



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

**Economic
Policy
Research
Institute**

AUDIT OF EARLY CHILDHOOD DEVELOPMENT (ECD) CENTRES

NATIONAL REPORT

Date
31 July 2014

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Glossary of Terms and Acronyms

Approved curriculum	The lessons and academic content taught in an ECD centre as approved by the Department of Basic Education.
Audit	The process of capturing information collected from individual ECD centres on a digitised questionnaire by using an electronic tablet.
Audit Instrument	The electronic instrument (which was a seven inch tablet with a digitised questionnaire loaded on to it) that was used to gather data from respondents at ECD Centres.
Children with disabilities	Children who have an impairment, i.e. physical (e.g. loss of limb); sensory (e.g. loss of hearing and sight); or intellectual (e.g. learning disability).
Conditionally registered ECD centre (also referred to as Provisional Registration)	A centre that has applied for registration with the Department of Social Development as an Early Childhood Development service provider, but has not according to the Department complied with all its standards and registration requirements within the stipulated timeframe of two years. It may receive partial funding from the Department.
Early childhood development	The process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to at least school-going age.
Early childhood development centre	<p>Any building or premises maintained or used (either for centre profit or not for gain) for the admission, protection, and temporary or partial care of more than six children away from their parents. Depending on registration, an ECD centre can admit babies, toddlers, and/or pre-school aged children. The term ECD centre can refer to a crèche, day care centre for young children, a pre-school, and/or after school care. Exclusions include Grade R classes attached to a primary school and home-based programmes with less than six children run by day mothers and child minders and/or play groups and for the purposes of the audit those with no children under the age of 6.</p> <p>Note: In the report the terms “ECD centre” and “centre” are used interchangeably.</p>
Early childhood development programme	A programme structured within an early childhood development centre to provide learning and support. These are planned activities designed to promote the emotional, mental, spiritual, moral, physical, and social development of children from birth to

nine years. Those beyond Grade R were excluded from the audit.

ECD play and learning materials	Various learning material and tools used in Early Childhood Development centres to stimulate learning by children through posters, puzzles, movement, music, arts and crafts, educational games, indoor, and outdoor play, etc. These are also referred to as learner-teacher support materials.
ECD Sector	Broad term to describe the involvement of multiple partners across ECD centres, ministries, communities, non-governmental organisations (NGOs), and other stakeholders, including parents and caregivers.
ECD Service	A range of services provided to facilitate the emotional, intellectual, mental, spiritual, moral, physical, social development, and growth of children from birth to nine years.
Enumerator	AKA fieldworker deployed by EPRI to administer the audit instrument at the ECD centres identified.
Farm	A commercial farm in an area outside the boundaries of a formally recognised city or town.
Grade R	Grade R refers to the year before Grade 1. The 'R' refers to 'Reception'. Grade R programmes are provided through three models, namely those within the public primary school system, those within community-based centres, and the independent provision of Reception year programmes.
GPS Location	The location of a place/ECD centre/building, etc. captured by an electronic device indicating the longitude and latitude of a specific location. This helps to locate a specific feature with relative ease.
Home language	Refers to the language that is spoken most frequently at home by a learner.
Informal housing community	A self-help or shack area in a formally recognised city or town.
Interquartile range	The difference between the value of the third quartile (75 th percentile) and the first quartile (25 th percentile) is known as the interquartile range. It gives the range between which 50% of the values in a series are found.

Mean	Often referred to as the arithmetic mean or simply average, the mean is the sum of a series of numbers divided by the total number of numbers in the series.
Means Test	Social assistance is subject to means testing whereby SASSA evaluates the income and assets of the person applying for social assistance in order to determine whether the person's means are below a stipulated amount. The means test is to determine if a person qualifies as grants are meant for those who most need it.
Median	The middle value in a series of numbers that has been arranged in an ascending order.
Mother tongue	The language that a learner has acquired in his/her early years and which has normally become his/her natural instrument of thought and communication.
Non-residential area	An area designated for commercial, industrial, or institutional use, within a formally registered city or town.
Ownership	The ultimate and exclusive right conferred by a lawful claim or title, and subject to certain restrictions to enjoy, occupy, possess, rent, sell, use, give away, or even destroy an item of property. In the context of the report, ownership refers to the ownership of the ECD centre which could be privately owned, state-owned or owned by the community.
Partial Care	This service is provided when a person, whether for or without reward, takes care of more than six children on behalf of their parents or caregivers during specific hours of the day or night, or for a temporary period by agreement between the parents or caregivers and the provider of the service.
Percentile	The percentage of observations that fall below the given value (e.g. If the 10 th percentile is 50, 10% of all values are 50 or lower).
STATA	General purpose data analysis and statistical software package used to clean and analyse data collected during the audit.
Registered ECD centre (also referred to as a fully registered ECD centre)	A centre that is registered with the Department of Social Development as an Early Childhood Development service provider. In order to attain this status, the centre has to apply for registration and comply with the Department's standards in terms of infrastructure, health and safety both inside the facility and outside, curriculum, human resources, etc. within a given timeframe

Reservation in rural area	A subsistence farming area outside any formally recognised cities or towns.
Semi-urban area	A settled area surrounding, but not within, a formally recognised city or town.
Service Provider	An organisation contracted by EPRI to manage the fieldwork in the respective provinces.
Sites	The term “sites” were used in the 2001 ECD audit conducted by the Department of Education (as it was known then) refers to ECD centres
Suburb	A formal residential area in a formally recognised city or town.
Township	Refers to a residential area in a formally recognised city or town (Former Group Areas Act).
Unregistered ECD centre	A centre that provides a form of care for young children, but is not registered with the Department of Social Development as an Early Childhood Development service provider. Because the centre is not registered, it cannot be confirmed to what extent it complies with the Department’s standards in terms of infrastructure, health and safety, curriculum, human resources, etc. Such centres receive no funding from the Department.
Village / Settlement	A dense collection of traditional homes in a rural area not considered to be a formally recognised city or town.

Acronyms

ABET	Adult Basic Education and Training
CAPS	Curriculum and Assessment Policy Statement
CBO	Community Based Organisation
CCMA	Commission for Conciliation, Mediation and Arbitration
CSIR	Centre for Scientific and Industrial Research
CSV	Comma-Separated Values
DBE	Department of Basic Education
DOH	Department of Health

DPME	Department of Performance Monitoring and Evaluation in the Presidency
DSD	Department of Social Development
ECD	Early Childhood Development
ECCE	Early Childhood Care and Education
EPRI	Economic Policy Research Institute
EPWP	Expanded Public Works Programme
GPS	Global Positioning System
GIS	Geographical Information System
LiEP	Language in Education Policy
LOLT	Language of Learning and Teaching
LTSM	Learner and Teacher Support Material
MEC	Member of the Executive Council
NELDS	National Early Learning Development Standards
NCS	National Curriculum Statement
NGO	Non-Governmental Organisation
NIP	National Integrated Plan
NIPECD	National Integrated Plan for Early Childhood Development
NPO	Non-Profit Organisation
PDP	Public Drivers Permit
SAPS	South African Police Services
UNICEF	United Nations Children's Fund (formerly United Nations International Children's Emergency Fund)

EXECUTIVE SUMMARY

In 2008, the South African government identified ECD as a national apex priority to be advanced through the intensification of the Expanded Public Works Programme (EPWP). This elevated status of ECD ensures it is receiving the highest priority in the government's programme of action.

The National Department of Social Development (DSD) commissioned a national audit of registered ECD centres in 2013. The scope was later extended to include centres with conditional registration and unregistered centres. The specific aim of the audit was to obtain comparative information on the nature and extent of ECD provisioning, services, resources and infrastructure from all nine provinces across registration statuses in order to inform and support ongoing policy and planning initiatives in the ECD sector. The findings of this audit will serve as a baseline for future audits and inform the establishment of national benchmarks for the variables used.

The Economic Policy Research Institute (EPRI) conducted the audit and manage to audit a total of 19 971 ECD centres across the nine provinces. An ECD centre is considered to have been audited if an EPRI enumerator physically visited the centre or the location of where the centre was supposed to have been located according to the location information at EPRI's disposal. In this regard, the total of 19 971 comprise of 17 846 audited ECD centres and 2 125 ECD centres where the questionnaire could not be administered due to various reasons discussed in the report.

The report is structured into various sections/themes and each theme deals with a specific focus area. Within each of these focus areas the report presents the specific objectives of the theme and the resultant findings of the audit. The questionnaire was digitised and administered at the ECD centres in nine provinces. These themes included in the audit relate to location of ECD centres, human resources, children, programmes, health and safety, nutrition and food, infrastructure and transportation. Each theme is concluded with a summary of the main findings and recommendations.

The first theme presents the findings on the location information which deals with the distribution of registered, conditionally registered and unregistered ECD centres in the country. It also provides key identifying details on registration and funding statuses, operating times and aspects of ECD centre governance. In this regard, the findings are that audited unregistered ECD centres were predominantly in low income urban areas—urban townships and informal housing areas. In terms of proximity to other services, about 60% of all audited ECD centres (regardless of registration status) are within one km from the nearest primary school. In contrast, less than 51% are within an even wider range of 3 km. Among audited conditionally registered centres, the most common reason cited by respondents for conditional registration of ECD centres is inadequate infrastructure. While it is important to set standards for infrastructure, it seems to be a constraining factor in preventing full registration status with the DSD.

The audit found that among registered centres, about 57% have a health and safety certificate. The findings regarding ECD centres' days of operation suggest that caregivers are generally

making use of non-centre-based care if they work over weekends given that only 1% - 3% of ECD centres are open on Saturdays and Sundays. In terms of hours of operation, most centres of all registration status types are open 9-11 hours per day. In terms of management of the centres, a great majority of the audited ECD centres have a constitution and a management committee and most of these committees meet at least every three months and minutes of proceedings are taken by the majority of management committees.

The second theme deals with the general operations of ECD centres in terms of administrative documents and enrolment policies. These items serve as indicators of good management practices adopted by ECD centres. Centres must operate within their budget to remain financially viable. Various items asked about in this section are vital in maintaining proper finances and limiting financial risk. Many of these documents are requirements of registration with the DSD and were included in the audit as face-value documents which the centre was meant to produce on request.

In this regard the main findings are that Centres appear to have been inspected regularly by the DSD, with a majority of them being inspected within the last two years. Some registered centres, however, report that they have never been inspected or have not been inspected in over three to four years. It is important to determine why these centres have not been inspected.

Recordkeeping is a crucial element of successful operations. In the ECD context this requires that records are kept both by the ECD centre as well as the provincial departments. The submission of business plans is a case in point. The findings in this regard indicate that 14% of fully registered centres did not submit a business plan which point to two issues: one being the poor enforcement and uniform application of this requirement and two, the fact that post-approval validations of compliance seems to be lacking.

In general, registered ECD centres appear to be well organised in terms of most items related to children. Limpopo seems to do better than other provinces on most measures while KwaZulu-Natal is generally below average. There does, however, appear to be a lack of emphasis placed on children with special needs including those with disabilities and those impacted by HIV/Aids. There also appears to be a lack of administrative recordkeeping with less than half of all registered centres having nothing more than staff attendance records or job descriptions. In addition, the lack of employment contracts and payslips is a cause for concern.

Administrative and financial documents are kept by many centres, though the rates are far from ideal. ECD centres perform relatively well in terms of records of fees paid. Rates of income and expenditure books are slightly less while budgets are somewhat lacking. Without proper records on income and expenditure, operating within the constraints of the ECD centre's budget could prove to be difficult, which ultimately affect the sustainability of the centre. Lack of a budget displays a lack of overall awareness of the need for proper financial management. Some centres were not able to produce evidence of such documents, confirming the notion of poor recordkeeping or that these documents are kept off-site, ultimately limiting its usefulness. Some registered ECD centres are also operating without documents that are currently requirements of registration. These requirements may have changed over time or these centres were able to circumvent these requirements somehow or stopped maintaining these items. Some centres may also have a poor understanding of their current registration status.

Income and expenditure vary substantially across registration statuses and provinces showing a remarkable range between the 10th and 90th percentiles suggesting there is a great disparity between centres and significant wealth inequality. This makes it difficult to formulate policy based on median or average amounts as a limited proportion of centres fall within this range. Many children appear to be exempt from fees. Receipt of social grants appears to be widespread but exact figures cannot be gained from the audit due to an apparent lack of knowledge of children receiving grants on the part of the respondents.

The third theme provides a picture of the demographic composition, qualifications, and training levels of the personnel. The quality of service rendered to children and the community is among other directly dependent upon the staff complement and educational preparedness of the staff. The section on Human Resources in the questionnaire was not always completed correctly by enumerators so the analysis does not include all the staff from all of the audited ECD centres. A total of 16 806 of centres provided information for this section on at least one staff member. The total number of staff profiles completed is 60 572.

In this regard, the audit found that staff members at ECD centres are largely female and Black African accounting for over 90% of staff on both measures. There is some provincial variation with more Coloured staff in the Western Cape and the Northern Cape. There are few White or Indian/Asian staff members in registered ECD centres and are more common in unregistered centres. This may reflect an emphasis on the part of the Department to register centres in traditionally Black African areas or that other centres choose not to register with the DSD. General qualifications are lacking for most staff at registered ECD centres with over 35% of principals/matrons and 40% of practitioners having not completed Grade 12. ECD specialisations are more common among supervisory staff than practitioners: 43% of principals/matrons and 30% of practitioners have ECD certificates of any level. ECD diplomas and degrees are relatively uncommon and 37% of principals/matrons have no ECD specialisation while 55% of practitioners have no formal qualifications in ECD.

Similar to the theme on staff, the next theme focused on children. Determining information on the number of children enrolled or the number of practitioners and assistant practitioners available to teach can play an important role in crafting the nature and scope of policies related to the provision of quality ECD services. Factors such as the disability status of children and the predominant language in which curriculums are taught in a particular province can also have an important bearing on the development of such policy.

During the audit, ECD centres were asked to provide information on various demographic characteristics of their learners such as age, gender and race. They were also asked about whether they conduct disability assessments and if there are any learners with disabilities present in their centre. Information was also collected on the total number of practitioners and assistant practitioners available and the number of these individuals who were present on the day of the audit.

The most significant findings is that the number of children present on the day of the audit is just over 10% higher than the number of children enrolled at ECD centres. While the reasons for this phenomenon are not clear, the implication is that ECD centres likely have to overstretch their resources in order to provide care to children in their centres, despite fees and subsidies

received. The consequence of this sort of overstretching of resources is that the quality of care and learning provided to children may be compromised, which in turn will negatively impact the growth and development of the learners.

The second significant finding is that the number of centres that underwent professional assessments of children for disability/impairments is relatively low across all disability types. This could be indicative of the fact that centres are not aware of the importance of conducting disability assessments or that they do not have the resources to arrange such assessments. Nonetheless, it is possible that such a lack of assessments may have a profound impact on the development of children with disabilities in centres for children whose disability/impairments remain undiagnosed. It is also possible that assessments are being done by a professional while children are with the caregiver. This puts the responsibility on the caregiver who may not regularly take the child for check-ups or being able to afford the expense of these.

The third significant finding is that conditionally registered centres in Mpumalanga and North West have a relatively high children-to-teacher ratio. This could imply that the quality of care being provided at these centres is compromised and makes effective supervision of children more difficult. Further investigations would need to be done in order to determine the reason for the relatively high children-to-teacher ratio and what can be done in order to achieve an acceptable ratio. With regards to maintaining a low children-to-teacher ratio, it may also be worth investigating what steps are being taken by centres in the Eastern Cape; this is because audited centres across all registration statuses in this province maintained a ratio between 5:1 and 8:1.

The next theme dealt with ECD programmes. In order to reduce inequalities within education, it is imperative that ECD programmes should provide teaching curricula and learning environments that adequately prepare all children for formal schooling. The audit on ECD programming aimed to determine the extent of the curricula and learning assessments used in pre-Grade R and Grade R learning programmes. Several questions were asked regarding the quality and types of curriculum provided at both levels. Specifically, questions were asked on whether centres had a structured learning programme, whether they were following it on the day of the audit, whether they assessed their learners regularly, and if so, what methods of assessment they used. ECD centres were also asked about their interaction with their learners' parents and or guardians and if they had intervention programmes in place to assist children with disabilities. Furthermore, centres were asked about the variety, quality, and quantity of different types of learner teacher support materials available.

Overall the audit found mixed results of ECD programming with most centres using their own curricula which likely affect the quality of the programme and intended skill development. Although the vast majority of centres claim to be following NELDS, it is unclear what specific aspects are in place within the programme to achieve this. Given the variety of programmes determining which centres follow a quality curriculum was not possible. Given the lack of training and qualifications of the practitioners, the quality of the curriculum and its implementation are difficult to evaluate. Around 40% of these curricula remain unapproved in fully registered ECD centres. Further investigation is required to adequately assess the quality of ECD education across South Africa due to the high variability of curricula, low levels of registration and approval, and the general lack of qualifications.

The fact that some registered ECD centres do not perform any kind of assessment is concerning and may be indicative of the quality of the programme. Centres performing assessments less often are more likely to have more formal assessments providing more detail than daily assessments would. Given the wide range of responses across provinces, there may be a need for more national guidelines to evaluate how well children are learning.

The move in recent years to formalise Grade R education with a preference for school-based Grade R classes have resulted in a minority of centres offering Grade R classes with some not following the National Curriculum Statement. Virtually all ECD centres with Grade R conduct some form of assessment. This could be due to the more structured nature of the programme and possibly more direction and support from the DBE. It is, however, concerning that the audit highlights so much variation in assessment techniques, which may affect the ECD practitioner's ability to identify problems in learning.

It is satisfying to note that almost all registered ECD centres have parent meetings, although not all centres provide parents with reports. The percentage of centres in some provinces not providing reports is significantly lower in some provinces. These centres need to be assisted to ensure the parents are provided with adequate information. While end of year reports are useful, more frequent reports would be beneficial to child learning.

The majority of registered ECD centres do not have intervention programmes to support children with disabilities. Parents of children with disabilities and learning impairments will face challenges finding suitable ECD centres that will meet their needs.

LTSM is very important for the successful implementation of ECD programmes. The availability and condition of these items is likely to be largely due to financial limitations and the importance teachers and parents place on educational resources. It is unfortunate that most provinces that reported poor condition of arts and craft material also do not have enough of such material. Overall, music and movement materials are available in short supply with many centres reporting they have few items and that they do not exist in sufficient quantities. Generally, almost only one-third of centres had all the educational games while just over 43% of fully registered centres had enough of these games—all which points to a need to make centres aware of the importance of play and stimulating educational games. Nationally, there is a fairly even divide between fully registered centres with enough (37%), partly enough (32%), and not enough (32%) manipulative and construction sets. However, this varies considerably by province. The DSD may need to do more to provide centres with these materials, encourage donations, or offer subsidies to better assist centres to acquire these materials themselves.

