SECTION 101 OF THE CHILDREN'S ACT 38 OF 2005]

Name of applicant: ______________________________________________________________
Physical address of applicant: __________________________________________________________

This is appeal against a decision of the provincial head of social development of ________________________________
(Insert name of province) against the exercise of his or discretion in respect of a decision relating to:

<table>
<thead>
<tr>
<th>Indicate decision against which this appeal is lodged (Indicate yes or no)</th>
<th>Grounds on which appeal is lodged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 97: Consideration of application for registration</td>
<td></td>
</tr>
<tr>
<td>Section 97: Consideration of application for conditional registration</td>
<td></td>
</tr>
<tr>
<td>Section 97: Consideration of application for renewal of registration</td>
<td></td>
</tr>
<tr>
<td>Section 98: Conditions on which registration was granted</td>
<td></td>
</tr>
<tr>
<td>Section 99: Cancellation of registration</td>
<td></td>
</tr>
<tr>
<td>Other grounds of appeal</td>
<td></td>
</tr>
</tbody>
</table>

The reasons provided by the provincial head of social development for his or her decision are attached. My reasons for appealing against the decision are attached.

_________________________________.
APPLICANT / REGISTRATION HOLDER

___________________________
DATE

NOTE: The appeal must be lodged with the MEC for social development in the province where the decision was taken by the provincial head of social development.
FORM 20

AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 102(6) OF THE ACT IN RESPECT OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME

(Regulation 26)

[SECTION 102(6) OF THE CHILDREN’S ACT 38 OF 2005]

Name of appellant: ______________________________________________________________
Physical address of appellant: ______________________________________________________

This is appeal against a decision of municipal official of ______________________________ (Insert name of municipality) against the exercise of his or discretion in respect of a decision relating to:

<table>
<thead>
<tr>
<th>Indicate decision against which this appeal is lodged (Indicate yes or no)</th>
<th>Grounds on which appeal is lodged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 97: Consideration of application for registration</td>
<td>The sections stated below refers to the sections in respect of which functions have been assigned to a municipality in terms of section 102 of the Act</td>
</tr>
<tr>
<td>Section 97: Consideration of application for conditional registration</td>
<td></td>
</tr>
<tr>
<td>Section 97: Consideration of application for renewal of registration</td>
<td></td>
</tr>
<tr>
<td>Section 98: Conditions on which registration was granted</td>
<td></td>
</tr>
<tr>
<td>Section 99: Cancellation of registration</td>
<td>Other grounds of appeal</td>
</tr>
</tbody>
</table>

The reasons provided by the municipal official for his or her decision are attached.
My reasons for appealing against the decision are attached.

________________________________________
APPLICANT / REGISTRATION HOLDER

________________________________________
DATE

NOTE: The appeal must be lodged with the municipal council of the municipality where the decision was taken.
FORM 22

REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD
(REGULATION 33)

[SECTION 110 OF THE CHILDREN’S ACT 38 OF 2005]

REPORTING OF ABUSE TO PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT, DESIGNATED CHILD PROTECTION
ORGANISATION OR POLICE OFFICIAL

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: The Head of the Department

-------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------

Pursuant to section 110 of the Children’s Act, 38 of 2005, and for purposes of section 114(1)(a) of the Act, you are hereby advised that a child has been abused in a manner causing physical injury/sexually abused/deliberately neglected or is in need of care and protection.

<table>
<thead>
<tr>
<th>Source of report (do not identify person)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Victim □ Relative □ Parent □ Neighbour/friend</td>
</tr>
</tbody>
</table>

| □ Professional (specify) | ............................................................................................................. |
| □ Other (specify) | ............................................................................................................. |

Date reported to child protection organisation: DD MM CCYY

1. CHILD: (COMPLETE PER CHILD)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Full name(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>DD</td>
<td>MM</td>
</tr>
</tbody>
</table>

School Name: Grade: Age / Estimated Age:

<table>
<thead>
<tr>
<th>* ID no:</th>
<th>* Passport no:</th>
</tr>
</thead>
</table>

Contact no:

2. CATEGORY OF CHILD IN NEED OF CARE / PROTECTION

| □ Street child | □ Child labour | □ Child trafficking |
| □ Commercial sexual exploitation | □ Exploited children | □ Child abduction |

3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Telephone number:</th>
</tr>
</thead>
</table>

Other children interviewed: □ Yes □ No Number:

(*) = Complete if available or applicable
## 4. Alleged Abuser

### 4.1) Alleged Abuser

<table>
<thead>
<tr>
<th>Surname</th>
<th>Full Name(s)</th>
</tr>
</thead>
</table>

**Date of Birth:**

<table>
<thead>
<tr>
<th>DD</th>
<th>MM</th>
<th>CCYY</th>
</tr>
</thead>
</table>

**Gender:**

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

**ID No:**

<table>
<thead>
<tr>
<th>*</th>
<th>Drivers license:</th>
</tr>
</thead>
</table>

