Annexure A: Permission from Head of Department of Social Development

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr Bella Molepona
Tel: 011 355 7655
File No. 2/9/4/4

Dear **MAPULE PHORA**

RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research in the Gauteng Department of Social Development.

Your application on the research **"The impact of informality on access to Early Childhood Development (ECD) services: The case of Mandela village informal settlement"** has been considered and approved for support by the Department as it was found beneficial to the Department's vision and mission. The approval is subject to the Departmental terms and conditions as endorsed by you on the 10/11/2016.

May I take this opportunity to wish you well in the journey that you are about to embark upon.

We are looking forward to a value adding research and a fruitful co-operation.

With thanks.

Ms. WR Tshabalala
Head of Department: Social Development
Date: 17/11/16.

Annexure B: Questionnaires of participants

Draft questionnaire for City of Tshwane Officials

Question 1: Please briefly explain your role in informal settlement upgrades?

Question 2: What is the criterion used by the Municipality in awarding communal site?

Qusestion3; Does the City have a data base of all sites within the indentified informal settlement?

Question 4 : During in-situ upgrades, is preference given to families that operate ECD service, if NOT, How does the municipality deal with crèches during upgrades?

Question 5: what is the City's policy in allocating sites to ECD applicants, are they expected to buy and at what rate?

Question6: how are crèches zoned and what will be thee procedure?

Draft questionnaire for DSD official

Question 1: Please share the procedure your department follow in registering an ECD centre?

Question 2: what procedures do you have for ECDs in informal settlements?

Question 3: what dispensation do you have for such sites?

Question 4: Are you aware of the upgrading of informal process?

Question 5: Do you have any interface with other role players who are involved in offering service in informal settlement?

Draft questionnaire for ECD practitioners

Thank you for participating in this study. This is study will go a long way in contributing to the vast knowledge already existing to improve the quality of life for children who stays in informal areas

Question 1.1. How long have you been staying in this area?

Question 1.2. What motivated you to start a crèche ?

Question 2: Dow long have you been operating from this site?

Question 3: How manyf children are ..... and what is their age group?

Question 4: Do you know of ECD services offered by local government's Department of Social Services?

If yes, what is it that you know about them?

Question 5: is the Crèche registered with...the Department of Social Development as a centre as prescribed by the Children's Act.....?

(if yes) what was the procedure you followed to register?

(If not registered) what are the challenges you face in getting it registered?

Question 6: Explain the general challenges and success you experienced since opening this facility

Question 7: Have you ever applied for private sector funding, if yes what was the response

Question 8: Any other experience/ comments, you would like to share with me?

SCHOOL OF ARCHITECTURE PLANNING

PARTICIPANT INFORMATION SHEET

Official from department of Social Development(DSD)

Greetings

My name is **Mapule Phora** and I am currently a full time student studying towards a **DEGREE** in the School of Architecture and Planning (SOAP) at the University of Witwatersrand. I am currently investigating the extent to which informality contributes to lack of access for ECD centres in accessing Government and private sector support

I am inviting you to be part of the study through an **interview process**.
The interview will take no longer than **30 minutes** of your time. The interview will be conducted at **your office.** During the course of the interview you will be asked questions regarding **the process followed in registering ECD sites and process of assisting those sites in informal settlements**

The interview will be **recorded,** using an audio recorder and hand written notes.

You have been selected to participate in this study due to the fact that you have the expertise and experience in the registration of early childhood development centres

Your participation is **voluntary**, you may refuse to answer any questions that make you uncomfortable, and you may withdraw at any time without penalty or loss. You will receive **no payment or other incentives for your participation.**

Your participation will be completely **anonymous (SPECIFY)** and you will not be personally identified in the final report. You will be referred to as **official from DSD** However; your **organisation** may be identified if you are agreeable

The results of the interview and your personal views **will not be linked to you in the final report.** *In the event that I use direct quotations from this interview, please note that your identity will not be revealed. Any comments that you make that you deem "**off the record**" or similar, will not be quoted. Further, any information that you share will be kept **confidential** and can only be accessed by me on a **password protected computer**. There are also no foreseeable risks associated with your participation.*

The research undertaken is **solely for academic purposes** and once completed will be available electronically and can be accessed publicly.