The next theme dealt with health and safety of learners at ECD centres. Parents and guardians entrust the care of their children to ECD centres for a substantial portion of the day so they must have an assurance their children are being cared for in a safe environment. While it is impossible to ensure 100% safety of learners at all times, there is a set of criteria that centres must abide by to reduce the risk of physical injury and communicable diseases. These include things such as having staff with first-aid training, a separate area for children who shows signs of illness, detecting early signs of abuse or neglect, enforcing a hand-washing policy, and having a fence around the centre. To assess the general safety and health related preparedness of ECD

centres, they were asked questions regarding immunisation records, medication management policies, contact with local clinics, and the regularity of keeping the centre clean.

The main findings in this regard are that ECD centres keeping immunisation records generally do a good job maintaining those records. It is, however, unclear how ECD centres keep the records up-to-date as children can be immunised without the knowledge of the ECD centre. It is possible they are updated annually at the time of re-enrolment. The fact that over a quarter of fully registered centres do not keep immunisation records indicate a lack of compliance of a rather large number of ECD centres. Potential solutions include an information campaign or allow for information to be more easily shared between local clinics and ECD centres possibly through confidentiality waivers signed by parents/guardians upon enrolment.

Hygiene standards are generally good across the countries with a few key exceptions. Provinces appear to be performing poorly in areas closely related to the care of infants. This requires further analysis as it is possible that many centres do not provide care to very young children. Furthermore, centres without washable walls and sick bays are also relatively common and likely to be closely tied to issues of infrastructure.

In terms of safety, the overall picture which emerges suggests that centres tend to do very well in terms of certain aspects of preparedness, but are lacking in other key areas. Facets of preparedness that centres seem to do well in are having a list of emergency contact details of parents, displaying a list of emergency services, and having at least one fire extinguisher in the building. Facets of preparedness which centres have to improve on are having a health and safety officer, having a health and safety officer who is trained in first-aid, and teaching children how to evacuate in case of an emergency.

Health and safety officer are found in less than half of ECD centres, though where present they are generally well-qualified and have relevant first aid experience. There may be a misconception that health and safety officers must be trained in first aid. While this is an important consideration, ECD centres may be well advised to appoint a staff member to this role as it shows some initiative has been done to address safety concerns. It should be noted that first aid training certificates must be maintained through continual updates to remain valid.

Evacuation procedures are absent in many centres with a small percentage of centres training children on how to evacuate from the ECD centre in the event of an emergency. Children at most centres appear to be relatively safe outdoors with few dangers near the premises and fences with lockable gates that further reduce risk.

The next theme the audit dealt with is nutrition and food. Nutrition and the types of food children consume is an important factor in the early stages of their growth and development. Studies show that proper nutrition improves a child's behaviour, school performance, and overall cognitive development. Without proper nutrition children cannot grow or develop to their full potential. Many children spend the better part of the working day at ECD centres requiring that the children be fed multiple times while there. Given the needs of growing children, it is therefore important to ensure that ECD centres are providing food that meets the child's nutritional requirements.

In order to gather information on nutrition and food ECD centres provide, respondents were asked about whether they provided any meals and, if so, what types of meals they provided, whether they put up menus approved by dieticians, and what types of food groups were presented to the children on the day of the audit. Questions were also asked regarding food donations received by centres and if centres maintain a food garden which they use to produce vegetables and fruits for the children and staff members. Centres were also asked about the very important issue of malnutrition; in particular, centres were asked if any of their learners had been malnourished in the past or were currently malnourished. Furthermore, they were also asked about the actions they took to combat the malnourishment in their learners.

Meals are provided by a large number of ECD centres nationwide. Of those centres that provide meals, the most commonly provided type is breakfast and lunch. It is possible that arrangements are in place for parents to provide the meals that the centres do not cater for. The spot checks performed of the nutrition groups included in the food served at centres on the day of the audit suggests that meals are generally well balanced; however, the number of centres that were providing fruit juice or vitamin enriched juice was not particularly high and proteins do not seem to be served regularly in all centres. Food gardens are present in 40% of registered centres and 8% of centres nationwide took no additional action when malnutrition was diagnosed in one of its learners. Encouraging centres to start food gardens will assist in combatting malnutrition and contribute to healthier and more nourishing diets and may reduce operating costs.

The next theme dealt with infrastructure. Proper infrastructure at ECD centres is important because it is a critical enabler of the provision of high quality care and services and is meant to provide a safe environment conducive to learning. The infrastructure of an ECD centre, for example, can affect the safety and well-being of children in the centre. It can also impact the type of curriculum that is followed, the type of learner and teacher resources that can be accommodated and a host of other services that can be delivered to learners. In order to get a holistic sense of the state of infrastructure at ECD centres, the audit posed various questions related to the nature of the building; the condition of specific aspects of the structure such as the roof, walls, and plumbing, the structure's ability to cater to the needs of learners and staff members with special needs, and the type of sanitation facilities available at the centre.

The audit found that most ECD centres are located either in formal structures built to serve as ECD centres or in houses. The proportion of centres that are housed in informally constructed structures is low, while the proportion is even lower for centres that are in modified containers or other structures.

Studying the responses to questions on the quality of the infrastructure reveals that centres in KwaZulu-Natal and the Northern Cape have the poorest quality infrastructure. KwaZulu-Natal has one of the highest proportion of centres with the greatest need of "urgent maintenance"; the highest proportion of centres with physical defects in the roof and walls; a relatively high proportion of centres with avoidable safety hazards such as sharp and dangerous fixtures as well as obstacles obstructing passages; and high percentage of centres reporting that the overall condition of the building is "Poor".

The Northern Cape also has a relatively high percentage of centres with sharp and dangerous fixtures and ranks poorly on the overall condition of the centre with many being considered unsafe. Service delivery interruptions as a result of the condition of the ECD centre also appear to be frequent in the province, while many centres expressed that they did not think the buildings were well-suited to act as an ECD centre. This suggests ECD centres are using buildings that were not designed to be used as an ECD centre or that the buildings are relatively old.

Gauteng and the Western Cape, on the other hand, perform relatively well across all indicators of the quality and condition of the infrastructure. Furthermore, Gauteng, in particular, ranks highly among centres that have facilities which promote a safe and healthy environment as well as an environment which promotes the delivery of quality services to both able-bodied and learners with disabilities. Specifically, Gauteng ranks highly in terms of centres with paved surfaces in outdoor play areas, proper heating and ventilation facilities in classrooms, separate rooms for practitioners and separate toilet facilities for adults.

ECD centres tend to access water through taps in their building or on-site more so than through public or communal taps. This, however, varies substantially across provinces with the Eastern Cape and KwaZulu-Natal making use of rainwater tanks and communal taps.

The use of electricity from mains serves as the main source of energy for both lighting and cooking among numerous provinces. Centres in the Eastern Cape, KwaZulu-Natal are least likely to use electricity for lighting relying on candles and paraffin wax or only natural light. Centres in Limpopo and the Northern Cape are also affected albeit to a lower extent. Centres without electricity and centres without access to any form of energy for cooking do exist. Both these problems could potentially create major issues in terms of the delivery of quality ECD services in affected centres. It would be important to determine whether the centres have physical access to electricity or running water in their areas or whether the cost is acting as the barrier.

The final theme that the audit assessed was transportation. The findings on transport policies and provision practices of ECD centres across all nine provinces of the country are presented in this section. The potential for injury obliges ECD centres to follow strict safety procedures. Policy makers and ECD specialists should be aware of any deviance from these norms and must act swiftly to ensure that they are correct as soon as possible. In order to better understand the level of awareness among centres regarding the provision of transport, inquiries were made about several issues such as whether there is an additional adult in the vehicle with the children when they are being transported; whether vehicles have childproof locks; and if children are allowed to sit in the passenger seat when being driven to and from ECD centres. ECD centres were also asked whether special arrangements were made for children with physical disabilities and if seating space in vehicles complies with regulations.

The findings in this regard revealed that few centres have transport policies and less than 10% provide transport to children. Results in this section have successfully demonstrated the extent to which ECD centres across the nation are generally aware of safe transportation practices. In general, a majority of centres which provide transport facilities to children across all provinces appear to implement a number of safety standards and practices. There is, however, plenty of

scope for improvement, particularly with regards to getting centres to not allow children in the passenger seat (next to the driver) when transporting them and in terms of addressing the needs of physically disabled learners.

Apart from the analysis, each theme is concluded with a set of recommendations. For ease of reference, all recommendations have been summarised under the heading 'Summaries of Recommendations'. Also contained in the report are tables all the variables used in the analysis wherein the specific details of variables are broken down into registration status and province. The report is concluded with the questionnaire used to gather the information for the analysis.

1 INTRODUCTION

Young children who receive the right preparation during their early development are equipped with basic life skills that assist them in later life. When these basic building blocks are absent, the effects of the delayed development in the early years can adversely affect the ability of the young child to reach his or her full potential later in life. Early Childhood Development (ECD) is a comprehensive approach to policies and programmes for children from birth to 9 years of age, with the active participation of their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential.

ECD is not restricted to only the education of the child as it also includes the period from conception to birth. The majority of ECD activities that currently exist in South Africa are implemented and set up by community-based or non-governmental organisations and a large percentage of these activities take place outside of formalised ECD centres. An ECD centre is a facility that provides education and care to children in the temporary absence of their parents or adult caregivers in a holistic manner by tending to their health, nutrition, education, psychosocial development and other needs within the context of the family and the community. Centre-based ECD services are provided mainly by NGOs and profit-based organisations while complementary services are provided by government which includes primary health care, birth registration, social security, etc. In addition, government is primarily responsible for funding ECD centres in the form of subsidies. In this regard, ECD centres that meet certain standards may apply for Government funding which include a building plan/hand drawn sketches of building, a signed and dated copy of the constitution, a business plan, a financial report of the past year and a contract/lease agreement with the owner of the building.

Understanding the challenges faced by ECD centres is crucial for making informed policy decisions because the overall improvement of ECD provisioning must be informed by a better understanding of the shortcomings (or gaps) that currently exist. These deficiencies must be identified and measured against set criteria. The national ECD norms and standards for service provision as laid out in the Children's Act, 2005 (Act No. 38 of 2005) is the yardstick against which compliance of individual ECD centres is measured. To this end the National Department of Social Development (DSD) commissioned a national audit of registered ECD centres in 2013, later expanded to include centres with conditional registration and unregistered centres. The specific aim of the audit was to obtain comparative information on the nature and extent of ECD provisioning, services, resources and infrastructure from all nine provinces in order to inform and support ongoing policy and planning initiatives in the ECD sector. The findings of this audit will serve as a baseline for future audits and inform the establishment of national benchmarks for the variables used.

Accurate and quality data on services to children enables government to make informed decisions. The national audit is thus a tool to provide answers to concerns about whether the services are conforming to the prescribed norms and standards, how the funds are applied, what the levels of education of care givers are, whether ECD centres are safe and meet prescribed health standards, and what condition and the state of infrastructure is in, which might prompt numerous interventions.

The commissioning of the audit as a timely intervention that coincides with other initiatives aimed at addressing the existing inequalities, service level disparities and challenges of the ECD programmes and services. These other initiatives, such as the development of a national ECD policy and a national ECD programme, are currently underway to ensure that the needs of young children are addressed in a holistic manner. In addition to these initiatives, various studies have been undertaken and numerous documents have been produced and placed in the public domain on the importance of development of young children. These and other initiatives point to the importance of a multi-pronged approach from all stakeholders to intensify efforts towards the improvement of the overall quality of ECD services and programmes.

The audit is, therefore, a complementary process whose outcome will inform both policy formulation and programme development. The value of the audit lies in its potential to provide empirical evidence that will contribute to improved planning, strategic decision-making, resource allocation and policy formulation at the national and provincial levels.

This national level report is compiled using data collected from all nine provinces on registered, conditionally registered and unregistered ECD centres. In addition, a provincial report on the findings of the audit is also being compiled for each of the nine provinces.

2 CONTEXT

The DSD's mandate in relation to ECD is explicitly recognised in the Children's Act, 2005 (Act No. 38 of 2005) as amended, in which it is charged with assuming responsibility for the registration of ECD centres (or places of care), ensuring that these centres are properly evaluated and regularly reviewed, and to administer subsidies to qualifying centres. The Act obliges the Minister of Social Development to develop a comprehensive national strategy aimed at securing a properly resourced, coordinated, and managed ECD system, giving due consideration to children with disabilities and chronic illnesses. In terms of the Provinces, the Act obliges the Member of the Executive Council (MEC) for Social Development to register and to maintain a record of all registered ECD programmes. Furthermore, it also mandates MECs to develop a provincial strategy aimed at a properly resourced, coordinated, and managed ECD system in line with the National ECD strategy.

In regard to the expectation of the service that ought to be provided, the Act stipulates certain norms and standards an ECD centre must meet. These include:

- a safe environment for children;
- proper care for sick children or children that become ill;
- adequate space and ventilation;
- safe drinking water;
- hygienic and adequate toilet facilities;
- safe storage of anything that may be harmful to children;
- access to refuse disposal services or other adequate means of disposal of refuse generated at the facility;

- a hygienic area for the preparation of food for children; measures for the separation of children of different age groups;
- drawing up of action plans for emergencies; and
- drawing up of policies and procedures regarding health care at the facility.

In 2008, the South African government identified ECD as a national apex priority to be advanced through the intensification of the Expanded Public Works Programme (EPWP). This elevated status of ECD ensures it is receiving the highest priority in the government's programme of action. Government has agreed on 12 outcomes as the key focus of work between 2010 and 2014. Each outcome has a limited number of measurable outputs with targets. Each output is linked to a set of activities that will help achieve the targets and contribute to the outcomes. The improvement of ECD centres and the system as a whole is recognised as part of Outcome 1 – 'Improving the Quality of Basic Education'. The importance of improving the ECD sector for the government and the DSD is highlighted by the fact that the Zero Draft Programme of Action for ECD (2013-2018). This document was based on the ECD Action Plan which emanated from the national ECD conference held in 2012 in East London, where the Buffalo City Declaration was signed. By signing the declaration, Ministers, Deputy Ministers, MECs and Civil Society Organisations committed themselves to work together in addressing challenges related to the ECD sector in South Africa. Specifically, the signatories agreed to the following undertaking:

We the undersigned;

Acknowledging that Early Childhood Development (ECD) services are an investment in the overall well-being of children and intrinsically related to the promotion of child rights, poverty eradication, sustainable human resource development, basic education and health for all as enshrined in the South African Constitution;

Noting the crucial role of parents/ caregivers to the well-being of a child;

Recognising the first 1000 days of a child's life as critical to its holistic development;

Noting the lack of access to ECD services for most children, including children with special needs, the urban bias in ECD provisioning and the inequitable distribution of services impeding the fulfilment of children's rights as enshrined in the Constitution and International Conventions;

Affirming the role of civil society in the provision of quality ECD services by government;

Recognising the need to improve qualifications of and conditions of service for ECD practitioners;

Acknowledging the need for the development of an ECD Curriculum for children between the ages of birth to four years;

Taking cognisance that ECD services are not adequately resourced;

WE COMMIT OURSELVES TO AN ACCELERATED ACTION TO ENSURE THE IMPLEMENTATION OF THE RESOLUTIONS ADOPTED BY THIS CONFERENCE, FOCUSING ON:

1. A comprehensive review and harmonization of policy and legislation within the ECD sector moving towards universal access.
2. A multi-sectoral, integrated, coordinated approach to ensure the effective provisioning of ECD services by Government, non-governmental organizations, civil society and business.
3. Strengthening the role of parents/caregivers, families and communities in the provisioning of ECD services.
4. The inclusion of children with special needs and deliberately extending ECD services to children in rural areas.
5. Adequate resourcing of ECD services, including infrastructure provisioning.
6. Working towards professionalization, accreditation, improving training and promoting the Basic Conditions of Employment Act in the ECD services sector.
7. Streamlining of registration processes and the standardisation of ECD services to improve the quality thereof.
8. The development of a Programme of Action, in collaboration with civil society partners, with clear targets and outcomes for each of the identified focus areas by 30 June 2012.¹

In her keynote address, the honourable Minister of Social Development, Ms Bathabile Dlamini, stated that:

"We must ensure that our efforts to expand access to ECD services take into account the need to fight the triple challenge of poverty, inequality and unemployment...our aim is to provide comprehensive services as a means to improve the country's human capital and reduce intergenerational poverty. We are also aware that ECD centres greatly relieve working and job-seeking mothers during the day and therefore it is important that we ensure that parents trust that their children are in safe hands."

In view of the international context, the Minister also stated that:

*"South Africa is... a signatory to some international conventions such as the Convention on the Rights of Persons with Disabilities, Convention on the Right of a Child as well as the African Charter on the Rights and Welfare of the Child. Through United Nations Children's Education Fund (UNICEF), the United Nations continues to work with us in advocating for the protection of children's rights, to help meet their basic needs and expand their opportunities to reach their full potential."*²

The South African government's National Integrated Plan (NIP) for Early Childhood Development in South Africa 2005-2010, is currently being revised and deals with children's

¹ "Buffalo City Declaration, South African Early Childhood Development Conference from 27 to 30 March 2012." (2012)

² "Keynote address by Minister of Social Development, Ms Bathabile Dlamini, on the occasion of Early Childhood Development (ECD) Conference at the International Convention Centre (ICC) East London, Eastern Cape." 27 March 2012.

health, nutrition, support and stimulation at ECD centres, as well as by primary caregivers in home and community settings. It seeks:

- *“To create an environment and opportunities where all children have access to a range of safe, accessible, high-quality early childhood development programmes that include a developmentally appropriate curriculum;*
- *To have knowledgeable and well-trained programme staff and educators; and.*
- *To have comprehensive services that support their health, nutrition, and social well-being in an environment that respects and supports diversity.”*³

As part of concurrent review processes of ECD, the Department of Performance Monitoring and Evaluation in the Presidency (DPME) and the Inter-Departmental Steering Committee on Early Childhood Development commissioned a Diagnostic Review of the prevailing ECD paradigm, current services, human resources, funding, and impact. This was the first evaluation under the emerging National Evaluation System led by DPME. The review was based on 112 relevant policy documents, evaluations and studies, as well as consultations with ECD practitioners, civil society, researchers and government officials at national, provincial and local levels.