**Also known as:**

<table>
<thead>
<tr>
<th>Relationship to child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Father</td>
</tr>
<tr>
<td>□ Mother</td>
</tr>
<tr>
<td>□ Grand father</td>
</tr>
<tr>
<td>□ Grand mother</td>
</tr>
<tr>
<td>□ Step father</td>
</tr>
<tr>
<td>□ Step mother</td>
</tr>
<tr>
<td>□ Foster father</td>
</tr>
<tr>
<td>□ Foster mother</td>
</tr>
<tr>
<td>□ Uncle</td>
</tr>
<tr>
<td>□ Aunt</td>
</tr>
<tr>
<td>□ Sibling</td>
</tr>
<tr>
<td>□ Caregiver</td>
</tr>
<tr>
<td>□ Professional: social worker/police officer/teacher/caregiver/priest/dr/volunteer</td>
</tr>
<tr>
<td>□ Other (specify)</td>
</tr>
</tbody>
</table>

**Street Address (include postal code):**

<table>
<thead>
<tr>
<th>Postal Code:</th>
</tr>
</thead>
</table>

### 4.2) Whereabouts of Alleged Perpetrator:

- □ Section 153 (Request for removal by SAPS)
- □ Still in home
- □ In hospital (Name/Place)
- □ In detention (Place)
- □ Living somewhere else
- □ Whereabouts unknown
- □ Un-identified

## 5. Parents of Child (If other than above)

### Father / Step-father

<table>
<thead>
<tr>
<th>Surname: Father / Step-father</th>
<th>Full name(s)</th>
</tr>
</thead>
</table>

**Date of Birth:**

<table>
<thead>
<tr>
<th>DD</th>
<th>MM</th>
<th>CCYY</th>
</tr>
</thead>
</table>

**Gender:**

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

**ID No:**

<table>
<thead>
<tr>
<th>*</th>
</tr>
</thead>
</table>

### Mother / Step-mother

<table>
<thead>
<tr>
<th>Surname: Mother / Step-mother</th>
<th>Full name(s)</th>
</tr>
</thead>
</table>

**Date of Birth:**

<table>
<thead>
<tr>
<th>DD</th>
<th>MM</th>
<th>CCYY</th>
</tr>
</thead>
</table>

**Gender:**

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

**ID No:**

<table>
<thead>
<tr>
<th>*</th>
</tr>
</thead>
</table>

**Also known as:**

<table>
<thead>
<tr>
<th>Names and ages of siblings or other children if helpful for tracking</th>
</tr>
</thead>
</table>

**Street Address (include postal code):**

<table>
<thead>
<tr>
<th>Postal Code:</th>
</tr>
</thead>
</table>

(*) = Complete if available or applicable
SURNAME OF CHILD: \\
FULL NAMES OF CHILD: \\

6. ABUSE \\

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Date unknown:</th>
<th>Episodic/ongoing from (date)</th>
<th>Reported to CPR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD</td>
<td>MM</td>
<td>CCYY</td>
<td></td>
</tr>
<tr>
<td>DD</td>
<td>MM</td>
<td>CCYY</td>
<td></td>
</tr>
</tbody>
</table>

Place of incident: 
- Child’s home 
- Field 
- Tavern 
- School 
- Friend’s place 
- Partial Care 
- ECD Centre 
- Neighbour 
- Child and youth care centre 
- Other (specify): 
- Foster home 
- Temporary safe care

6.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent) 

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Sexual</th>
<th>Deliberate neglect</th>
</tr>
</thead>
</table>

6.2) INDICATORS (Check any that apply) 

- PHYSICAL: 
  - Abrasions
  - Bruises
  - Burns/Scalding
  - Fractures
  - Other physical illness
  - Cuts
  - Welts
  - Repeated injuries
  - Fatal injury (date of death)
  - Injury to internal organs
  - Head injuries
  - No visible injuries (elaborate)
  - Poisoning (specify)
  - Other Behavioural or physical (specify)

- EMOTIONAL: 
  - Withdrawal
  - Depression
  - Self destructive aggressive behaviour
  - Corruption through exposure to illegal activities
  - Deprivation of affection
  - Exposure to anti-social activities
  - Exposure to family violence
  - Parent or care giver negative mental condition
  - Inappropriate and continued criticism
  - Humiliation
  - Isolation
  - Threats
  - Development Delays
  - Oppression
  - Rejection
  - Accusations
  - Anxiety
  - Lack of cognitive stimulation
  - Mental, emotional or developmental condition requiring treatment (specify)

- SEXUAL: 
  - Contact abuse
  - Rape
  - Sodomy
  - Masturbation
  - Oral sex area
  - Molestation
  - Non contact abuse (flashing, peeping)
  - Irritation, pain, injury to genital
  - Other indicators of sexual molestation or exploitation (specify)

- DELIBERATE NEGLECT: 
  - Malnutrition
  - Medical
  - Physical
  - Educational
  - Refusal to assume parental responsibility
  - Neglectful supervision
  - Abandonment

6.3) Indicate overall degree of Risk to child: 

- Mild
- Moderate
- Severe
- Unknown

6.4) When applicable, tick the secondary type of abuse Multiple Abuse: 