[redacted]

If you have any questions, concerns, or comments or if you would like a copy of the final report, please feel free to contact me at **mapulehora@gmail.com** or my supervisor Prof. Marie Huchzermeyer

NAME: Mapule Phora
DEGREE: MBE

SCHOOL OF ARCHITECTURE PLANNING

PARTICIPANT INFORMATION SHEET

CoT Official dealing with informal settlements Upgrades

Greetings

My name is **Mapule Phora** and I am currently a full time student studying towards a **DEGREE** in the School of Architecture and Planning (SOAP) at the University of Witwatersrand. I am currently investigating the extent to which informality contributes to lack of access for ECD centres in accessing Government and private sector support

I am inviting you to be part of the study through an **interview process**. The interview will take no longer than **45 minutes** of your time. The place for the interview might **at your office or on site. You can determine time suitable to your schedule.** During the course of the interview you will be asked questions regarding **your experience in informal settlements upgrades, especially around process followed and how you deal sites allocated for social amenities, such as crèches**

The interview will be **recorded** using an audio recorder and hand written notes. Photos of the site excluding children might be taken

You have been selected to participate in this study due to the fact that you have expertise on in-situ upgrades and in dealing with informal settlements.

Your participation is **voluntary**, you may refuse to answer any questions that make you uncomfortable, and you may withdraw at any time without penalty or loss. You will receive **no payment or other incentives for your participation.**

Your participation **will** be completely **anonymous (SPECIFY)** and you **will** not be personally identified in the final report. You will be referred to as **Official** However, your **organisation** may be identified…

EXAMPLE: The results of the interview and your personal views **will not be linked to you in the final report.** *In the event that I use direct quotations from this interview, please note that your identity will not be revealed. Any comments that you make that you deem "**off the record**" or similar, will not be quoted. Further, any information that you share will be kept **confidential** and can only be accessed by me on a **password protected computer**. There are also no foreseeable risks associated with your participation.*

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SCHOOL OF ARCHITECTURE PLANNING

PARTICIPANT INFORMATION SHEET

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I am inviting you to be part of the study through an **interview process**. The interview will take no longer than **45 minutes** of your time. The place for the interview might **at your office or on site. You can determine time suitable to your schedule.** During the course of the interview you will be asked questions regarding **your experience in informal settlements upgrades, especially around process followed and how you deal sites allocated for social amenities, such as crèches**

The interview will be **recorded** using an audio recorder and hand written notes. Photos of the site excluding children might be taken

You have been selected to participate in this study due to the fact that you have expertise on in-situ upgrades and in dealing with informal settlements.

Your participation is **voluntary**, you may refuse to answer any questions that make you uncomfortable, and you may withdraw at any time without penalty or loss. You will receive **no payment or other incentives for your participation.**

Your participation will be completely **anonymous (SPECIFY)** and you will not be personally identified in the final report. You will be referred to as **Official** However, your **organisation** may be identified…

EXAMPLE: The results of the interview and your personal views **will not be linked to you in the final report.** *In the event that I use direct quotations from this interview, please note that your identity will not be revealed. Any comments that you make that you deem "**off the record**" or similar, will not be quoted. Further, any information that you share will be kept **confidential** and can only be accessed by me on a **password protected computer**. There are also no foreseeable risks associated with your participation.*

The research undertaken is **solely for academic purposes** and once completed will be available electronically and can be accessed publicly.

If you have any questions, concerns, or comments or if you would like a copy of the final report, please feel free to contact me at **mapulehora@gmail.com** or my supervisor Prof. Marie Huchzermeyer

[redacted]

NAME: Mapule Phora
DEGREE: MBE

[redacted]

SCHOOL OF ARCHITECTURE PLANNING

PARTICIPANT INFORMATION SHEET

Child minder/ ECD Practioner

Greetings

My name is **Mapule Phora** and I am currently a full time student studying towards a **DEGREE** in the School of Architecture and Planning (SOAP) at the University of Witwatersrand. I am currently investigating the extent to which informality contributes to lack of access for ECD centres in accessing Government and private sector support

I am inviting you to be part of the study through an **interview process.** The interview will take no longer than **45 minutes** of your time. The place and time **at your ECD centre** During the course of the interview you will be asked questions regarding **your experience in accessing support and what are the challenges**

The interview will be **recorded (SPECIFY)** using an audio recorder and hand written notes. Photos of the site excluding children might be taken

You have been selected to participate in this study due to the fact that you operate and ECD centre within the designated area

Your participation is **voluntary**, you may refuse to answer any questions that make you uncomfortable, and you may withdraw at any time without penalty or loss. You will receive **no payment or other incentives for your participation.**

Your participation will be completely **anonymous (SPECIFY)** and you will not be personally identified in the final report. You will be referred to as **(Practioner no 1** However, your **organisation** may be identified…

EXAMPLE: The results of the interview and your personal views **will not be linked to you in the final report.** *In the event that I use direct quotations from this interview, please note that your identity will not be revealed. Any comments that you make that you deem "**off the record**" or similar, will not be quoted. Further, any information that you share will be kept **confidential** and can only be accessed by me on a **password protected computer**. There are also no foreseeable risks associated with your participation.*

The research undertaken is **solely for academic purposes** and once completed will be available electronically and can be accessed publicly.