The National Integrated Plan for Early Childhood Development (NIPECD) flows from a mandate given to the Social Sector Cluster by the first Cabinet Lekgotla of the third democratic government in May 2004. The key aim of the integrated plan is to bring greater synergy and coordination to current government programmes undertaken by various departments in the area of early childhood development. The integrated plan is primarily aimed at giving the children of our country the best start in life by building a solid foundation of physical, emotional, psychosocial, cognitive, and healthy development. The focus of the NIPECD is on 0-4 age cohort. The NIPECD reasserts the leading role of the Government in formulating, implementing and monitoring policies and programmes on early childhood development, whilst recognising the important role played by non-governmental and community-based organisations. The NIPECD was adopted and approved in 2005.⁴

It is a recognised fact that the first 1,000 days of a child’s life lay the foundation for positive psychosocial, cognitive, and physical development, making investing in early childhood development crucial, firstly for the children of South Africa, but also for the future of the country. During the *Ilifa Labantwana* ⁵ Launch of “**Your Child is a Somebody**” campaign in September 2012, the importance of laying a firm foundation for all children irrespective of their circumstances was further emphasised when the organisation made the statement that “*All children are human beings born with rights, which include the right to the services, care and support that will ensure their safety, health, growth and development. Children are the centre of Early Childhood Development (ECD). Commitment to providing effective services and programmes for them stems, first and foremost, from a dedication to their well-being*”.

³ Seleti, Juliana. (July 2010) “South African National Integrated Plan for Early Childhood Development (NIPECD) (Tswaragano ka bana)” Presentation to the World Bank Africa Early Childhood Care and Development Initiative, Cape Town.

⁴ Zero draft an Integrated Programme of Action for Early Childhood Development – Moving Ahead (2013-2018)

⁵ Ilifa Labantwana (meaning ‘Children’s Heritage’), a national ECD programme, was founded in 2009

In the context of the statements made by the Minister of Social Development, as well as the sentiments expressed by social partners, the importance of ECD cannot be over-emphasised. In order to take the ECD sector forward, specific short- to medium-term investments to achieve specific outcomes is required. It is hoped that these findings will assist the ECD sector to find solutions and guide interventions aimed at improving the sector as a whole.

3 APPROACH AND METHODOLOGY

The Approach and Methodology outlines the processes followed by EPRI from the initiation of the project to project closure. It provides details in terms of the various project phases that EPRI followed in delivering the project and discusses the methods applied in each of the phases.

3.1 Introductory Remarks

In an effort to gather reliable and up to date information about ECD services and programmes, the National Department of Social Development contracted the Economic Policy Research Institute (EPRI) to undertake a national audit of just under 20 000 ECD centres. This is the second national audit of this nature with the first one having been commissioned by the Department of Education (DOE) in 2001. In the section reporting the findings from the DSD's ECD audit (refer to Section 4 of this report), where applicable and comparable, a comparison will be drawn with the findings of the DOE's 2001 audit.

The fieldwork for the national audit started in August 2013, was suspended due to the December and January holiday period and was completed in May 2014.

3.2 Project Phases and Implementation

The National Audit was scheduled to be completed in 54 weeks (Figure 1). The 54 weeks were divided into six (6) phases consisting of:

- Phase 1: Scoping
- Phase 2: Project Initiation
- Phase 3: Planning for the Audit
- Phase 4: Conducting of the Audit
- Phase 5: Collation of Data, Data Analysis and Reporting
- Phase 6: Project Closure

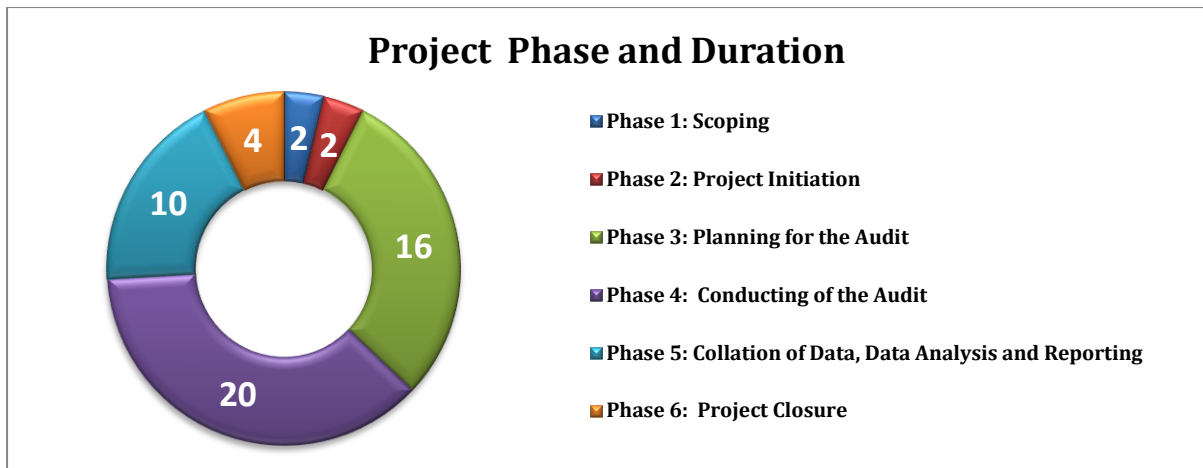


Figure 1: Project Phases and Timeframe

Phase 1: Scoping: In order to have a unified understanding of the audit, EPRI and the DSD met on numerous occasions to ensure that the project parameters contained in the Terms of Reference (ToR) were clarified and agreed upon.

Phase 2: Project Initiation: EPRI, together with the DSD, initiated the project by ensuring that certain key decisions were made and agreed to. A governance structure was set up which included the appointment of the National Project Steering Committee, the Provincial Steering Committees and clarifying the role that the ECD Forum structures would play in the project. EPRI also established a Project Management Office and appointed project staff.

Phase 3: Planning for the Audit: This phase was characterised by a number of concurrent activities in preparation of the actual audit of ECD centres. This phase concentrated on the development of the software and preparation of the hardware for the audit, the compilation of a questionnaire and training material, the sourcing and appointment of suitable service providers and recruitment of enumerators, the planning of the fieldwork and the sequencing of the provinces.

At the request of the DSD, the timeframe of the project was reduced from 18 to 12 months. EPRI proceeded to develop the questionnaire and engaged stakeholders to comment on the draft until all requirements and inputs were satisfied. EPRI appointed lead service providers in the provinces to manage the fieldwork. The duties and responsibilities of the service providers were guided by a service level agreement signed by all parties. The service providers were all provided with a costing template and were requested to cost the audit in their province. The service providers were also responsible for recruiting unemployed youth from the respective districts using the youth database where available. Nationally, a total of 23 service providers took part in the audit.

EPRI also developed and tested various electronic devices to find the best electronic audit instrument. After a rigorous and extensive testing process EPRI decided to use a seven-inch tablet on which a digitised questionnaire was loaded. The tablet provided all the necessary functionalities such as in-built GPS, ability to access the 4G and 3G networks and software necessary to host the questionnaire application.

Enumerators were recruited and trained by EPRI staff using a training manual which EPRI compiled specifically for this project. The training manual was designed to orient service providers and enumerators with the various aspects of an ECD centre including, but not limited to, the types of services a centre provides and the layout of a typical ECD centre. The manual also provided information on the importance of ECD to the government and the DSD as well as the purpose of the audit, the audit process, and the audit instrument. Protocol related to how issues must be raised and what the channels of communication are also formed a part of the training manual.

Initially, the responsibility for training was assigned to the service providers as part of a train-the-trainer approach. During this stage, EPRI assisted in training the enumerators to ensure quality and expedite the roll-out of the audit. After an initial rollout in three provinces, the training responsibility was taken over by EPRI staff. Training was presented over a period of three to five days and focused on orienting the enumerators with the audit as well as with the questionnaire and audit instrument. Training also involved practical fieldwork during which enumerators visited ECD centres close to the training venue in order to gain the necessary experience and confidence in using the electronic tablet, asking questions and responding to the feedback provided by interviewees. Feedback was then provided during a plenary session where specific experiences and lessons learnt were shared and mistakes highlighted.

Nationally, a total of 640 enumerators were deployed during the fieldwork phase of the audit.

Phase 4: Conducting of the Audit: This phase of the project involved planning the roll-out specific to the provinces; contracting service providers; contacting centres in advance to inform them of the audit and to make appointments; deploying fieldworkers in line with the roll-out plan; and monitoring their progress to ensure that the fieldwork was yielding high quality data and was on track to be completed in the time stipulated in the roll-out plan. The conclusion of contracts and confidentiality agreements with service providers preceded the deployment of fieldworkers. The training of resources was done the week prior to deployment. This was to ensure a greater training impact and knowledge retention rate. The training was also used to extensively plan with the service providers and fieldworkers in preparation for their deployment. Assignment of ECD centres to individual enumerators was done on the basis of the ECD databases received from the Provincial DSD and National DSD. Enumerators were also instructed to inform their supervisors in the event they came across centres not listed in the database. In most cases, these centres were also audited despite the fact that they were not as well prepared as centres that we informed in advance.

Since the audit was rolled-out in the provinces in a staggered manner, at any point during the fieldwork phase, there were certain provinces that were involved in training enumerators while others were involved in conducting or finalising the fieldwork. EPRI opted to follow a staggered clustered approach to ensure easier monitoring of progress and management of service providers. This allowed the audit to progress at a steady pace.

Phase 5: Collation of Data, Data Analysis and Reporting: Data for the audit was collected by using an electronic tablet on which the digitised audit questionnaire was loaded. The questionnaire was administered at the ECD Centre where the responses were captured directly onto the tablet in nearly all cases. If the audit instrument failed, the audit was completed on a

paper questionnaire and uploaded onto a replacement tablet shortly thereafter. Once completed and signed off, the data was uploaded to a web based cloud environment where all ECD audit data is hosted. Access to the database was password protected and only EPRI employees with the necessary authorisation were able to access the data. Validations were built into the questionnaire to minimise enumerator and respondent error.

The tablets were equipped to take photos and capture GPS coordinates. Both these functionalities were used during the audit: the former to take photographs of the centre and its features; the latter to determine the exact location of the centre. However, the process of capturing GPS coordinates was hampered by the fact that the 3G network was not equally strong in all parts of the country. Prior to deployment of enumerators to the ECD centres, EPRI prepared the tablets and assigned each tablet to an enumerator by using a unique identifier barcode. This ensured that the tablet was properly assigned to an individual and all the uploaded data could be linked to a particular enumerator. EPRI also appointed service providers for data management and data hosting. A database was created for each of the provinces for monitoring and data extraction purposes. Data was extracted daily in order to create progress reports. These daily progress reports helped EPRI monitor fieldwork progress as well as assess data quality. The reports were sent to service providers on a daily basis. This allowed service providers to get a sense of the successes and challenges they were facing in terms of fieldwork and strategise to overcome the challenges.

Reporting on the project was done with monthly progress reports as well as presentations to the various structures and with outputs linked to deliverables. The final reports comprise a national report on findings related to only registered ECD centres, a national report on findings related to registered, unregistered and conditionally registered ECD Centres and nine provincial reports comparing findings on registered, unregistered and conditionally registered ECD Centres.

Phase 6: Project Closure: The sixth and final phase of the project will begin upon the submission of all reports to the DSD. It will entail concluding all logistical and operational obligations, the reconciliation of all financial matters, and the dissolution of all project structures.

3.3 Data Analysis and Report Structure

The first step in the analysis consisted of cleaning the data set. Of particular concern was dealing with missing data; in cases where data was missing, the data was kept missing as it was not possible to impute responses with a high degree of accuracy. Another particular concern was dealing with a glitch in the system which resulted in automated responses being provided in some instances. EPRI consulted with the service provider responsible for hosting and maintaining the database to find solutions to the problem. After investigating these automated responses the remedy was to remove such responses from the dataset before beginning the data analysis process.

The biggest challenge faced during the data cleaning process, however, was unreasonable responses to specific questions asked during the audit. These questions had to do with the

number of children enrolled at a centre; the number of children present on the day of the audit; the number of children receiving social grants; the number of children speaking a particular language as their first language; the size of the outside play area (if applicable); the total floor space of the ECD centre; and the total floor space available for teaching at the centre. These data issues could not be resolved through statistical procedures because of which EPRI is currently conducting a short verification exercise. The exercise involves calling the centres that provided unreasonable responses to these questions and asking them the same questions again in order to understand whether the initial responses were inaccurate or if they were accurate but seemed unreasonable only. Values were either unreasonably high or low or conflicted with other responses given.

The analysis was conducted at two levels: the national level and the provincial level. The national level provides a sample level aggregate of the variable under analysis by registration status; the provincial level describes the distribution of values or categories within variables by province also by registration status. Furthermore, the analysis was also conducted on the basis of an ECD centre's registration status with the DSD. The statistical package STATA was used in order to analyse the distribution of the variables. A do-file – which is an executable file containing a series of STATA commands – was constructed in order to automatically output the results of the analysis into a spreadsheet. The results were then compiled into tables and graphed. These visualisations were individually interpreted and are discussed in the main body of the report.

In terms of the structure of the report, the finding of the audit is presented in the same sequence of the sections contained in the questionnaire. All the sections contain introductory remarks which are followed by the findings of the audit for the specific section. The findings for all the variables pertaining to the section are presented in tables and graphs and the section is concluded with specific recommendations. In order to ensure the accuracy of responses, EPRI conducted a quality assurance/verification exercise during which a stratified sample of three (3%) percent was drawn from the national data base (representing all districts) and called the sampled ECD centres to verify a selection of variables before the final results were written up.

The findings pertaining to the identifying details of the audited ECD centres as well as their location are presented in the first section. This is followed by sections that present the findings on the human resources, children, and programmes followed at the ECD centres across all nine provinces and three registration statuses. Following this are sections which report on aspects related to health and safety, nutrition and food, and infrastructure of ECD centres. The final section deals with transportation.

The report also contains addenda of all the tables used for analysis and the questionnaire used for the collection of the data.

3.4 Fieldwork and Non-Responses

EPRI audited a total of 19 971 ECD centres across the nine provinces. An ECD centre is considered to have been audited if an EPRI enumerator physically visited the centre or the location of where the centre was supposed to have been located according to the location information at EPRI's disposal. In this regard, the total of 19 971 comprise of 17 846 audited ECD centres and 2 125 ECD centres where the questionnaire could not be administered due to various reasons discussed below.

This report presents findings on 17 846 audited ECD centres. Of this, 8 032 are fully registered with the DSD, 1 922 are conditionally registered, and 7 892 are not registered. Not every question was answered by the 17 846 centres. There are several reasons for this: first, ECD centres were not obligated to answer every single question and could decline to respond if they felt they did not want to answer; second, there is a possibility that enumerators may not have recorded the responses properly; third, certain questions were designed to be answered by specific types of centres only: for example, questions regarding the programme followed in Grade R was to be answered only by those centres that had Grade R; fourth, centres may not have known what the accurate response should be for certain questions such as the total number of children receiving the Child Support Grant because of which they did not respond. Low response rates were problematic for some questions, especially those related to ID numbers, floor space, and finances.

Another reason for the low response rate, especially on questions where evidence was requested, could be ascribed to the fact that databases listing ECD centres received from the provinces varied in quality and detail of information. Where contact details of the ECD centres existed, centres were contacted, informed about the audit, and requested to have face value documents available for verification by the enumerators after which an appointment was made.

Table 1: Centres audited and included in the report

<i>Province</i>	<i>Centres audited</i>			<i>Total</i>
	Full	Conditional	Not Registered	
Eastern Cape	1025	118	690	1833
Free State	819	296	405	1520
Gauteng	1092	90	2048	3230
KwaZulu-Natal	1419	217	500	2136
Limpopo	949	804	1275	3028
Mpumalanga	475	157	1074	1706
North West	410	87	414	911
Northern Cape	365	9 ⁶	104	478
Western Cape	1478	144	1382	3004
Total	8032	1922	7892	17 846

⁶ Due to the very limited number of conditionally registered centres in the Northern Cape, these results are not discussed in the text though statistics do appear in the tables.

In the case of centres with limited contact details or centres that were not in the databases provided (i.e. unlisted centres) the audit effectively resulted in a surprise visit and ECD centres were generally ill-prepared. It can therefore be deduced that pre-arranged audits generally yielded a better response rate which may also have affected the data collected. A large number of ECD centres informed the enumerators that they were not informed of the audit either by the national or the provincial departments and this indicates that the communication to centres were not effective and in some provinces totally neglected.

The 2 125 ECD centres where the questionnaire could not be administered is divided into four categories. These categories are: access denied (395), closed (935), not found (153), unconfirmed registration status (225) and duplicates (417). Detailed information is contained in Table 2. An explanation of the reasons why questionnaires could not be administered for these categories follows:

- EPRI found that a total of 395 ECD centres across all provinces refused the enumerators access to the ECD centre. Such centres cited that they are not receiving a subsidy from the DSD and therefore refused to be audited. Despite explaining to the ECD centres in question that despite them not receiving a subsidy, in terms of the Children’s Act, they must be audited and escalating this issue to the provincial department and national department, EPRI was unable to audit these ECD centres. Instead, EPRI resolved to capture the addresses, took pictures and GPS locations of such centres and included this in the database. Such centres are referred to as “Access Denied”. The highest incidence of access being denied is in the Free State (120), Gauteng (93), Eastern Cape (50) and Western Cape (88).
- During the process of auditing, enumerators visited the locations as per the address provided in the data sets. In a number of instances, in all the provinces, it was clear that the data was not maintained properly as information on centres was inconsistent with the situation in the field. These centres were in many instances without an accurate address or contact details and enumerators had to physically search for such ECD centres only to find out that they have closed down or cannot be found at all. Based on this, the classification of such centres is “Closed” or Not Found”. The highest incidents are to be found in Gauteng where 322 ECD centres were found to have closed and 56 could not be found. A similar pattern emerged in the Free State where 207 were closed and 10 centres could not be found. In the Western Cape the totals were 219 and 34 respectively and in the Eastern Cape it was 78 and 43 respectively.
- It is apparent that not all ECD centres are aware of their registration status. This came to light when the uploaded data was being analysed and it was found that the answer to this question was not captured. Upon further investigation, it was established that the respondents at the ECD centres who did not provide a response to this question, did not know their status or confused their DSD registration with their NPO registration. Incidents of such cases are very high in Gauteng with 109 centres being unable to confirm their registration status. The other provinces are Mpumalanga (44), Eastern Cape (22) and Western Cape (24). EPRI was able to determine registration status by comparing other datasets and in so doing, managed to resolve some. However, this need to be investigated further but due to reporting deadlines 225 remains to be resolved.

- Fourth, there were many centres that had been duplicated in the database, which led to an artificially inflated total. The number of duplicates appears to have been limited in most provinces. The Eastern Cape, however, is the exception. The databases received from the province were numerous and contained a large degree of overlap. In total, 12 different databases were received from the province including two from the provincial department and four databases from Buffalo City alone. These were consolidated and compared to identify unique ECD centres. Due to the poor quality of the data in many cases and a change in some details (e.g. different phone numbers), duplicates could not be verified. Supervisors in the Eastern Cape were however able make direct contact with these centres and confirmed duplicates. Through this exercise, more than 400 duplicates were identified from the database in addition to the duplicates that previously existed. Few duplicates were also found during the fieldwork. The lack of registration numbers in the Eastern Cape added to the difficulty of identifying unique centres. In other provinces, the number of duplicates appears to be limited. Most service providers did not identify any duplicates in the databases received from DSD except in KwaZulu-Natal where 13 was found. This is not to say that there was no duplication but for the purposes of the report, it is assumed there were none.