- Yes
- No

Sexual | Physical | Emotional | Deliberate Neglect

Brief explanation of occurrence(s) (including a statement describing frequency and duration)

(*) = Complete if information is available or applicable
<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURNAME OF CHILD:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FULL NAMES OF CHILD:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>7. MEDICAL INTERVENTION</strong> (*)</td>
<td></td>
</tr>
<tr>
<td>Treated outside hospital:</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Examined by:</td>
<td></td>
</tr>
<tr>
<td>□ Doctor</td>
<td>□ Reg. Nurse</td>
</tr>
<tr>
<td>Hospitalised:</td>
<td></td>
</tr>
<tr>
<td>□ For assessment</td>
<td>□ For treatment</td>
</tr>
<tr>
<td>Where (name of Hospital)</td>
<td></td>
</tr>
<tr>
<td>Contact person</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td><strong>8. CHILDREN’S COURT INTERVENTION</strong> (*)</td>
<td></td>
</tr>
<tr>
<td>Removal of child to temporary safe care (Section 152):</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Date</td>
<td>MM DD CCYY</td>
</tr>
<tr>
<td><strong>9. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (*)</strong></td>
<td></td>
</tr>
<tr>
<td>Reported to SAPS:</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Charges laid:</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Date</td>
<td>DD MM CCYY</td>
</tr>
<tr>
<td>CAS NR</td>
<td></td>
</tr>
<tr>
<td>Police Station</td>
<td></td>
</tr>
<tr>
<td>Telephone Nr</td>
<td></td>
</tr>
<tr>
<td>Name of Police Officer</td>
<td></td>
</tr>
<tr>
<td>Rank of Police Officer</td>
<td></td>
</tr>
<tr>
<td><strong>10. CHILD KNOWN TO WELFARE ORGANISATION/ SOCIAL DEVELOPMENT?</strong></td>
<td></td>
</tr>
<tr>
<td>10.1) Child known to welfare?:</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Name of Organisation</td>
<td></td>
</tr>
<tr>
<td>Contact number</td>
<td></td>
</tr>
<tr>
<td>Reference number</td>
<td></td>
</tr>
<tr>
<td><strong>11. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE</strong> (Refers to a profession, mandatory obliged to report child abuse)</td>
<td></td>
</tr>
<tr>
<td>Name of informant</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td>Employer Address</td>
<td></td>
</tr>
<tr>
<td>Work Telephone Nr</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

(*) = Complete if information is available or applicable
<table>
<thead>
<tr>
<th>CAPACITY</th>
<th>Caregiver</th>
<th>Correctional Official</th>
<th>Child and Youth Care Centre</th>
<th>Dentist</th>
<th>Doctor</th>
<th>Drop in Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 110 (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeopath</td>
<td>Labour Inspector</td>
<td>Legal Practitioner</td>
<td>Midwife</td>
<td>Member of staff – partial care facility</td>
<td>Medical Practitioner</td>
<td></td>
</tr>
<tr>
<td>Minister of Religion</td>
<td>Nurse</td>
<td>Occupational Therapist</td>
<td>Psychotherapist</td>
<td>Police Official</td>
<td>Physiotherapist</td>
<td></td>
</tr>
<tr>
<td>Religious leader</td>
<td></td>
<td>Social service professional</td>
<td>Social worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech therapist</td>
<td></td>
<td>Shelter</td>
<td>Traditional leader</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td>Traditional health practitioner</td>
<td>Volunteer Worker – partial care facility</td>
<td></td>
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<td></td>
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<tr>
<td>Other (specify)</td>
<td></td>
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</tbody>
</table>

I declare that the particulars set out in the above mentioned statement are true and correct to the best of my knowledge.

Signature of person reporting alleged abuse: ______________________________

Date: ____________________________________________________________________

Official Stamp of Department / child protection organisation
FORM 29

INQUIRY BY EMPLOYER TO ESTABLISH WHETHER PERSON’S NAME APPEARS IN PART B OF NATIONAL CHILD PROTECTION REGISTER
(Regulation 44)

[SECTION 126 OF THE CHILDREN’S ACT 38 OF 2005]

TO: The Director-General
Department of Social Development
Private Bag xxx
PRETORIA
0001

Dear Sir / Madam

In terms of section 126 of the Children’s Act, 38 of 2005, I …………………………………. ……………………………… (full names and surname) wish to inquire whether the name of a person in my employ or that I wish to employ appears in Part B of the National Child Protection Register. A certified copy of one of the following documents is attached as verification of my identity (mark with an "x"):

□ birth certificate (only if not in possession of identity document or passport)
□ identity document
□ passport

In the event that his/her name is included in Part B of the Register, kindly furnish reason why this was done. Please note that section 126 of the Act requires you to respond to this inquiry within 21 working days.

Name of business:
Physical address of business:
Postal address of business:
Telephone numbers of business:
Position held or to be held by person:

Personal details of person employed or to be employed.
Full names :
Surname :
Physical address :
Postal address :
Telephone numbers :
Alias or nickname :
ID number :
Passport number :

Yours sincerely

(Signature)
(Date)