If you have any questions, concerns, or comments or if you would like a copy of the final report, please feel free to contact me at **mapulehora@gmail.com** or my supervisor Prof. Marie Huchzermeyer

[redacted]

NAME: Mapule Phora
DEGREE: MBE

Annexure C: List of ECD in Mamelodi Ext 6 and Phomolong

Mamelodi East - Extension 6 & Phomolong

Leadership Team: Mrs. Lethole (CEO) © 082 216 4435 • Thandiwe (Chairperson) © 076 101 6471
• Riana (Deputy Chairperson) © 078 236 9869 • Mrs. G. Mahlangu (Secretary) © 078 830 6465
• Mrs. A. Nkabinde (Assistant Secretary) © 082 519 5467 • Mrs. J. Mahlangu (Treasurer) © 072 311 4867

No.	Day Care's Name	Principal	Address	Phone
1	Abigail DC	Abigail	11478 Phomolong	078 727 6416
2	Arise & Shine DC & PS	Amelia	9861 Phomolong	073 658 8227
3	Basetsana DC	Margaret	35961 Ext.6	078 425 4054
4	Bokhutsong Home	Rosina	34426 Ext. 6	083 398 3909
5	Building the Nation DC (1)	Mokaute	Ext. 6	073 583 3430
6	Building the Nation DC (2)	Kgomotso	Phomolong	073 233 6516
7	Dimpho DC	Rebothile	6556 Phomolong	083 054 9226
8	Dinaletsana DC & PS	Daina	1603 Phomolong	071 180 7116
9	Dipalesa DC	Marie	4615 Phomolong	076 194 5373
10	Four Eyes DC	Jane	Phomolong	078 209 0486
11	God Loves Laughter DC	Rebecca	Phomolong	073 404 8034
12	Goitse Modimo DC	Maggie	10167 Phomolong	078 003 7409
13	Hlangiwe DC	Annah	11546 Phomolong	071 352 0517
14	Keletso DC & PS	Johanna	3838 Phomolong	073 337 1482
15	Kgothatso DC	Thatoliha	29325 Vista View	079 794 5585
16	Knowledge DC & PS	Lefty	5811 Phomolong	076 391 4134
17	Kopano DC	Refilwe	Phomolong	079 285 9775
18	Kuthwano DC & PS	Shirley	35219 Ext.6	083 396 7072
19	Legae la Bana DC (1)	Portia	Phomolong	073 438 3461
20	Legae la Bana DC (2)	Refilwe	Ext. 6	079 285 9775
21	Little Star DC	Jane	34662 Ext. 6	071 168 9899
22	Magogo DC (1)	Mrs Mahlangu	33973 Ext. 6	072 311 4867
23	Magogo DC (2)	Eunice	34897 Ext. 6	073 085 9163
24	Makgoka DC & PS	Dimakatso	10765 Phomolong	073 855 6045
25	Mathari DC	Merriam	Phomolong	078 948 5166
26	Mmathari DC	Lizibeth	4986 Phomolong	079 369 9496
27	Mohau DC	Mavis	34934 Ext. 6	084 071 9475
28	Mutsana DC	Lucy	10185 Phomolong	072 102 0889
29	Njabulo DC & PS	Thandiwe	34335 Ext. 6	078 101 6471
30	Ntando DC & PS	Thandiwe	Phomolong	078 101 6471
31	Phethamang DC	Grace	4036 Phomolong	078 660 5590
32	Re ithuta Mahlale DC	Riana	5958 Phomolong	078 236 9869
33	Rendilwe DC		Phomolong	076 791 3885
34	Rock of Salvation DC		Phomolong	079 483 6981
35	SB Day Care	Regina	Phomolong	079 725 8871
36	Shalom DC & PS	Annah	1181 Phomolong	082 519 5467
37	Sibusisekile DC	Ms Lethole	33868 Ext. 6	082 216 4435
38	Thathekulule DC	Esther	Phomolong	076 179 7393
39	Thokozani D & ACC	Gadifele	33154 Ext. 6	076 830 6465
40	Thuto Re Lebone DC	Evelyn Pete	10095 Phomolong	078 813 8003
41	Together PS	Patience	Phomolong	082 769 8545
42	Tshegofatso DC	Constance	6482 Phomolong	072 6450 388
43	Tsimollo DC & PS	Maria Mapolo	4034 Phomolong	076 086 4923
44	Tswelopele DC	Patricia	34939 Ext. 6	073 178 3551
45	Vuthoni DC	Birandza	Phomolong	084 861 1553