Table 2: Centres where questionnaire could not be administered

<i>Province</i>	<i>Access denied</i>	<i>Closed</i>	<i>Not found</i>	<i>Unconfirmed Registration Status</i>	<i>Duplicates in database received</i>	<i>Total</i>
Eastern Cape	50	78	43	22	404	597
Free State	120	207	10	2	-	339
Gauteng	93	322	56	109	-	580
KwaZulu-Natal	13	19	1	13	13	59
Limpopo	-	1	-	2	-	3
Mpumalanga	11	54	-	44	-	109
North West	4	27	1	9	-	41
Northern Cape	16	8	8	-	-	32
Western Cape	88	219	34	24	-	365
Total	395	935	153	225	417	2125

4 RESULTS OF ANALYSES

4.1 ECD Service Audit: Identifying Details of ECD Centre

4.1.1 Introductory remarks

It is important to have a synoptic view of where and how ECD centres are located and distributed in the country. This gives a spatial context to our understanding of the other characteristics of ECD centres and is often an explanatory factor for observed patterns and peculiarities. The population in South Africa is not spread evenly across the land. There are dense concentrations of people in some parts and sparsely inhabited areas in others. Not only do the population densities vary, but also the nature of the areas themselves. Some areas are highly urbanized while others are remote and inaccessible rural areas. Levels of development and human mobility as well as the intensity and nature of economic activities differ regionally. The geographical context is therefore crucial to fully understand the characteristics of ECD centres, the challenges they face and their requirements for support. This section of the report documents the findings in relation to the spatial distribution patterns of ECD centres in South Africa.

The audit found that ECD centre establishment follow the general principle of supply and demand in that where a need exist for an ECD centre in a particular area, such need will be satisfied. This is done either through increasing the number of children that a centre can accommodate or by establishing more centres in the immediate vicinity. In providing a sense of this phenomenon, this section of the report looks at where centres are located in terms of physical location and children population, travel distances to ECD centres, the type of area where centres are located and the relative distances to the nearest primary schools and clinics.

4.1.2 Audit findings

4.1.2.1 Location of the ECD Centres

Two maps show how the audited ECD centres are distributed in South Africa (Figure 2 and Figure 3). The first map (Figure 2) gives a general impression of the geographical distribution of ECD centres in the country also shows the density in terms of the distribution. The second map (Figure 3) summarises the number of ECD centres per district municipality. The number of ECD centres per district municipality should be informed by the population of children in a specific district municipality. For children to have access to an ECD centre, it needs to be, among other things, close enough in distance, affordable, and adequate in terms of its capacity.

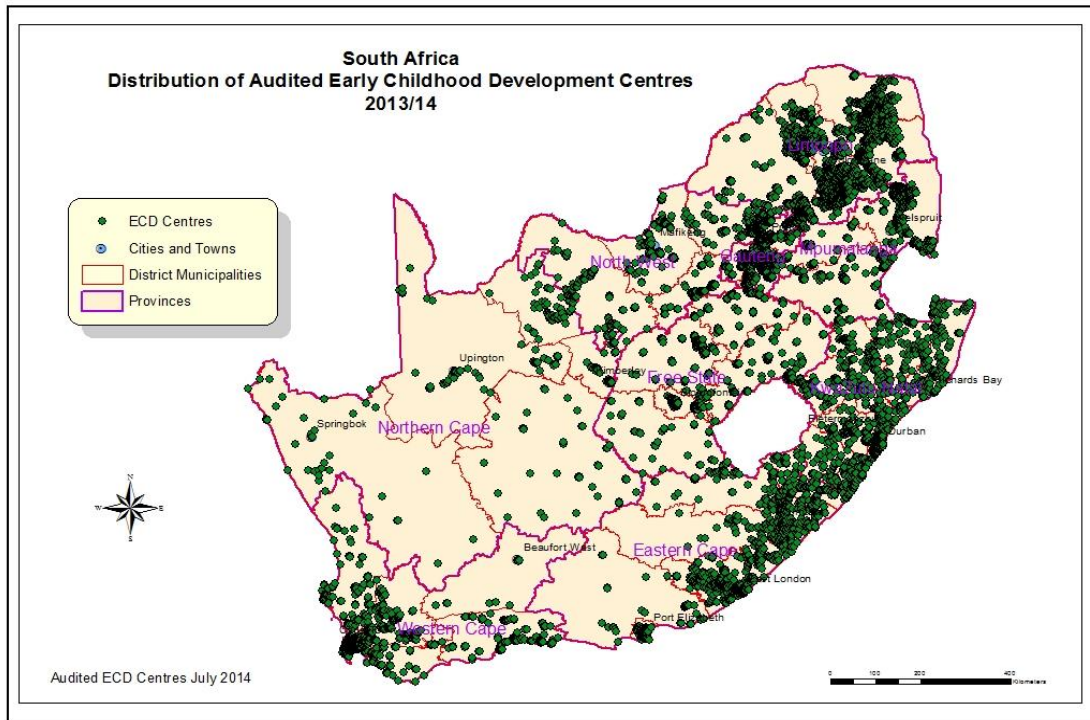


Figure 2: Distribution of audited ECD centres in South Africa

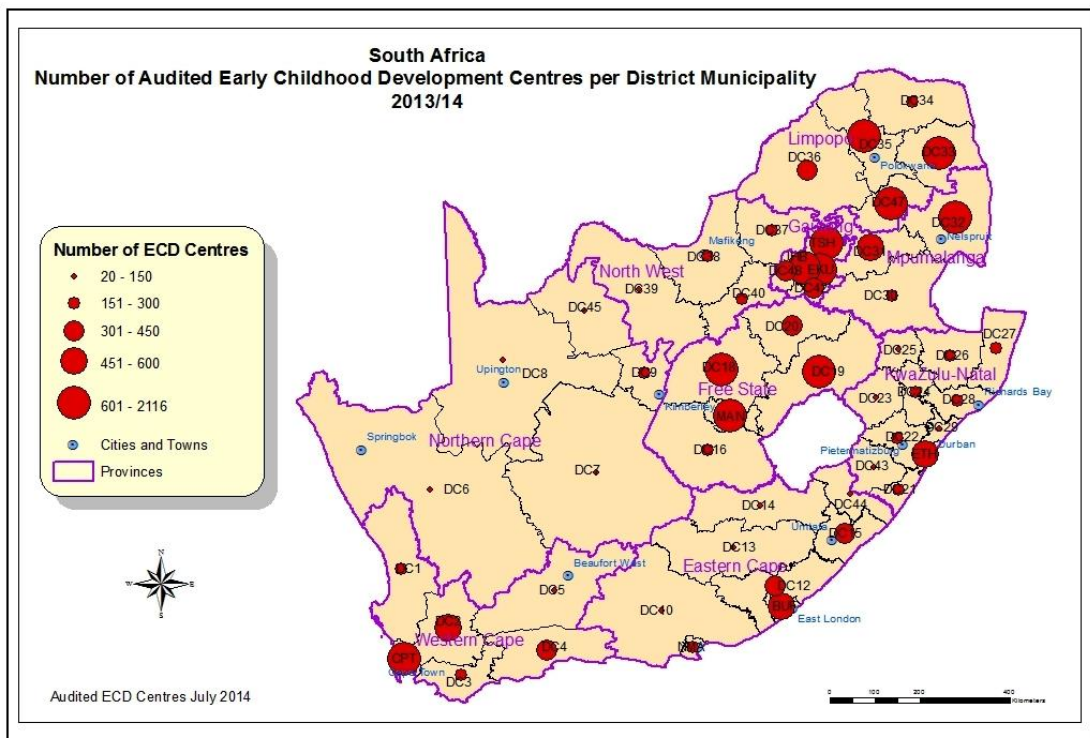


Figure 3: Number of audited ECD centres per district municipality in South Africa

The distribution of ECD centres in relation to the children who requires the service is provided on a density map of children aged 0 to 5 years (Figure 4). Based on a 2 km walking zone⁷, the map shows that the distribution of audited centres generally reflects the underlying population distribution, but that there may be areas that are currently not served adequately or at all. While the audit did not cover all ECD centres in the country (due to the nature and scope of the assignment), children in areas marked green on this map can be considered as being more likely to live close to an ECD centre. For children living in areas marked red, no ECD centres were identified in this audit although there may be unaudited centres in their area. The percentage of children living within a 2 km travel zone from an audited ECD centre in South Africa is 54%. These percentages vary by province. Gauteng has the highest percentage (80%), followed by the Western Cape (78%) and the Free State (63%). The provinces with the lowest percentages within the 2 km travel zones are North West (37%), the Northern Cape (37%) and the Eastern Cape (35%). The figures for the other provinces are: Mpumalanga (47%), Limpopo (46%) and KwaZulu-Natal (42%).

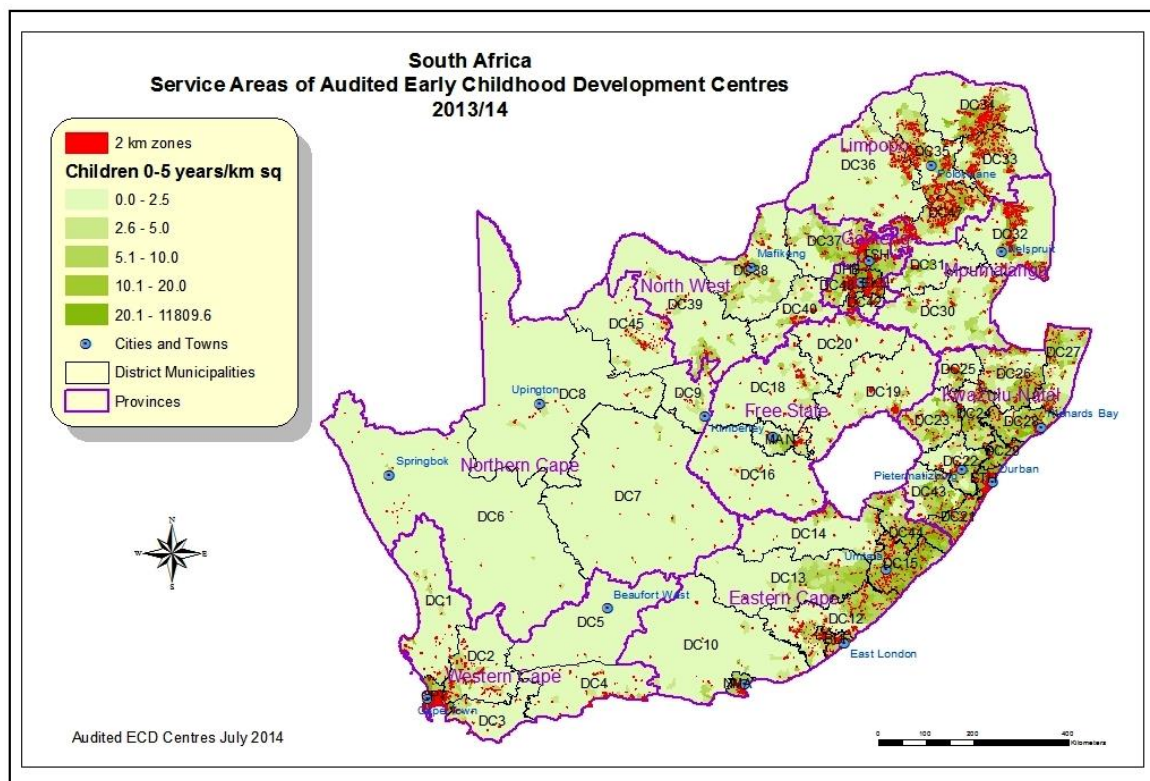


Figure 4: Service areas of audited ECD Centres in South Africa

A map showing the straight line travel distances to ECD centres (Figure 5) provides more insight and highlights certain areas where ECD centres are not accessible and children have potentially longer travel distances.

⁷ The 2 km travel distance was obtained from a Centre for Scientific and Industrial Research (CSIR) report entitled “CSIR Guidelines for the Provision of Social Facilities in South African Settlements (2012).”

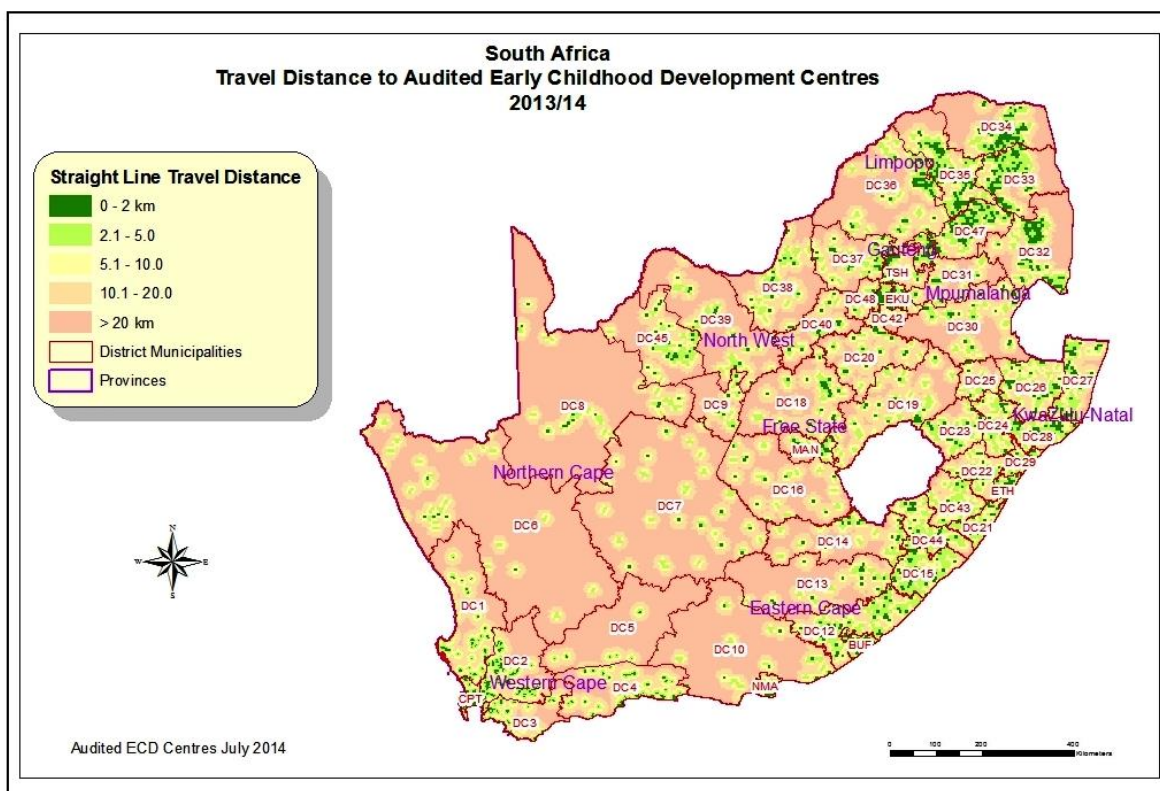


Figure 5: Travel distance to audited ECD centres in South Africa

In terms of the distribution of children and the distances they need to travel to an ECD centre in all nine provinces, Table 3 shows that there are 4.8 million children (73%) in the age group 0-5 years that live within a 5 km range from an ECD centre. The percentages range from a high of 92% in Gauteng to a low of 12% in North West. The differences in the nature of the provinces should be kept in mind when comparing these figures. Gauteng is a densely populated highly urbanized province in comparison to other provinces such as the Eastern Cape which is very rural in nature and the Northern Cape which is extensively arid and is sparsely populated. In rural areas, ECD centres would need to serve smaller numbers of children from wider areas, but the travelling distances still need to be feasible for children and their caregivers. From this analysis, in terms of travel distance, North West may be in need of more ECD centres closer to the homes of children in the 0-5 year age group. However, since this audit was limited in scope, more work needs to be done by the individual provinces to profile specific areas.

It is worth emphasising that in any area, even if an ECD centre is within an acceptable distance from a child, the centre still needs to be affordable and it needs to have the capacity to serve the needs of the child.⁸ Other variables such as the hours and days of operation, and the ability to provide for children with special needs, should also be taken into account in assessing the extent to which South Africa's children are able to benefit from ECD centres.

⁸ The capacity of ECD centres, as per DSD registration certificates, will be discussed later in this chapter.

Table 3: Distribution of children 0-5 years by travel distance to nearest audited ECD centre

<i>Prov.</i>	<i>Children living within specified radius of an audited ECD centre</i>				
	0-5 km (%)	5.1-10 km (%)	10.1-20 km (%)	20.1- 50 km (%)	Over 50.1 km (%)
Eastern Cape	63.4	20.1	10.2	4.8	1.6
Free State	72.1	9.4	13.5	5.0	0
Gauteng	91.9	4.9	2.5	0.7	0
KwaZulu-Natal	70.5	22.0	6.9	0.7	0
Limpopo	77.5	13.5	5.6	3.1	0.3
Mpumalanga	66.3	11.8	11.8	8.3	1.8
North West	11.8	28.7	41.1	17.3	1.0
Northern Cape	53.2	14.7	15.3	14.3	2.6
Western Cape	86.4	7.5	4.1	1.5	0.5
Total	73.3	14.1	8.4	3.5	0.6

Once a child accesses an ECD centre, the quality of service provided can vary. The registration status of an ECD centre can contribute to our understanding of the likely quality of the service children receive. Registered centres, which have complied with requirements for registration and receive funding from government, are likely better able to provide for developmental needs of children. These needs cover a broad spectrum and include the emotional, cognitive, sensory, spiritual, moral, physical, social and communication fundamentals of a child's development.

The geographical distribution of different registration classes of audited ECD centres (Figure 6) is very similar to the general distribution of all centres combined, but there are some differences in the distributions of unregistered centres. Unregistered centres are more visible on the map in the rural areas of Mpumalanga and the Western Cape, while centres that are conditionally registered are more visible across Limpopo and in the north eastern part of KwaZulu-Natal.

The distribution of fully registered, conditionally registered, and unregistered centres can also be analysed based on the type of residential areas in which they operate. As Figure 7 shows, the largest proportion of registered centres is in rural villages (31% of registered centres). Given South Africa's rapid urbanisation it is unlikely that 31% of children are in rural villages, but a larger number of centres would need to serve children living in dispersed in rural areas. It may also be that there was a rural bias in the data collection. The same proportion of audited registered centres is in urban townships (31%). A large proportion (20%) is also located in suburbs. Urban centres may potentially accommodate a larger number of children and therefore the distribution of the number of centres may not accurately reflect the distribution of children as the size of the centre is not taken into account.

