



Early Childhood Development Checklist

SECTION 1: GENERAL DETAILS

Name of worker conducting the assessment				
Assessment # ¹	<input type="checkbox"/> Initial	Date: _____		
	<input type="checkbox"/> Progress assessment	Date: _____		
	<input type="checkbox"/> Assessment at service termination	Date: _____		
Name of centre		Name of manager		
Physical address of centre		Contact details of manager	Tel: Email: Fax: Cell:	
Is the ECD registered with DSD	<input type="checkbox"/> Full partial care registration	Date of DSD registration		
	<input type="checkbox"/> Conditional registration			
Does the ECD have an NPO #	<input type="checkbox"/> Yes <input type="checkbox"/> No	NPO number		
Days of operations		Hours of operations		
Centre established in which year		Types of services offered at the centre		
CHILDREN				
Total # of children		# of boys		# of girls
STAFFING				
# of full-time carers		# of part-time carers		
# of staff with formal certification in early-childhood development or childcare				
_____ degrees		_____ diplomas		
		_____ national certificates		
Staff-to-child and Assistant - staff ratios				
_____ staff: _____ children		_____ assistants: _____ staff		

¹ INTAKE The status of the ECD at the point of intake
 PROGRESS The status of the ECD at the point of follow-up
 TERMINATION The status of the ECD at the point of termination of services / exit from services



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Summary of Scores			
DOMAIN	INTAKE	PROGRESS	TERMINATION
Administration	_____ out of 15 = ____%	_____ out of 15 = ____%	_____ out of 15 = ____%
Safety & Hygiene	_____ out of 59 = ____%	_____ out of 59 = ____%	_____ out of 59 = ____%
Transportation	_____ out of 7 = ____%	_____ out of 7 = ____%	_____ out of 7 = ____%
Programming	_____ out of 10 = ____%	_____ out of 10 = ____%	_____ out of 10 = ____%
General Notes			



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SECTION 2: ADMINISTRATION

Notes:

INTAKE The status of the ECD at the point of intake

PROGRESS The status of the ECD at the point of follow-up

TERMINATION The status of the ECD at the point of termination of services / exit from services

RECORDKEEPING	INTAKE	PROGRESS	TERMINATION
1. Does the centre keep a register that records the following? a. The full name, sex, date of birth and identity number of each child b. The names, addresses and contact particulars of the child's parent, primary care-giver or family members c. The date of the child's admission d. Any disability, chronic medical condition or dietary requirement and any other critical information e. Any period of absence of the child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the centre keep a file for each child that has the following information? a. Admission forms b. Correspondence c. Reports and notes on any developmental delay or disability d. Reports and notes on any irregular behavioural pattern of the child e. Reports and notes on any injury or bruise observed during the daily care of the child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How long does the centre keep these files for?			
4. How often does the centre give feedback to the child's caregiver on the child's development and behaviour?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Per term <input type="checkbox"/> Once a year	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Per term <input type="checkbox"/> Once a year	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Per term <input type="checkbox"/> Once a year
5. Does the centre maintain a register in which the name of the child, the nature of the behaviour in respect of which discipline was imposed and the nature of the disciplinary measure is recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does each staff member have his/her own file containing the following? a. Copies of ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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RECORDKEEPING	INTAKE	PROGRESS	TERMINATION
b. Criminal records clearance c. Clearance against the national child protection register d. Proof of skills e. Proof of qualifications			
7. Does the centre have a fee structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the centre have a day-care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the centre have a building plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the centre have an emergency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the centre have a health permit/certificate from the local municipality?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the centre have a contract with the owner of the building/lease if the building is not owned by the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the centre produce financial statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does the centre have a clearance certificate/s issued to the effect that the name of the applicant and staff members do not appear in Part B of the National Child Protection Register or the National Register for Sex Offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does the centre access any funding from DSD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SCORE	# of YES ____ % out of 15 ____	# of YES ____ % out of 15 ____	# of YES ____ % out of 15 ____



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SECTION 3: SAFETY & HYGIENE

SAFETY & HYGIENE	INTAKE	PROGRESS	TERMINATION
1. Are staff trained on how to make reports of suspected child abuse and neglect to the appropriate authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are the premises inside and outside safe, clean and well-maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is all equipment safe, clean and well-maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there adult supervision at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the structure safe and weatherproof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are floors covered in washable and easy to clean material that is suitable for children to play and sleep on?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there fire extinguishers in all rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are walls safe and easy to clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCIES			
9. Are emergency procedures with relevant contact details visibly displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the centre have an emergency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the centre test, review and update their emergency plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all staff trained in dealing with emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are all children aware of emergency procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does the centre run regular emergency drills with staff and children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is there a separate room or place to be used as an office and as a sickbay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does the centre keep records of health incidents and accidents occurring at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the centre have a first-aid kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are staff trained on first aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes



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SAFETY & HYGIENE	INTAKE	PROGRESS	TERMINATION
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
19. Do all staff have the ability to identify children who are ill and able to refer them for appropriate health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the centre have policies for the following?			
20. <i>Criteria for identifying ill children</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. <i>Safe keeping of all medication at a partial care facility</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. <i>Procedures for dealing with children who are ill</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. <i>Guidelines for preventing the spread of diseases</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. <i>Policies and procedures for dealing with structural and environmental emergencies and disasters</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. <i>Maintaining up-to-date records of each child's medical history</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. <i>Records of each child's immunisation programme and vitamin schedule</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. <i>Procedures to deal with infectious diseases at the partial care facility</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. <i>Procedures for dealing with the medical needs of sick children and of children with chronic illnesses</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. <i>Standards relating to cleanliness and hygiene</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. <i>Record keeping and registers pertaining to storage and use of medicines at the partial care facility</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. <i>Confidentiality when dealing with health-related information</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. <i>Requiring staff to take care of their health, undergo regular medical check-ups, and follow procedures to deal with contagious diseases</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. <i>Staff training and development on keeping a healthy environment, identifying illnesses, preventing the spread of diseases and infectious diseases, as well as promoting universal health precaution</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. <i>Practices aimed at preventing the spread of contagious diseases</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. <i>Appropriate discipline which promotes integrity with due regard to the child's developmental stage and evolving capacities</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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SAFETY & HYGIENE	INTAKE	PROGRESS	TERMINATION
ADEQUATE SPACE AND VENTILATION			
36. Does the centre have adequate ventilation and sufficient light?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Does the centre have demarcated space for different activities and functions (playing, sleeping and eating?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAFE DRINKING WATER			
38. Does the centre have safe and clean drinking water available always?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does the centre have cover-all water containers at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Does the centre have hygienic and adequate toilet facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Do toddlers have potties, toilets and washbasins?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Are toilet and hand washing facilities reachable for children over the age of three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Does the centre allow children to share potties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Does the centre dispose of waste from potties hygienically?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Does the centre clean and disinfect potties after use in a properly demarcated area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Does the centre have a clearly demarcated nappy changing area with a surface that can be easily cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Does the centre have one toilet and one hand washing basin for every 20 children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Does the centre have adult supervision at all times when children use the toilet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAFE STORAGE			
49. Does the centre keep medicine, cleaning substances and any dangerous substances out of reach of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Does the centre keep medicine and dangerous substances in separate locked or childproof cupboards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Does the centre keep dangerous objects, materials, sharp instruments and utensils out of reach of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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SAFETY & HYGIENE	INTAKE	PROGRESS	TERMINATION
52. Does the centre have covered electrical plugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Does the centre have paraffin, gas and other electric appliances out of reach of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Does the centre keep waste out of reach of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Are waste disposal areas disinfected regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Is there a separate, clean and safe area for the preparation of food, as well as for cleaning up after food preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Is there a separate clean and safe area for serving food to the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Are there cooling facilities for storage of perishable food?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Is the food preparation area clearly marked and out of reach of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SCORE	# of YES ____ % out of 59 ____	# of YES ____ % out of 59 ____	# of YES ____ % out of 59 ____



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SECTION 4: TRANSPORTATION

TRANSPORT	INTAKE	PROGRESS	TERMINATION
1. Are transport operators registered, suitably trained and screened against Part B of the Child Protection Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are transport operators in possession of the necessary licences and permits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is transport appropriate to the ages of children transported and accessible and suitable to children with disabilities and other special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are the vehicles used to transport children safe and do they have the necessary safety characteristics, such as windows and doors opening instructions, safety equipment and appropriate speed devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are children transported in open vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there an adult supervisor in a vehicle transporting children under the age of nine years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are children in vehicles ever overloaded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SCORE	# of YES ____ % out of 7 ____	# of YES ____ % out of 7 ____	# of YES ____ % out of 7 ____



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SECTION 5: PROGRAMMING

PROGRAMMING	INTAKE	PROGRESS	TERMINATION
1. Are children separated into age categories in separate rooms or places to ensure their development?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are staff trained in implementing early childhood-development programmes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the centre implement programmes appropriate to the developmental stages and evolving capacity of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the centre ensure that parents and care-givers are involved in the development of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the centre implement programmes that promote cognitive development in children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the centre make use of creative play and exploratory learning opportunities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the centre promote the development of fine sensory and motor skills in children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the centre implement programmes that teach age-appropriate self-control and independent behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the centre use existing community resources and strengths in promoting the development of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the centre provide parents, care-givers and families of vulnerable children, children with disabilities and child-headed households with information, knowledge and skills to promote the development of their children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SCORE	# of YES ____ % out of 10 ____	# of YES ____ % out of 10 ____	# of YES ____ % out of 10 ____