Designed @ Chemi Knowledge Club • Call John @ 082 280 6184

The following should accompany your application form:

- Constitution;
- Admission policy to Grade 'R';
- Curriculum offered in Grade 'R';
- Lease contract/ proof of ownership of building used (including site and floor plan showing learning, ablution and recreational facilities);
- Qualifications of educators/practitioners offering Grade 'R' and certified copies of SACE registration of all educators/ practitioners;
- A certificate given by the Local Government Department of Health;
- Proof of registration or application for registration with the Department of Social Development (DSD) if the site is also used for learners who are below the age of four years turning five before the 30th June in the year of admission;
- Proof of registration with the Department of Health;
- Language of learning and teaching policy.

Statements regarding the following:

- Proof that the site is financially viable
- An indication of the composition of the governing structure
- A signed agreement to provide the above documents periodically
- A signed agreement that information will be provided to the Head Office on request

Conditions for Registration

- The school will be given a conditional registration in that it is only registered for the purpose of offering Grade 'R' – its registration certificate will be endorsed.
- The registration can be withdrawn if any criterion above and required documentation is not met.

PLEASE NOTE THAT EACH MUNICIPALITY HAS DIFFERENT BYLAWS.

EARLY CHILDHOOD DEVELOPMENT PROGRAMME

A GUIDE TO REGISTER YOUR ECD CENTRE

"Fundisa Ingane, Fundisa Isizwe"
Teach A Child, Teach The Nation

Together, Moving Gauteng City Region Forward

GAUTENG PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

Call Centre: 0800 000 789
www.education.gpg.gov.za

Annexure D: Flyer used by DSD

BEFORE OPENING AN EARLY CHILDHOOD DEVELOPMENT (ECD)CENTRE CONSIDER THE FOLLOWING

o Town Planning

» Visit the Town Planning in your area
» Apply for a special consent use
  - Attach all certified copies of documents required for your application.
» Your application will be processed through the Town Planning channels
» You will be informed, in writing.
» You will then receive a permit to open an ECD centre.

While waiting for the response from Town Planning, visit the Environmental Health offices to inquire about requirements for a Health Certificate.

o Environmental Health

Only after your consent use is approved by Town Planning, you must visit the Environmental Health offices and apply for a Health Certificate.

» Apply for a Health Certificate
  - Attach certified copies of required documents.
  - Environmental Health Practitioner will assess your premises for compliance such as
    - Space per sq meter per child
    - Number of children allowed
    - Cooking premises
    - Storage
      - Dry goods
      - Perishables
      - Cleaning material
    - Toilets and
    - All environmental issues
  - Once your application is approved
  - You will receive a
    - Health Permit (Health Certificate)
    - Certificate of Acceptability (for serving meals)

The certificates will only be approved if your premises were built according to the approved building plans and all Health requirements in terms of the relevant Health Bylaws have been complied with.

o Department of Social Development

The Children's Act, 38 0f 2005, stipulates that anyone who intends caring for more than six (6) children between the ages of 0 – 18 years must register with the Department of Social Development.

» The applicant must contact the Regional Department of Social Development and apply for registration
» The Social Worker at the Regional office will give you an application form and a list of required documents for your application.
» As part of your application process, the Social Worker will visit your ECD Centre for assessment.
» The ECD Programme must also be part of the registration. (Dual registration has to take place)
» The following are required documents to register your programme
  - Staff composition
  - Provide the programme in accordance with any conditions subject to which the programme is registered.
  - Comply with the norms and standards (section 94 as per Children's Act)
  - Form 29 available from the Department of Social Development Regional offices (Vetting of staff) .
» Once your application has been approved, you will be issued with a certificate of registration or conditional registration.
» Continuous assessment visits from the Department of Social Development will be made to your ECD Centre.