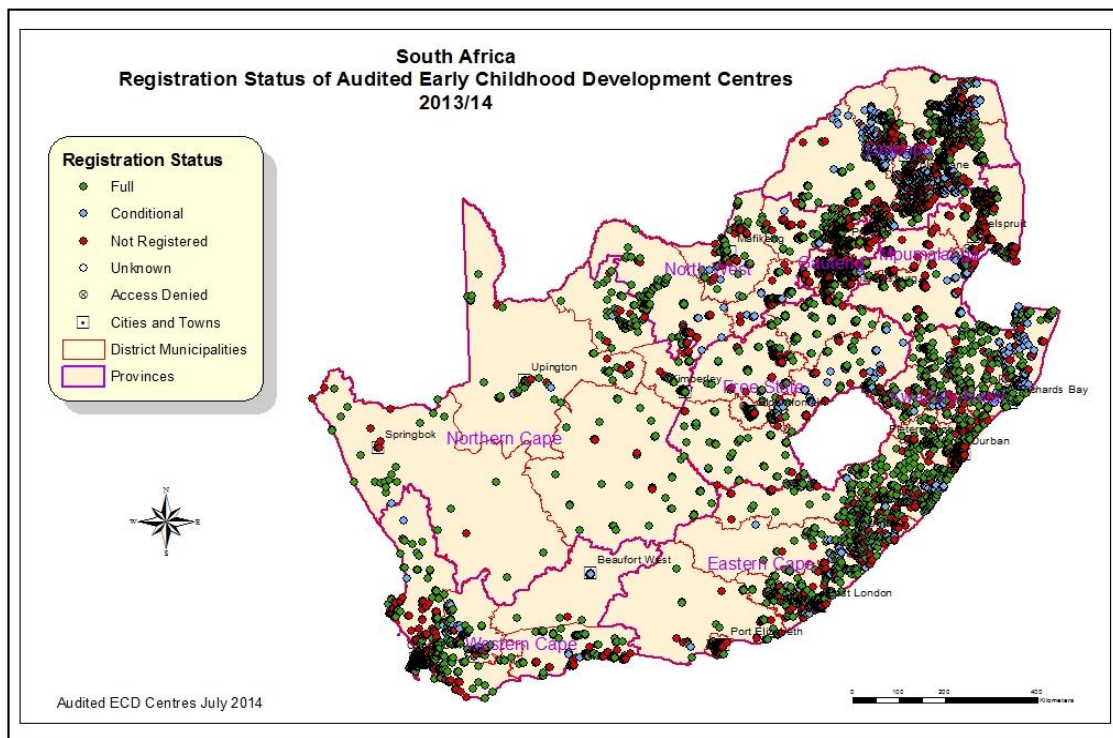


Figure 6: The distribution of audited ECD centres in South Africa, by registration status

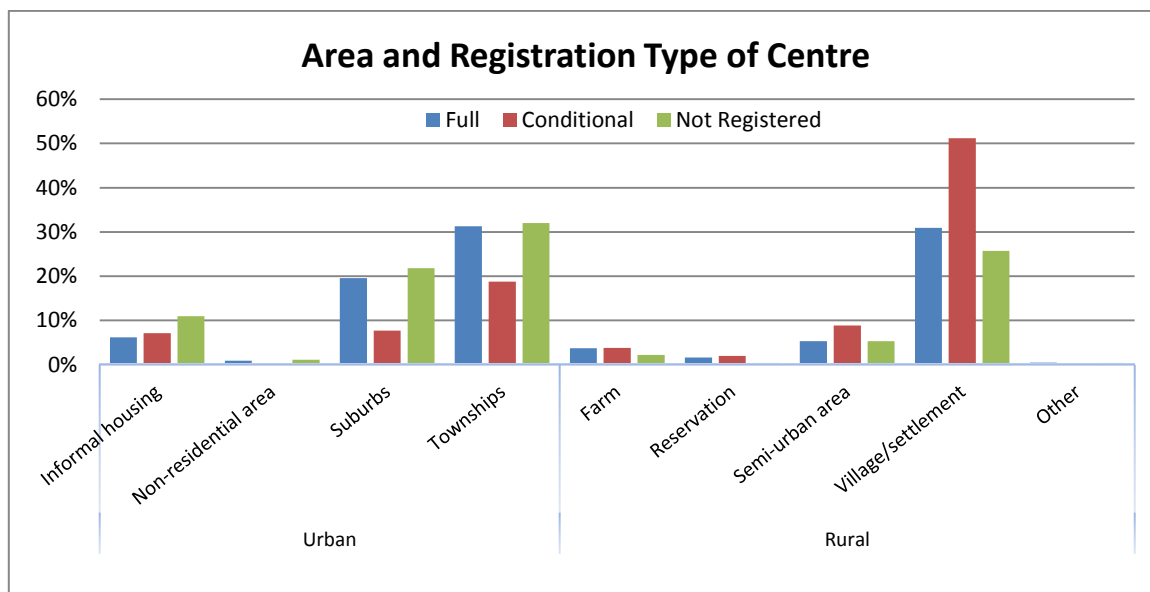


Figure 7: Type of area of audited centres in all provinces

Of the audited conditionally registered centres, just over half (51%) are located in rural villages. It may be that a large proportion of previously unregistered centres in these areas have recently attempted to register, or this may again be attributable to an over-representation of rural villages in the audit. The second-largest proportion (19%) of conditionally registered centres is in urban townships. The distribution of unregistered centres across type of area looks different from the distribution of conditionally registered centres. The largest proportion of unregistered

centres is located in townships (32%). The remainder are more evenly distributed among other types of areas—with rural villages, urban suburbs, and urban informal housing areas hosting large proportions of unregistered centres. With 11% of unregistered ECD centres serving urban informal housing areas, the proportion of unregistered centres serving low-income urban households is over 40%. These findings suggest that a greater focus on registration is needed in low-income urban areas.

Distance to the nearest primary school

ECD centres located near a primary school are likely to provide an easier transition for children into primary school. It is also easier for caregivers if they can take the children of varying ages in their household to a primary school and ECD centre that are closer together. With caregivers likely to prioritise older children’s school attendance of primary school, the availability of an ECD centre in close proximity to a primary school increases the chances of pre-school children accessing ECD services.

About 60% of all audited ECD centres (regardless of registration status) are within 1 km of the nearest primary school, and over 90% are within 5 km (Figure 8). It is possible that ECD centres tend to be established subsequent to primary schools and are often strategically located within close proximity.

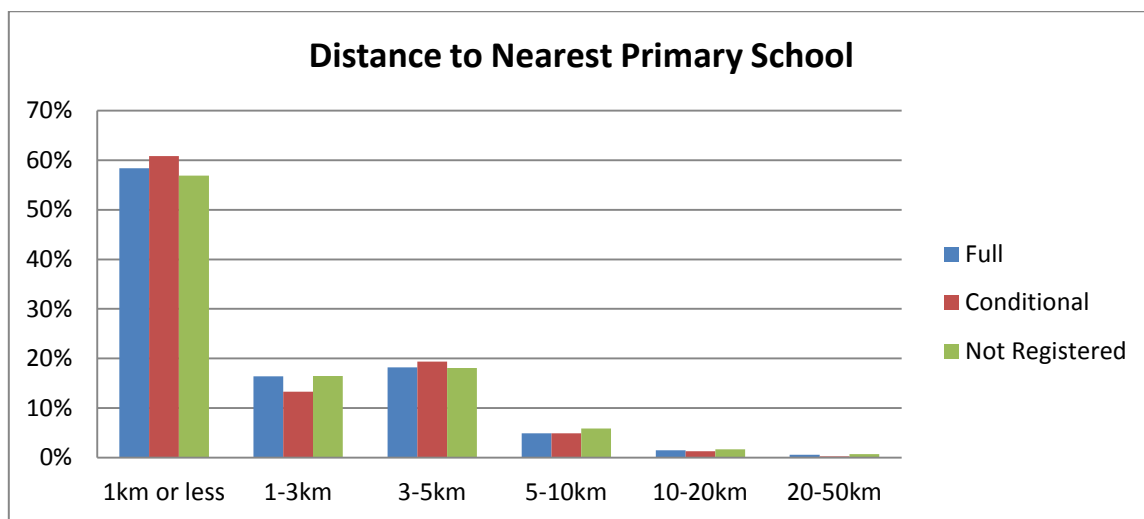


Figure 8: Distance of audited ECD centres to the nearest primary school

Distance to the nearest clinic

The development of young children is promoted not only by appropriate education and stimulation provided by ECD centres, but also by appropriate healthcare. Young children are more vulnerable to mortality and morbidity. Where healthcare is provided near the ECD centre, children are more likely to be able to access it when needed. There is also an improved opportunity for ECD practitioners and healthcare providers to integrate the appropriate preventative healthcare measures for children in such centres.

The distance of ECD centres to the nearest clinic is typically larger than to the nearest primary school (Figure 9). There is also not much variation by registration status, with 34% of registered centres within 1 kilometre (km) of a clinic, compared to only about 29% of conditionally registered and 34% of unregistered centres. Larger proportions (over 20%) of conditionally registered and unregistered centres are 5 km or more from the nearest clinic.

The distance of registered centres to the nearest clinic varies little by province, but for conditionally registered centres, there is more variation. Only 17% of conditionally registered centres in Mpumalanga are within 1 km from a clinic, compared to 50% of those in Gauteng. This variation can perhaps be partly explained by the smaller numbers of conditionally registered centres that were audited in some provinces.

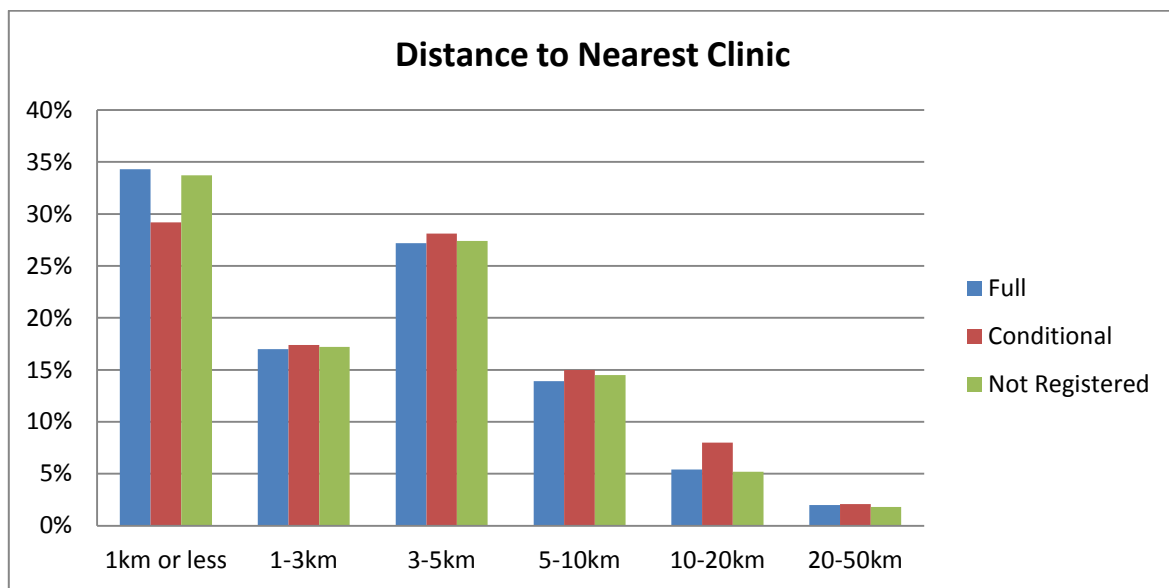


Figure 9: Distance of audited ECD centres to the nearest clinic

The findings on distance to the nearest clinic suggest that children in registered centres are more likely to benefit from healthcare services. Access to health facilities is not something that the staff of ECD centres themselves can change and rather points to a need for the Departments of Health and Social Development to increase the coordination of service provision efforts.

Years since registration of ECD centres

The period of existence of South Africa’s ECD centres varies. While over the last few years there has been a drive to promote ECD services with more centres opening, there are also some older players in the field. Table 4 shows how long fully registered and conditionally registered centres have held their registration status. This period is based on the date of their registration certificate, if available.

There is little national variation in that 10% of fully registered centres have registered prior to 1998 with the same percentage of conditionally registered centres doing so before 2000. In 90% of cases, registration of fully registered centres took place in 2012 or before and conditionally registered centres before 2013. In 10% of centres in the Eastern Cape, registration took place prior to 1996 for both fully registered and conditionally registered centres while

90% of ECD registered prior to 2012/2013 in the same categories. In contrast to this, 10% of ECD centres in North West received full registration status before 2004 and conditional registration status before 2006. Again 90% of centres in the two categories registered in or before 2013. The fact that conditionally registered centres have typically registered slightly more recently can be interpreted as an indication that these are newer centres which are still setting up some aspects of their operation. However, the fact that some conditionally registered centres have held this status for several years suggests that they face significant challenges in meeting the minimum requirements to obtain full registration.

Table 4: Number of years that ECD centres has been registered

Prov.	Year registered with the DSD by percentile										Total centres	
	10th		25th		50th		75th		90th			
	F	C	F	C	F	C	F	C	F	C	F	C
EC	1996	1996	1999	2002	2007	2009	2010	2012	2012	2013	894	95
FS	1997	1999	2002	2003	2008	2007	2012	2010	2013	2013	768	292
GP	2002	1994	2006	2007	2008	2009	2010	2012	2012	2013	1064	85
KZN	1998	2005	2004	2007	2008	2009	2009	2011	2011	2012	1377	207
LP	1998	2000	2003	2004	2008	2009	2011	2012	2012	2012	944	797
MP	1999	2002	2003	2007	2008	2010	2011	2012	2012	2013	447	77
NW	2004	2006	2010	2010	2010	2012	2012	2013	2013	2013	394	86
NC	1999	2001	2002	2002	2006	2006	2007	2011	2009	2011	315	7
WC	1999	1997	2007	2007	2011	2011	2012	2012	2013	2013	1360	122
Total	1998	2000	2004	2005	2008	2009	2011	2012	2012	2013	7563	1768

Figure 10 shows the number of children enrolled at all audited ECD centres as a percentage of all children aged 0 to 5 years per district municipality. It is evident that enrolment levels in the country are quite low, mostly below 15%. This may be a reflection of the fact that not all centres have been audited and thus is an under estimation but it may well be that there is potential/need for extending the service.

The Free State and Limpopo provinces fare better than the other provinces in terms of enrolled children. In these provinces, many local municipalities have enrolment percentages above 15%. In KwaZulu-Natal and the Eastern Cape enrolment is generally below 5%. It should be noted that significantly fewer ECD centres were identified in this audit than in 2001 suggesting that a substantial number of ECD centres (more in some provinces and less in others) were not reached in this audit. A provincial profiling especially designed to identify centres not currently in any existing database needs to be done before underserved areas can be conclusively identified.

The certificates of fully registered and conditionally registered centres state how many children may be accommodated in a given facility based on certain criteria including the space available in the ECD centre building and outside. This provides a lens into enrolment capacity, as opposed to the number of children actually enrolled which may be substantially lower or higher than the capacity due to overcrowding. Unregistered centres do not have such certificates and therefore cannot be reported here.

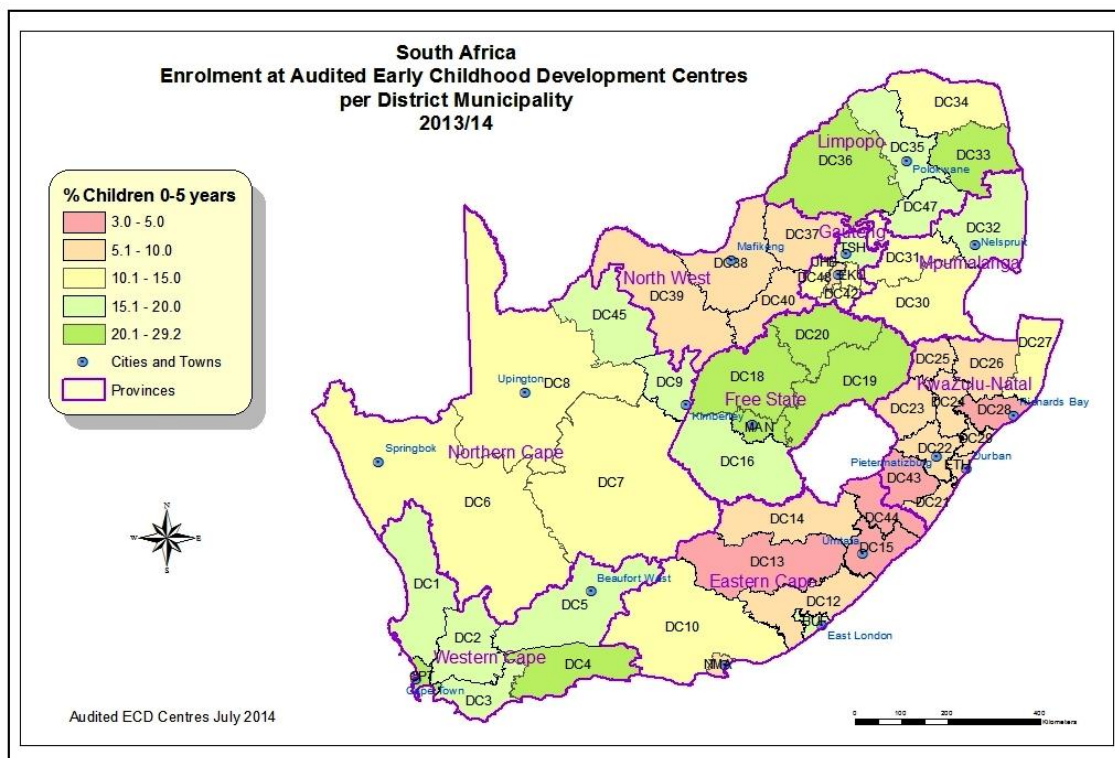


Figure 10: Number of enrolled children at centres: Percentage children aged below 6 years

The enrolment capacities of registered centres are similar whether they are fully or conditionally registered. The median capacity of fully registered centres is 53 children compared to 50 in conditionally registered centres. A tenth of fully registered centres have a capacity of 24 children or less according to the registration certificate while 10% of conditionally registered are limited to 22 children or less. At the 90th percentile, 10% of fully registered centres can safely accommodate 125 children or more compared to 113 in conditionally registered centres. As unregistered centres do not have registration certificates, no results are available for these centres.

Table 5: Enrolment capacity of audited ECD centres (number of children)

Prov.	Capacity of Centre according to Registration Certificate (number of children by percentile)											
	10th		25th		50th		75th		90th		Total centres	
	F	C	F	C	F	C	F	C	F	C	F	C
EC	25	25	30	30	44	40	60	59	78	60	922	99
FS	27	22	40	31	65	53	103	84	150	123	776	292
GP	26	28	37	35	56	56	90	76	130	94	1062	84
KZN	23	25	32	36	50	50	72	70	100	100	1366	206
LP	27	21	40	32	61	50	99	80	144	114	941	797
MP	29	20	40	28	60	51	94	66	150	120	446	78
NW	30	30	37	42	50	60	80	90	120	120	395	87
NC	20	19	30	41	48	73	85	84	126	104	336	8
WC	20	20	30	26	54	41	90	67	135	118	1404	130
Total	24	22	35	32	53	50	82	76	125	113	7648	1781

Enrolment capacity across provinces is similar at smaller centres (10th percentile) ranging from 20 children in the Western Cape to 30 children in North West. The median capacity of fully registered centres is smallest in the Eastern Cape (44 children) and largest in Gauteng, where half of centres can safely accommodate 56 children according to the registration certificate. At the 90th percentile, registered centres in the Eastern Cape are again smallest with only 10% of centres having a capacity of more than 78 children. The largest centres appear to be located in the Free State and Mpumalanga where 10% of centres can accommodate 150 children or more. Enrolment capacity for conditionally registered centres has a similar pattern to fully registered centres.

4.1.2.2 Registration and Funding Status

Reasons for conditional registration status

Conditionally registered centres, although fewer in number compared to registered and unregistered centres in this audit, provide insight into the challenges faced by ECD centres in complying with government standards and obtaining state support. These challenges may also be holding back centres that are currently unregistered, having not yet attempted to register, or are unable to meet minimum standards for conditional registration. These centres typically provided more than one reason for conditional registration (Figure 11).

The most common reasons cited by respondents for conditional registration of ECD centres are inadequate infrastructure (52%). Inadequate equipment (41%), inadequate staff skills or training (34%) and inadequate support material (31%) were also frequently cited. Inadequate curriculum (21%) and inadequate nutrition (19%) were less common reasons for conditional registration, being cited by approximately one in five conditionally registered centres.

Conditionally registered centres in Mpumalanga were particularly likely to report inadequate support materials: 61% of centres in this province reported this, compared to the national average of 31%. In both Mpumalanga and KwaZulu-Natal, more than 58% of centres reported that inadequate equipment was a reason for their conditional registration. Inadequate staff skills or training was a particularly prevalent reason in KwaZulu-Natal (52%) while Gauteng was the only province in which less than a tenth (10%) of conditionally registered centres cited this reason.

While it is important to set standards for infrastructure, it seems to be a constraining factor in providing many ECD centres with the support they need. This would be a good place to start in providing support to ECD centres to obtain full registration. If there are common issues with infrastructure compliance, centres applying for registration could be provided with guidelines for practical and affordable ways to upgrade infrastructure to comply with DSD standards. The cost of upgrading existing facilities to acceptable standards in conditional centres must be investigated as it likely plays a large role preventing full registration.

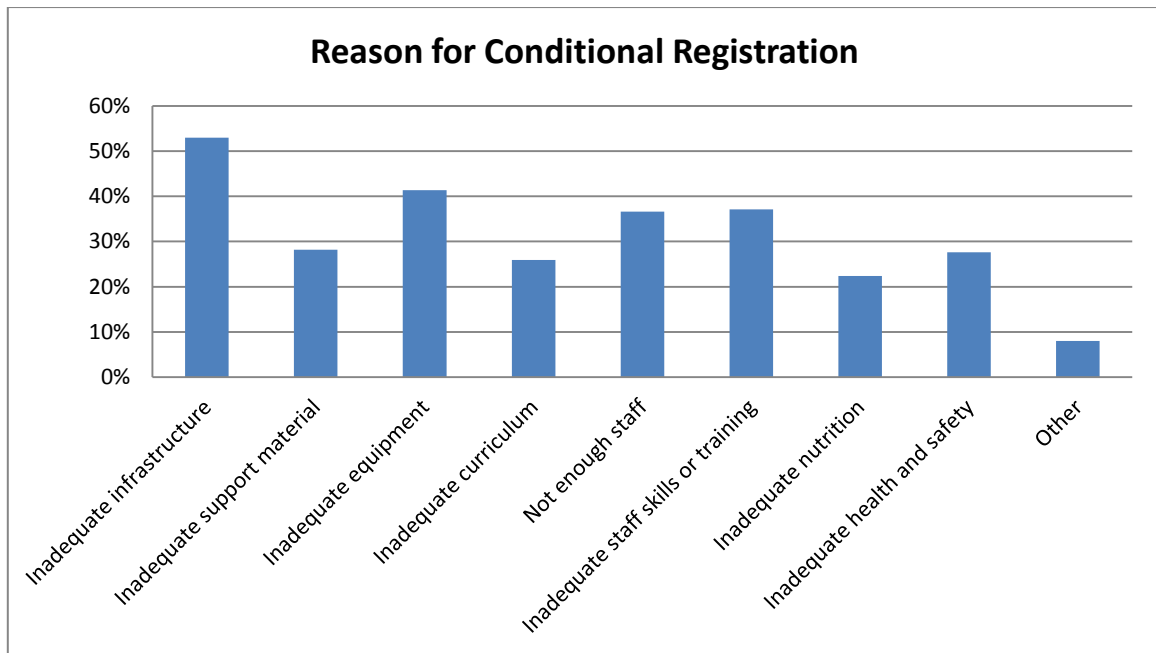


Figure 11: Reasons for conditional registration

Health and Environment Certificates

Regardless of their registration status with DSD, ECD centres should undergo inspection to obtain Health and Environment certificates. Among other things, this certificate states the allowed capacity for the structure based on the size of the centre and minimum floor space per child requirements. Among the audited centres, 57% of those that are fully registered with the DSD have a Health and Environment certificate (Figure 12). Only half (50%) of conditionally registered centres have these certificates which could be a reason for not attaining full registration status. Among unregistered centres, only 28% have certificates. The fact that fully registered centres are more likely to have Health and Environment certificates suggests that they have better compliance on several levels. A fee must be paid to obtain Health and Environment certificates and the certificate expire after two years. The cost may be a barrier to some centres especially those with low operating budgets. The relatively low compliance rate at registered centres may be due to changing registration requirements or the expiration of existing certificates.

There are relatively wide discrepancies between provinces when it comes to having Health and Environment certificates. In the Northern Cape, only 9% of registered centres reported that they have certificates. In each of the other provinces, between 36% and 88% of centres have certificates. Gauteng (88%) has the highest rate followed by the Western Cape (71%). The pattern is relatively similar for conditionally registered centres, although with more variation (from 33% in the Eastern Cape to 92% in Gauteng).

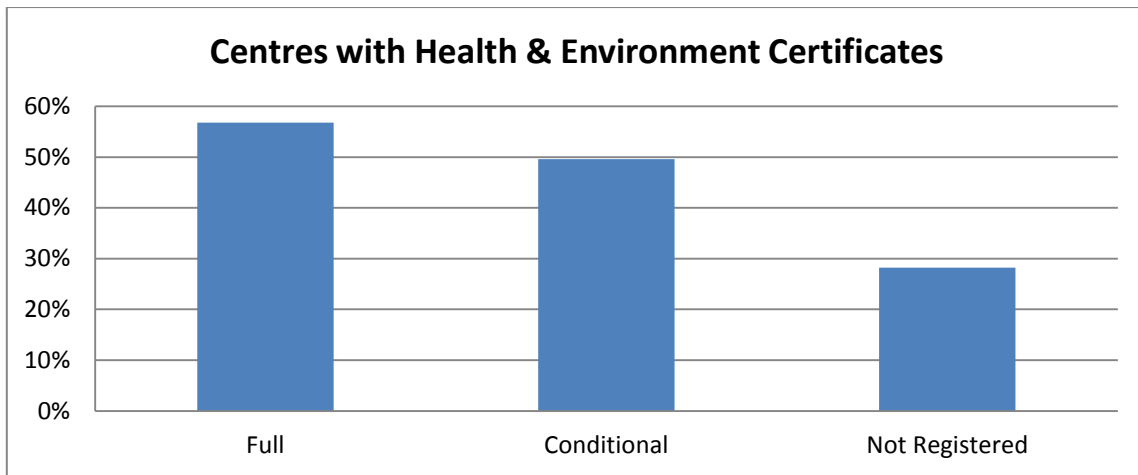


Figure 12: Audited ECD Centres with Health and Environment certificates

A Health and Environment certificate is considered an important requirement for the operation of an ECD centre. This is suggested by the fact that some centres have been denied full registration based on their inadequate health and safety standards. The finding that only 57% of registered centres have one warrants attention. Even if some centres were registered before such certificates came into use, health and safety checks should ideally be done regularly. If capacity constraints are part of the reason why compliance checks are not performed regularly, then a workable model or solution should be developed to address this barrier to proper oversight. The situation is even less favourable in the categories conditionally registered centres and unregistered centres. In this regard, a lesser number of centres could produce such a certificate with only 50% and 28% respectively claiming to have one.

Registration with the Department of Basic Education

The audit also enquired about registration with the Department of Basic Education (DBE). This registration process is independent from DSD registration; centres that are conditionally registered or not registered with DSD can still register with the DBE. Being registered with DBE is important for the provision of Grade R in ECD centres. As shown in Figure 13, 42% of audited centres registered with the DSD are also registered with DBE. The figure is higher for conditionally registered centres (53%) and significantly lower for unregistered centres (20%).

In Limpopo, a much larger proportion (85%) of registered centres report that they are also registered with the DBE compared to other provinces while North West (22%) and the Northern Cape (30%) have the lowest rates. Limpopo also has the highest rates of registration with DBE among conditionally registered (85%) and unregistered centres (36%). In contrast, conditionally registered centres in the Eastern Cape and KwaZulu-Natal have DBE registration rates of only 17% and 19% respectively. North West has the lowest rate among unregistered centres (6%) followed by the Free State (15%) and KwaZulu-Natal (15%).

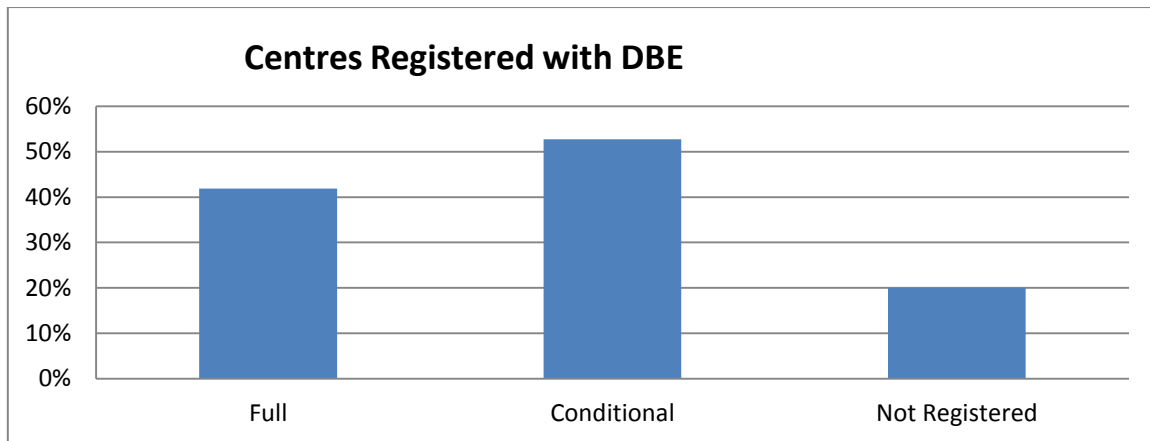


Figure 13: Audited ECD centres registered with the Department of Education

Registration with the DBE may be linked to Grade R provision, which falls under the DBE. The provincial variation is likely indicative of various interventions in some provinces.

Subsidies from the Department of Social Development

A partial care facility may qualify for funding from the DSD if it complies with the applicable norms and standards, and if the facility is in a community where families lack the means of providing proper shelter, food, and other basic necessities to their children. The DSD officially makes subsidies only available to registered ECD centres. In this audit, 69% of fully registered centres report that they receive a subsidy from DSD (Figure 14). This may be a relatively unexpected result as one of the main benefits of full registration is the receipt of a subsidy. It could also be that some centres were not entirely truthful in disclosing this information for reasons unknown.

Most conditionally registered centres (62%) as well as a small proportion (6%) of unregistered centres also reported receiving subsidies. The reasons for this are unclear but may be due to a lack of oversight whereby centres that become deregistered continue to receive subsidies. The DSD may wish to investigate centres that report receiving subsidies despite their current registration status.

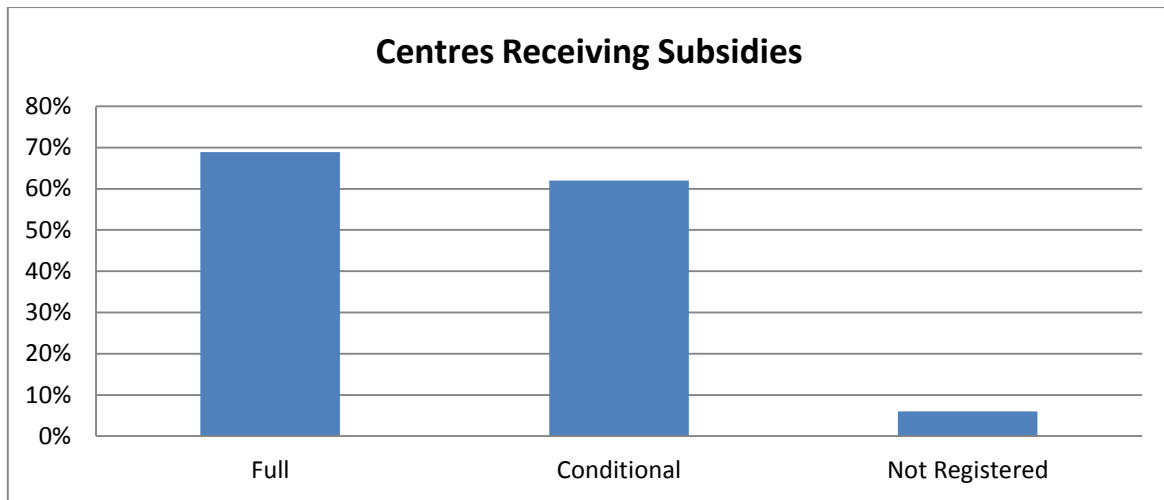


Figure 14: Centres receiving DSD subsidy

4.1.2.3 Operating times

In this section, the duration of operating hours is investigated. It is important to know how long centres operate as this has a direct bearing on the extent of the service provided to working parents/caregivers. In communities where centres do not cater for the working and commuting hours of parents/caregivers, it may be difficult for children to attend ECD centres. Conversely, a lack of services during normal working hours may impact on parents/caregivers to maintain employment. There may also be a need to provide centre-based care for children whose caregivers work on Saturdays and Sundays.

Days of operation

Virtually all centres are open from Monday to Friday (Table 6). The small numbers of centres reportedly closed during the week are likely the result of enumerator error. Few centres are open on Saturday, although a higher percentage of unregistered centres (2%) are open compared to fully registered (1%) and conditionally registered centres (1%). Less than 1% of centres are open on Sundays.

In terms of provinces, more than 3% of unregistered centres in the Free State and Mpumalanga stay open on Saturdays. These provinces also have the highest proportion of centres open on a Sunday (2%) though they remain relatively small.

Table 6: Audited ECD centres' days of operation (%)

Registration	Days of operation							Total
	Monday (%)	Tuesday (%)	Wed. (%)	Thursday (%)	Friday (%)	Saturday (%)	Sunday (%)	
Full	99.3	99.2	99.1	99.2	99.0	1.1	0.4	8032
Conditional	99.7	99.3	99.4	99.3	99.6	0.8	0.3	1922
Not Registered	99.5	99.3	99.2	99.3	99.1	2.3	0.8	7892

The findings regarding ECD centres' days of operation suggest that caregivers are generally making alternative arrangements for childcare if they work over weekends. The higher proportion of centres open over weekends in the Free State and Mpumalanga may warrant further exploration. If they are developing workable models for weekend childcare, there could be a possibility of duplicating such practices elsewhere.

Operating hours

ECD centres may best serve their communities if they can also accommodate the daily schedules of caregivers. In many communities, after-care (care provided after the conclusion of the formal programme for children whose caregivers can only fetch them later) is essential. ECD centres seem to be responding to this need. Most centres of all registration status types are open 9 to 11 hours per day (45% to 47%). Unregistered centres tend to be available for longer hours (47% for 9 to 11 hours and 25% for more than 11 hours (Figure 15).

In KwaZulu-Natal, the Eastern Cape, and the Northern Cape, the picture looks slightly different, with the majority of centres operating for less than nine hours per day. In contrast, a high proportion of fully registered centres in the Western Cape (36%) and Gauteng centres (27%) stay open for more than 11 hours. These differences are probably linked to employment patterns in these provinces and the availability of non-centre-based care.

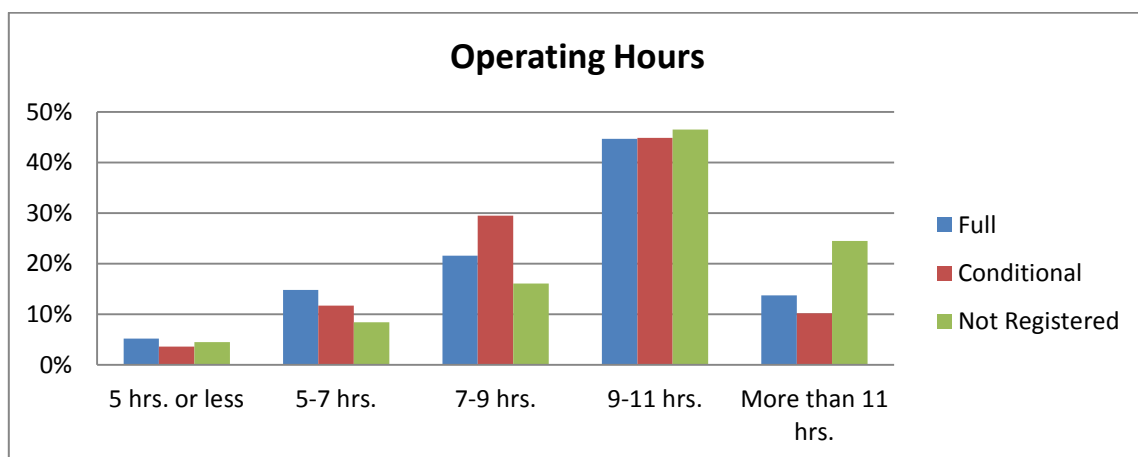


Figure 15: Hours of operation

School holidays

A further important aspect of centres' ability to care for children is their policy on school holidays. Most working caregivers tend to work for the majority or all of the school holidays, leaving them unable to provide the required oversight. If ECD centres are closed during these periods, caregivers are forced to make alternative arrangements which may not always be possible. This may lead some caregivers to limit their hours of employment during this time, which may affect job security. Overall, about half (49%) of ECD centres do stay open during the school holidays (Figure 16). In comparing days and hours of operation, a larger proportion of unregistered centres are open (57%). Up to 84% of all centres in Gauteng and the Western Cape remain open during the school holidays which most likely reflect a more economically active

population. This suggests that ECD centres function equally as places of learning and places of care in these provinces.