» Funding

Funding can be applied for from the Department of Social Development, after the registration of ECD Centre and a programme is finalized. Registration does not guarantee funding. Department of Social Development may fund the service depending on the availability of funding.

GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT CONTACTS

HEAD OFFICE
Ntheki/Mahtwa/Phumudzo
Tel: (011) 355 7846 / 355 7845 / 355 7716
Fax: 086 421 6745 / 086 421 7066 / 086 421 7810
Cell: 082 336 3123 / 082 469 3123 / 076 480 3979

REGIONAL CONTACT DETAILS

EKURHULENI
Fikiswa Sosola/Adel De Bruin
Tel: (011) 820 0374 / 820 0396
Fax: (011) 820 0363 / 873 9390
Cell: 082 554 4053

JOHANNESBURG
Malebo More/Nkhensani Nephawe
Tell: 011 355 9364 / 355 9210
Cell: 079 894 2273 / 082 414 6909

WEST RAND
Iris Cindi / Ikgopoleng Rankudu
Tel: (011) 950 7768 / 950 7775
Fax: (011) 950 7701
Cell: 082 331 0903 / 082 448 4801

TSHWANE
Poppie De Villiers / Marinda Oosthuizen
Tel:012 359 3377 / 012 359 3376
Fax: 086 567 1397
Cell: 079 527 1748

SEDIBENG
Mmabatho Moabi / Bombeleni Munzhedzi / Zukiswa Mabutho /Vuyisile Bolofo
Tel: 016 596 9508 / 016 342 9103 / 016 430 2545 / 016 930 2094
Fax: 016 988 1082
Cell: 071 492 1058 / 071 492 1053 / 071 492 1023 / 082 312 3725

o Department of Education

HOW TO REGISTER YOUR ECD SITE AS AN INDEPENDENT SCHOOL OFFERING GRADE 'R'

Speak to your local Department of Education's district office about starting or registering your ECD centre as an Independent School that is offering Grade 'R'.

» **Obtain an application form from your nearest district office (Department of Education)**

Familiarise yourself with all the requirements, fill in the application form and submit it.

» **Step 2 Make sure that the premises and equipment for Grade 'R' meet the prescribed standards set out by the Department of Education.**
» **Step 3: The site must have a qualified teacher/practitioner.**

» The principal must be a professionally qualified educator and the Grade 'R' practitioners should at least have an ECD NQF Level 4 Core Unit Standard.
» **The approved National Department of Education curriculum for Grade 'R' learners must be followed.**

This is obtainable from your local district office.

» **The site must have the following:**
- appropriate administrative systems and procedures
- a registered bank account with a registered bank
- assessment and evaluation systems
- learner support systems,
- if the site offers services from birth to 4 year olds, it must be registered with the Department of Social Development in terms of their requirements

Annexure E: Check List issued by DSD

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR REGISTRATION OF A PARTIAL CARE FACILITY AND AN ECD PROGRAMME

NO.	DOCUMENTS SUBMITTED	PLEASE INDICATE WITH A TICK
1. ✓	Application for registration of a partial care facility (Attached to the registration form that will handed to the ECD)	
2. ✓	Application for registration of an Early Childhood Development Programme (Attached to the registration form that will handed to the ECD)	
3.	Register for staff employed at the facility (Attached to the registration form that will handed to the ECD)	
4.	Information of children admitted for the ECD programme (Attached to the registration form that will handed to the ECD)	
5.	Two-weekly menus for: 0-2 years 3-6 years (Attached to the registration form that will handed to the ECD)	
6.	Daily programmes for the different age groups (Programmes that are attached on the walls of the different classrooms and should be for different age groups.)	
7.	Implementation plan of the daily programme (Break down of the above programmes above in detail & state how the children are stimulated)	
8.	Health Permit (Given by the Environmental Health Department)	
9.	Health certificate (Given by the Environmental Health Department)	
10.	Certificate of Acceptability (Given by the Environmental Health Department)	
11.	NPO certificate / Conshidation	
12.	Emergency certificate / Complete (Given by the Department of Emergency Planning)	
13.	Evacuation plan	

DEPARTMENT OF SOCIAL DEVELOPMENT
ECD UNIT: SPRINGS CLUSTER
CONTACT DETAILS: 011 365 9000

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR REGISTRATION OF A PARTIAL CARE FACILITY AND AN ECD PROGRAMME

	(Given by the Department of Emergency Planning)	
14.	Verification of information on the National Child Protection Register Form 29	
15.	Copies of Qualifications of all staff members	
16.	Approved Building plan / Municipal / Zoning Certificate (Approved by the Municipality Town Planning Department)	
17.	Lease agreement/ or title deed / Consent	
18.	Business plan/profile of the organization (An example is attached to the registration form that will handed to the ECD)	
19.	Constitution	
20.	Registration certificate from the Dept. of Social Development (Only if you are re-registering)	
21.	Business plan (If application for funding is requested)	
22.	Inspection report for partial care registration (Social worker's report)	
23.	Assessment report for the ECD registration (Social worker's report)	

Important information that could be of assistance!!!