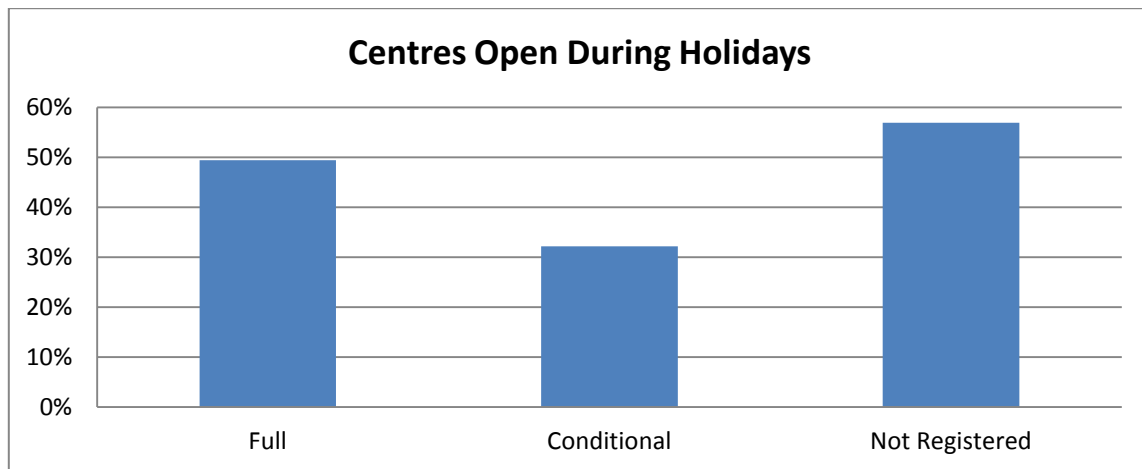


Figure 16: Audited ECD centres open during the holidays

With only half of ECD centres open during the holidays, caregivers are forced to rely to a great extent on non-centre-based care and their social support networks for childcare.

Among other things, it is important to understand whether ECD centres reporting that they are closed over the holidays are closed over all school holidays, or only the longer (December) holidays when working caregivers are also more likely to take leave. This is a compromise that may be proposed to centres facing a high demand for care provision over holidays, but are nevertheless looking for ways to provide favourable conditions of employment for their staff. It should be noted that many parents do not enrol children in ECD centres during this time as school-age children are also at home. Parents may also prefer to not spend money on ECD centre fees during this time.

4.1.2.4 Governance of ECD centres

This section investigates various aspects of ECD governance. Examples of issues investigated include, *inter alia*, whether the centres have a constitution, management committees and parental involvement in the management committees.

The prevalence of Constitutions and Management Committees

For a centre to register as an NPO, or to register more specifically as an ECD centre with DSD, a constitution is required. A constitution typically sets out the powers, organisational procedures, its core responsibilities, and levels of authority of the management cadre of a centre. It usually also provides guidelines to deal with normal day to day operations and sanctions in the event that organisation procedures are flouted. In this way, a constitution provides security to those within as well as outside the organisation that the organisation will follow predictable procedures in dealing with major events and decisions. Typically, a constitution will also describe the roles and responsibilities of the members of the management committee and can be seen as the basic blocks of a system for proper ECD governance.

The majority of the audited ECD centres do have a constitution and a management committee including over 95% among registered and conditionally registered centres (Figure 17). Although faring worse on these indicators, more than three-quarters of unregistered centres report having these elements of ECD governance.

Provincially, a smaller percentage of fully registered centres in the Western Cape have management committees than other provinces (86%) with rates over 94% elsewhere. The Western Cape also has a slightly lower rate of centres with constitutions (91%). Except for this province, there are no significant outliers on these indicators. The finding that nearly all audited ECD centres have a constitution and a management committee can be seen as a step towards good governance. However, it gives no indication as to whether these institutions are serving their intended purpose in the centres.

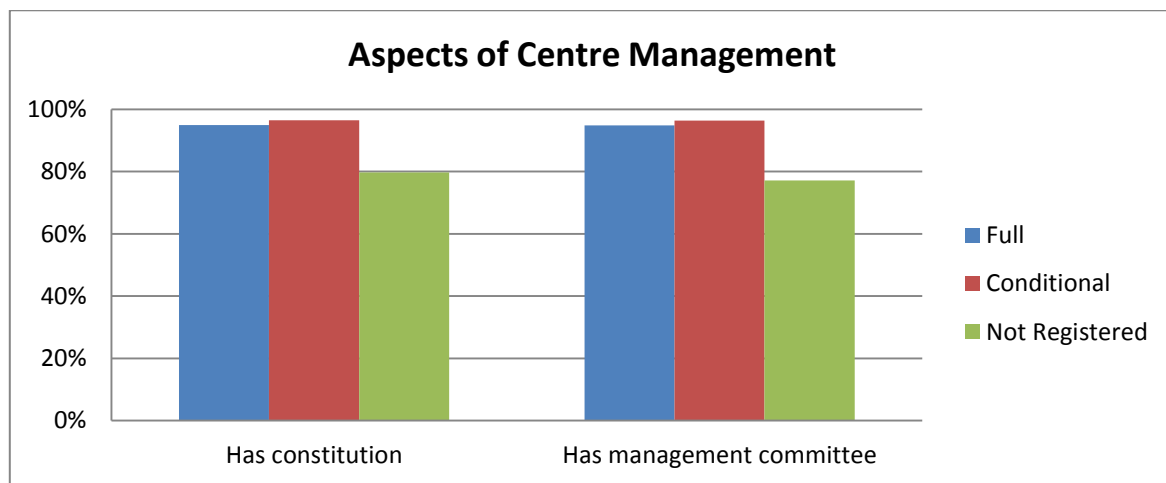


Figure 17: Audited ECD centres with constitution and management committee (%)

Aspects of Management Committee composition and functioning

A management committee needs to meet regularly in order to provide effective guidance and to provide checks and balances to more powerful members of the organisation. In the absence of regular meetings, a management committee may become obsolete, with most decisions being made *ad hoc* by the individuals concerned.

Of the registered centres that have management committees, about half meet monthly (48%) and another half quarterly (44%). Management committees in unregistered centres tend to meet less frequently: only 36% meet monthly and larger proportions meet quarterly or annually compared to registered and conditionally registered centres.

Almost all centres (98%) in both registered and conditionally registered categories reported that their committees are taking minutes during their meetings. Even among unregistered centres, a total of 94% of those that do have management committees, also report taking minutes.

There are no notable provincial deviations from the frequency of management committee meetings described above. In four provinces (the Eastern Cape, Northern Cape, Mpumalanga

and KwaZulu-Natal), it is more common for management committees to hold monthly meetings, and in the other five provinces, quarterly meetings are more common. In all provinces, over 96% of centres take minutes during their management committee meetings.

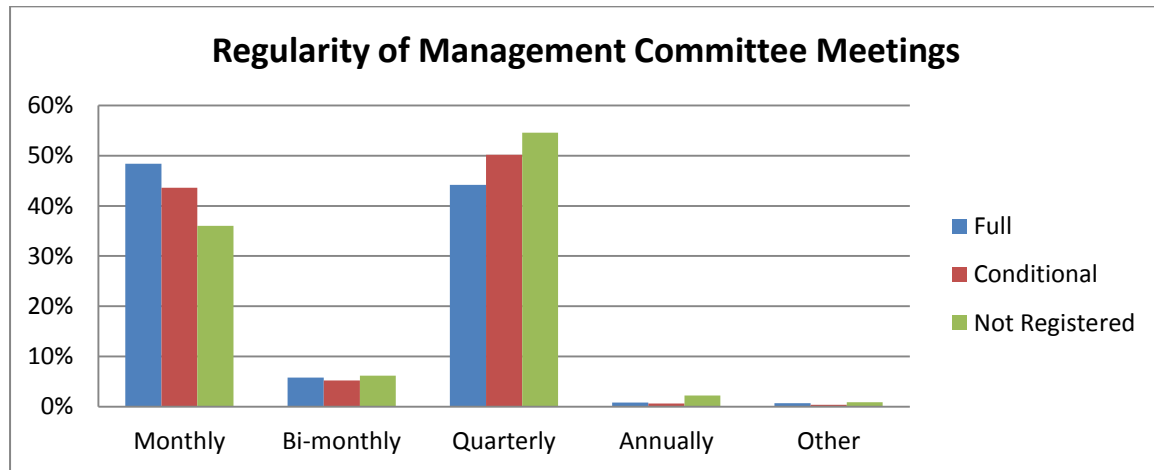


Figure 18: Regularity of management committee meetings

The fact that most ECD centre management committees meet at least every three months is a positive indicator of the governance of ECD centres and suggests that management committees are prevalent and apparently functional. The management committees therefore hold the potential to provide guidance in their centres, and may be a useful contact point for DSD support or input.

Composition of ECD management committees

The composition of ECD management committee is also important. It must firstly include all the individuals with the most responsibility and authority. It must secondly be representative of the different stakeholders of the centre.

As with the other aspects of governance, the audited ECD centres generally have the positions that one would expect in a management committee: a chairperson, a secretary, and a treasurer, as well as a representative of parents. Parents’ representatives are the least common of these positions on the management committees of ECD centres though still present in over 90% of cases. There are no specific differences between centres of different registration status, although unregistered centres are slightly less likely to have these defined roles.

The finding that the overwhelming majority of centres have these roles on their management committees is a further indication that they are relatively compliant on issues of governance. Again, the fact that these roles are included in management committee structures does not guarantee that they are performed effectively.

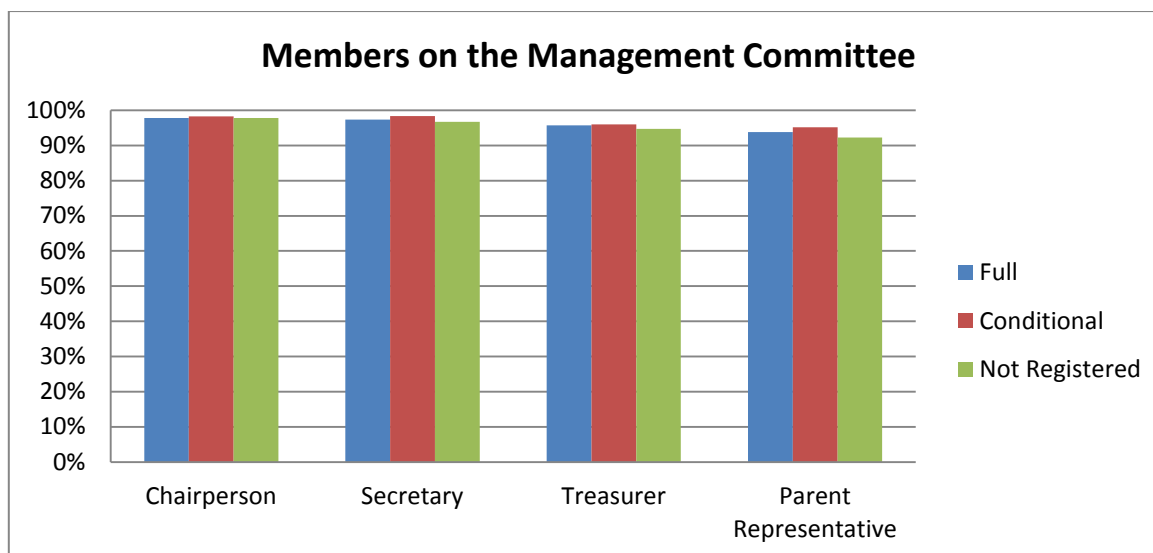


Figure 19: Aspects of composition of ECD management committees

Ownership

ECD centres in South Africa can, like schools, be public or private organisations. Privately owned ECD centres are subject to less regulation and are likely to be more expensive, serving higher income communities. However, there are also privately owned centres that operate as non-profit organisations. Public centres are subject to more regulation but are also more subsidised, typically serving lower income communities.

The majority of the registered ECD centres are publicly owned (82%) with an even higher rate among conditionally registered centres (92%). However, nearly a third of unregistered centres are privately owned (31%). In Mpumalanga, public ECD centres are particularly prevalent, even among unregistered centres (81%). The Western Cape has the lowest percentage of registered publicly-owned centres (56%) and the most privately-owned unregistered centres (57%). Gauteng comes second on both these counts, with 29% of registered centres being privately owned. Conditionally registered and unregistered centres follow a similar pattern across the provinces.

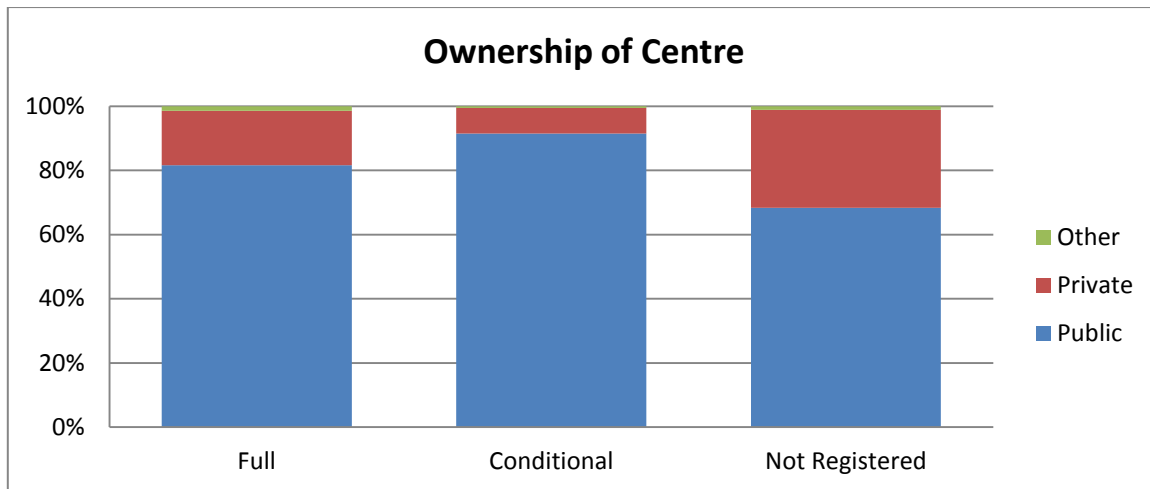


Figure 20: Ownership of centre

Types of ECD centres

South Africa’s ECD centres are often driven by need and evolve and grow over time—a home in which a few children were initially cared for by a neighbour or relative grows into a more established centre; a community identifies a need and starts a centre; or a school establishes an ECD centre to care for and develop the younger members of the communities they serve. The type of ECD centre has an impact on the type of service provided. Home-based centres are often smaller, which may mean more personal attention but could also run the risk of overcrowding on a small property. School-based centres can feed directly into the primary school system, which may be simpler for caregivers, especially those with other children of school-going age.

The majority of South Africa’s audited ECD centres are community-based. Conditionally registered and unregistered centres are mostly community-based. However, unregistered centres are more likely to be home-based.

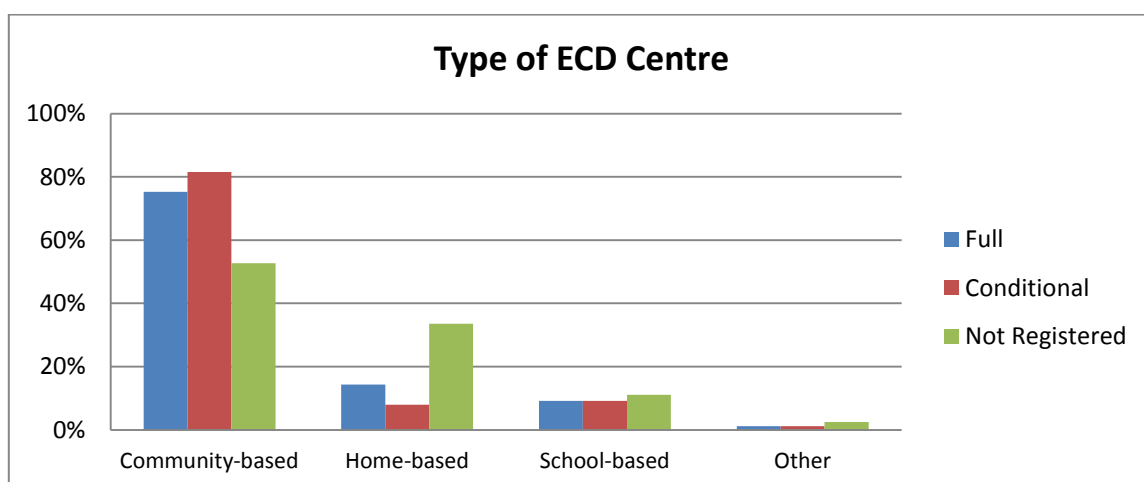


Figure 21: Type of ECD centre (where based)

There is significant variation in the type of ECD centres that are prevalent in each province. Fully registered ECD centres that are home-based ECD centres are more prevalent in Gauteng

(46%), comprising double or more the proportion of home-based ECD centres in every other province. More than half of conditionally registered (54%) and unregistered (62%) centres in Gauteng are also home-based.

Community-based centres are prevalent in Limpopo, making up about 95% and 91% of registered and conditionally registered centres in the province respectively, while in other provinces, less than 90% of fully registered and conditionally registered centres are community-based. The Western Cape has nearly double the percentage of school-based ECD centres compared to any other province for both fully (18%) and conditionally (29%) registered centres.

4.1.3 Comparison with 2001 findings

The following table provides a comparative analysis between the audit findings contained in this report and the findings of the 2001 DOE audit on ECD centres. It should be noted that due to the fact that the questions are slightly different, the responses cannot all be directly compared on a variable by variable basis. The comparison in Table 10 is therefore only a general comparison on variables where this is possible and pertains to ECD centre location, distance from nearest primary school, type of ECD centre, and highest number of centres per province. A similar table is included in the sections of the report to follow especially where a comparison is possible and relevant.