- 8,9,10 (Health Permit, Certificate & acceptability :
  Enquire with the Department of Health
  Tel: (011) 999 8771/8754
  Address: Second Avenue (next to the old clinic)

DEPARTMENT OF SOCIAL DEVELOPMENT
ECD UNIT: SPRINGS CLUSTER
CONTACT DETAILS: 011 365 9000

Annexure F: Registration for partial care

GAUTENG PROVINCE

CONDITIONAL CERTIFICATE OF REGISTRATION OF PARTIAL CARE FACILITY SECTION 82 OF THE CHILDREN'S ACT

CONDITIONS FOR REGISTRATION:

The facility has complied with **some** of the National Norms and Standards as contemplated **Sibusekile Crèche and Day Care Centre** was recommended for **conditional registrat** following reasons:

- Kindly ensure that there is an assistant in every class
- Clearance of all staff against the Child Protection Register
- Please take note that according to the Health certificate, you are not allowed to accomm after care
- Approved building plan is outstanding
- The Health report is only valid until 23rd of September 2016, please obtain in adva certificate
- Business plan to be according to the requirements in the Children's Act, 38 0f 2005
- **Sibusekile Crèche and Day Care Centre** is given until **22nd May 2017** to have com and standards specified above

The facility will be monitored by the designated Social Worker to ensure compliance to before the renewal of the registration.

Issued in Pretoria on this 23rd day of May 2016

.....

EGIONAL DIRECTOR

Referer

Annexure G: Registration of ECD Programme

GAUTENG PROVINCE

DEPARTMENT OF SOCIAL DEVELOPMENT
CERTIFICATE OF REGISTRATION
FOR EARLY CHILDHOOD DEVELOPMENT PROGRAMME

SECTION 97 OF THE CHILDREN'S ACT 38, 2005

SINCE E Lethole has applied for registration in terms of section 97 of the Children's Act, 2005 regard to:

Sibusekile Day Care
33862 Mohlware Crescent Extension 6
Mamelodi East
0122

AND SINCE it appears that the said Early Childhood Development Programme is so fu managed and conducted that it is suitable to provide learning and support to the c developmental stage and age.

SO IT IS THAT I, the undersigned, acting in terms of powers delegated to me in terms of Section 97 of the said Act, subject to the following condition(s) as indicated hereinafter, d
(a) hereby certified that Early Childhood Development programme has been registered Section 97 of the Children's Act
(b) this registration certificate is thus valid for a period of **4 months (four months)**
(c) in terms of Section 97(1)(c) of the children's Act, the validity of this registration exp 22nd of September 2016

That the provisions of Section 97 of the Children's Act 38, 2005 that the following be r

1. Type of Early Childhood Development Programme: Crèche and Educare
2. Total number of children to whom the programme will be presented: 114
3. Number of children with special needs: 0
4. Age groups: 0-2 years: 16 Children
   2-3 years: 18 Children
   3-4 years: 20 Children
   5-6 years: 60 Children
5. Hours of operation: 06:30-18:00
6. Days of operation: Monday to Friday
7. Type of Registration: Conditional registration

ANNEXURE G

SCHOOL OF ARCHITECTURE PLANNING

FORMAL (SIGNED) CONSENT FORM
ECD practitioner

I hereby confirm that I have been informed by the student researcher of the purpose, procedures, and my rights as a participant. I have received, read and understand the written participant information sheet. I have also been informed of: the purpose of the study and the voluntary nature of my participation

* the nature of my participation in the form of answering research questions
*the place and duration of the study
* the reasons for why I was selected to participate in the study
* the voluntary nature, refusal to answer, and withdrawing from the study
* no payment or incentives
* no loss of benefits or risks
*anonymity
* confidentiality
* how the research findings will be disseminated

I therefore agree to participate in this study by completing answering questions , which will be in a form of a questionnaire

I AGREE / to audio-recording during interviews

PARTICIPANT:

Printed name

_____ _____

Signature Date