Table 7: Comparative results between 2001 and 2013/2014 Audit

2013/2014 DSD Audit	2001 DOE Audit
About 20% of ECD centres are located in formal urban settings (19% suburb, 1% non-residential (commercial)), 37% in rural settings (including farms and semi-urban areas), 39% in informal urban (townships 31%).	Almost half (49%) are situated in formal urban settings, two out of five in rural areas (11%) (Including farms) and the remainder (40%) in informal urban settings.
Distance from a primary school reveals that 58% are 1km or less. 26% are more than 3km away but only 8% more than 5km.	Although nearly three quarters of the centres are within one kilometre of a primary school, over 2 000 (8%) sites are three kilometres or more from a primary school.
Almost a million (972,623) enrolled. Data on being present is not reliable and in most cases above the number of children enrolled especially at the provincial and national levels ⁹ .	More than one million learners are enrolled in the identifiable sites, 86% (886,678 cases) of which were in attendance on the days the sites were audited ¹⁰ .
Enrolment indicate that almost 73% are in community based ECD centres, almost 16% home based and almost 12% school based depending on which child figure is used.	The majority (57%) of the learners are enrolled in community based sites, almost a quarter (24%) in home based and almost a fifth (19%) in school based sites.
Gauteng (3280), Western Cape (3006), and Limpopo (2935) had the most centres.	KwaZulu-Natal and Gauteng recorded the highest number of centres: 5684 and 5308 respectively
Urban/rural divide is 59% and 41%.	The urban/rural divide with respect to ECD centre distribution is 60% and 40% respectively.
Of the ECD centres audited 45% are fully registered and 11% conditionally for a total of 56%.	Of the identifiable centres, approximately two thirds are registered.
A total of 44% of school-based ECD centres are registered with DBE, 51% of community and 29% of home-based are fully registered	Most school based sites are registered with the Department of Education, while the majority of community and home based sites are registered at the Department of Welfare (now Social Development).

4.1.4 Concluding remarks

This section presented the findings on the distribution of registered, conditionally registered and unregistered ECD centres in the country. It has also provided key identifying details: their registration and funding statuses, operating times and aspects of their governance. The audited

⁹ The total number of ECD centres audited in this report is less than the number audited in 2001

¹⁰ The number of children found in the 2001 audit included Grade-R

unregistered ECD centres were predominantly in low income urban areas—urban townships (32%) and informal housing areas (11%).

In terms of proximity to other services, about 60% of all audited ECD centres (regardless of registration status) are within one km from the nearest primary school. In contrast, less than 51% are within an even wider range of three km.

Among audited conditionally registered centres, the most common reasons cited by respondents for conditional registration of ECD centres is inadequate infrastructure (52%). While it is important to set standards for infrastructure, it seems to be a constraining factor in preventing full registration status with the DSD. .

The audit found that among registered centres, about 57% have a health and safety certificate. In the Northern Cape, however, the figure is less than 10% and this low figure requires further investigation.

The findings regarding ECD centres' days of operation suggest that caregivers are generally making use of non-centre-based care if they work over weekends given that only 1% - 3% of ECD centres are open on Saturdays and Sundays. In terms of hours of operation, most centres of all registration status types are open 9-11 hours per day (45%-47%). About half of the audited ECD centres stay open during the holidays. This implies that a large proportion of caregivers are forced to rely to a great extent on their social support networks for childcare during these times or sacrifice working hours during this period.

In terms of management of the centres, a great majority of the audited ECD centres have a constitution and a management committee (over 95% among registered and conditionally registered centres). Most of these committees meet at least every three months and minutes of proceedings are taken by the majority of management committees.

4.1.5 Recommendations: Identifying Details

The following are recommendations made based on the results presented in this section:

1. The audit finds an overall low coverage of ECD centres (expressed as a percentage of all children younger than six years enrolled in centres). Even taking into account that this audit did not cover all ECD centres, the emerging picture is one of less than 50% coverage. It would be useful to compare the finding on coverage of ECD centres with other data sources (such as census or household survey data) to have a more accurate national picture. The finding does however point to a need and an opportunity for considerable expansion of ECD centres.
2. The data gathered and analysed, suggests that a large percentage of unregistered centres are likely to be in urban informal areas. The DSD's bid to get ECD centres across the nation registered should therefore target these areas to ensure that quality ECD services are provided in these localities. As mentioned already, provinces would thus need to do proper profiling of localities to ensure that expansion plans are developed based on the respective profiles.

3. The DSD and DOH need to ensure that centres in particular have easier access to clinics. This recommendation is borne out of the fact that close to 50% of such centres are beyond 3 kilometres of the nearest clinic. Consideration should be given to access such centres with sufficient mobile services.
4. Registration with the DBE remains relatively low. The DSD should help to streamline the process especially for centres already registered with the DSD. The DSD may also look to interventions done in Limpopo where registration with the DBE is significantly higher than in any other province.
5. The primary reason cited by conditionally registered centres for their registration status is the lack of proper infrastructure (52%). The DSD, in association with other organisations, could provide assistance to such centres in terms of upgrading existing infrastructure so that this does not become a barrier to obtaining full registration status. Other cost-barriers to full registration should also be thoroughly examined with potential cost exemptions or subsidies for government-produced documentation such as Health and Environment certificates.
6. A large number of centres in the Northern Cape are without a Health and Environment certificate. Since the reasons for this are not revealed by the data collected during the audit, efforts must be made to understand why so few centres in the province comply with this requirement and a plan of action must be implemented to rectify the situation.
7. Given the fact that a very large number of ECD centres are not open during holidays and an even fewer number are open during weekends, the DSD might want to explore models of providing centre-based childcare during these periods for those who require it. Such models, however, should be developed only after further investigation. One possible method of analysis could be to determine where the demand for childcare during these periods is highest and provide ECD centres in the area with incentives to remain open. A feasibility study in this regard is recommended.
8. The data collected suggests a high proportion of ECD centres across the nation have management committees that meet on a regular basis. To ensure full compliance by all ECD centres, the DSD may want to develop standardised templates and guidelines to ensure the proper constitution and functioning of management committees with detailed roles and responsibilities of committee members.
9. The audit also revealed some cases of unregistered ECD centres improperly receiving subsidies. These cases should be identified and properly investigated by DSD officials using official registration and payment records to confirm these findings and prevent subsidies being paid to centres that continually fail to meet minimum standards. Preferably, the DSD should work with these centres to bring them to acceptable standards so that subsidies can be continued in line with applicable regulations.

4.2 ECD Service Audit: ECD Centre

4.2.1 Introductory remarks

ECD centres were asked about their general operations in terms of administrative documents and enrolment policies. These items serve as indicators of good management practices adopted by ECD centres. Centres must operate within their budget to remain financially viable. Various items asked about in this section are vital in maintaining proper finances and limiting financial risk. Many of these documents are requirements of registration with the DSD and were included in the audit as face-value documents which the centre was meant to produce on request.

4.2.2 Audit findings

4.2.2.1 Assessment and Monitoring

Implementation plans or business plans serve as a guide to ensure that the ECD centre is being run in accordance with a proper plan. Business plans provide a list of goals outlining how they will be attained and often provide background information on the persons involved in operating the centre. It is important in terms of funding as the DSD may not want to invest (through subsidies) in centres that have no guiding business goals or which does not provide a quality service to the communities they serve.

Centres with business plans

Nationally, 67% of fully registered ECD centres claim to have submitted an implementation/business plan and were able to show some evidence of this. A further 19% claimed to have submitted a business plan but could not substantiate it with evidence. A total of 14% of registered centres did not submit business plans. ECD centres with conditional registration submitted business plans in 70% of cases with an additional 13% having no evidence while 17% have not submitted business plans. Over half of unregistered ECD centres (55%) have not submitted business plans. Of the remaining centres, 29% could provide evidence that a business plan was submitted while 16% could not. For a detailed explanation of these response options “Yes (has evidence)”, “Yes (no evidence)” and “No”, please see page 53.

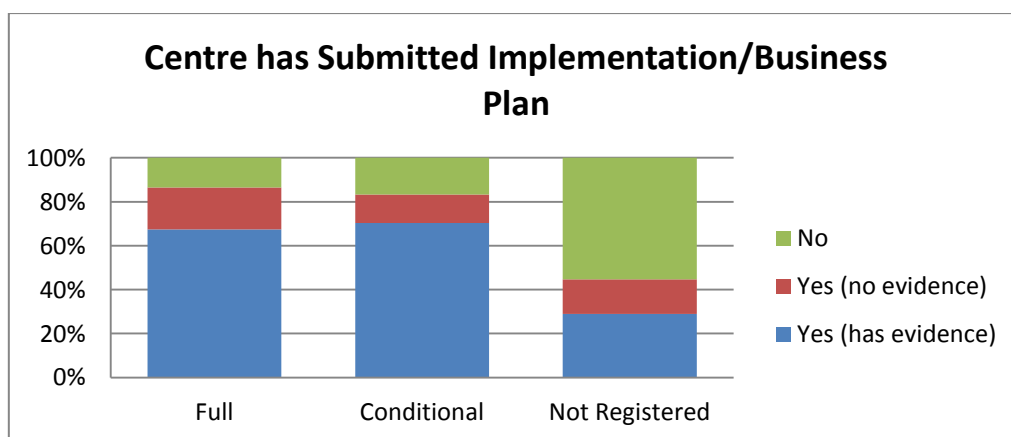


Figure 22: Submission of business/implementation plans

For ECD centres with full registration, Limpopo has the highest percentage of centres with business plans (85%) followed closely by Mpumalanga (83%) and North West (77%). KwaZulu-Natal has the lowest percentage of centres with evidence of business plans (50%) where 18% of centres report not having business plans. This is followed by the Northern Cape (66%) and the Free State (65%). Unregistered centres in the Northern Cape are most likely to have submitted business plans (38%) amongst such centres across all the provinces. The Eastern Cape (33%) and Mpumalanga (32%) both have over 30% of centres that have evidence of submitting business plans. Over 60% of unregistered centres in Limpopo (64%), North West (63%), Gauteng (61%), and KwaZulu-Natal (61%) have not submitted business plans.

Given that the submission of an implementation/business plan is a requirement of full registration, all fully registered centres should have this document with them. The fact that 14% of such centres claim to have never submitted implementation/business plans may be due to variations in the implementation or rigidity of registration requirements across boundaries (e.g. province, district) or by DSD official. It may also be due to changes in registration requirements over time or that respondents did not recall submitting such documents. This, however, suggests that these ECD centres do not regularly consult such business plans which severely limit the usefulness of such management tools.

Department of Social Development Inspections

To ensure that ECD centres maintain specified norms and standards, it is important that they are monitored regularly. These include regular inspections by DSD officials to ensure among other that children are being kept in a safe environment where the risk of physical injury and disease is minimized and that the centre has a quality curriculum. In this regard, fully and conditionally registered centres both show high rates of inspection. Nearly three quarters of ECD centres with full (74%) and conditional (74%) registration status were able to provide evidence of a DSD inspection in some form. A further 19% of fully registered and 18% of conditionally registered centres claimed to have been inspected but could not substantiate this with physical proof. A small number of fully registered and conditionally registered centres have not been inspected: 7% and 8% respectively. Without physical inspections the DSD is unable to confirm that centres are maintaining minimum norms and standards and the risk of children being subsidised at low quality ECD facilities, as well as the risk of fraud, is increased.

Nearly half of unregistered ECD centres (44%) have not been inspected by the DSD. These may include private for-profit centres that have no desire to be registered but may represent a substantial number of centres that do not meet minimum requirements for registration and are unable to submit all the required documentation to begin the process. Evidence of a DSD inspection could be provided in 39% of unregistered centres and 20% report being inspected but did not have documentation. This group may represent ECD centres which are in the process of registration or failed to meet minimum standards for conditional registration.

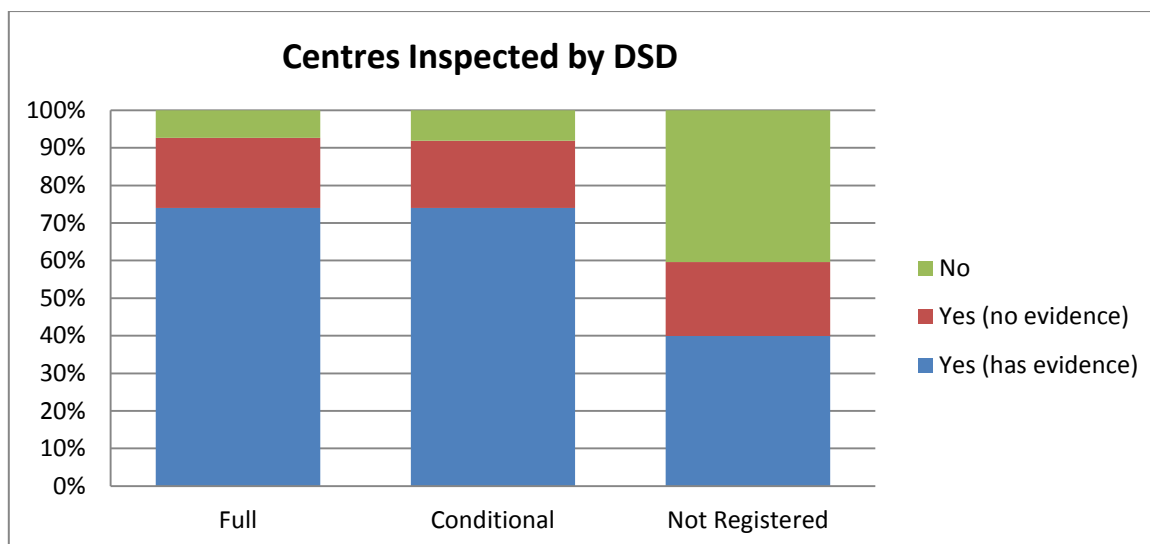


Figure 23: Inspected by DSD

Figures for DSD inspection vary by province but are consistently high. Limpopo has the highest rate with 88% of fully registered centres having evidence of an inspection followed by Mpumalanga (82%). The Northern Cape underperforms the other provinces on this measure by a considerable margin: 46% of fully registered centres in the province were able to provide evidence of an inspection though a high number, 28%, claim to have been inspected but could not provide evidence. Over a quarter (26%) of centres stated that they have not been inspected. Other provinces had rates less than 10% of fully registered centres not having been inspected with the next highest in North West (9%). This may be due to the great distances between population centres in the Northern Cape but is cause for concern. The Western Cape also falls considerably below the average with 61% having proof of an inspection though a large percentage, 34%, had been inspected but did not have evidence of this. This may suggest that the Western Cape departmental officials do not leave a record of inspection.

Statistics for unregistered centres follow a similar pattern at the provincial level. Most provinces have between 35%-50% of unregistered centres that have not been inspected by the DSD. The two notable exceptions are the Western Cape (28%) with the lowest rate and the Northern Cape (66%) with the highest. It should also be noted that an ECD centre's definition of an inspection may differ from that of the Department and may include any visit by a DSD official.

Of ECD centres that report being inspected by the DSD, over 80% were visited from 2013 onwards. Rates for fully registered and conditionally registered centres were nearly identical at 86% and 87% respectively while unregistered centres were slightly less (81%). Approximately half of the remaining centres were visited in 2012. This figure was slightly higher for unregistered centres (11%) than for centres with full (8%) or conditional (7%) registration status. Only 3% of unregistered centres report being inspected in 2011 while for the other registration statuses the proportions of centres being inspected by the DSD in both 2011 and 2010, remain below 2%. Slightly more centres (3%) of all registration statuses were last inspected in 2009 or before.

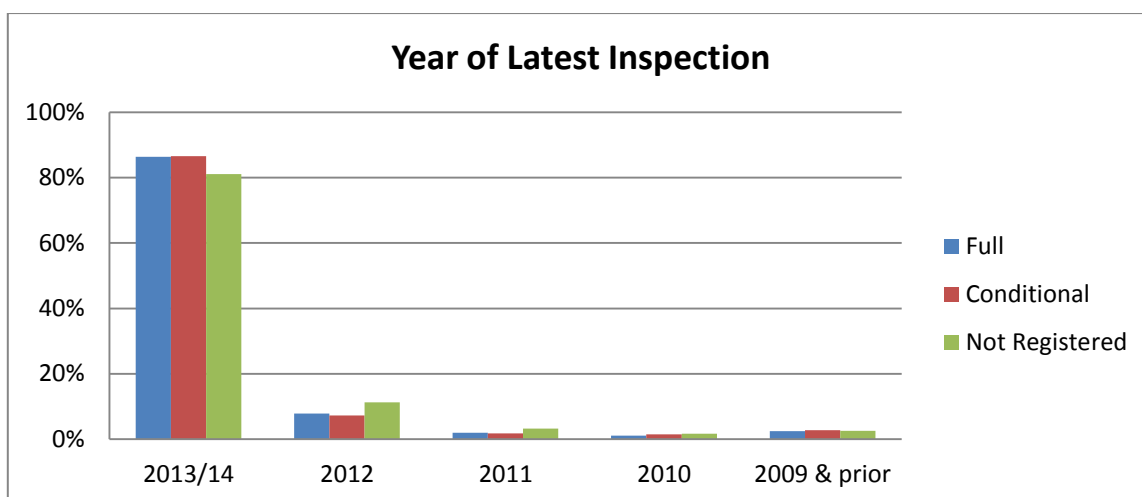


Figure 24: Year of most recent DSD inspection

Most provinces do not vary substantially from the national averages. A vast majority of fully registered centres in Mpumalanga were inspected from 2013 onwards (95%) though this result may have been slightly influenced by it being the province where data was collected most recently (March 2014). Similarly, the Northern Cape shows the lowest proportion of centres being inspected in 2013-2014 (80%) and was the first province to be audited (August-September 2013). The Western Cape is relatively low (81%) despite data collection occurring at the same time as many other provinces. Of fully registered centres inspected in 2011, the Western Cape (4%) and the Northern Cape (3%) show the highest levels while Gauteng (4%) and KwaZulu-Natal (3%) show the largest proportion of centres last inspected in 2009 or before.

The data also indicate that some registered centres (3%) have not been inspected in over three to four years, if at all. The reason for this is unknown. In terms of unregistered centres, the Northern Cape has the largest proportion of ECD centres that were inspected in 2009 or before (11%) which is double the next province of Eastern Cape (6%). These figures do not include centres which have never been inspected.

Departments/Organisations involved with ECD centres

Various departments and institutions have a role to play at ECD centres. These include the DSD, the DOH, local government, NGOs, and others. All such role-players are to a lesser or higher degree may be involved in the management and support of ECD centres. Higher levels of involvement generally improve conditions at centres by providing financial or material support and offer an additional level of monitoring. The definition of involvement was left for the respondent to determine and no minimum levels were required

The DSD is directly involved with 93% of both fully registered conditionally registered centres. The DSD is also involved in 52% of unregistered ECD centres. The Department of Health (DOH), which is generally responsible for primary healthcare at clinics and through visits to ECD centres, has a presence in 70% of the fully registered centres and 69% of conditionally registered centres. It is also involved with 50% of unregistered centres. The Department of Basic Education (DBE) is involved in 38% of fully registered centres and half (50%) of

conditionally registered centres. Rates of involvement are significantly less for local government, non-governmental organisations (NGOs), and other institutions. Levels of involvement are generally higher at registered centres than for unregistered centres except in the case of other organisations, which may include local businesses.

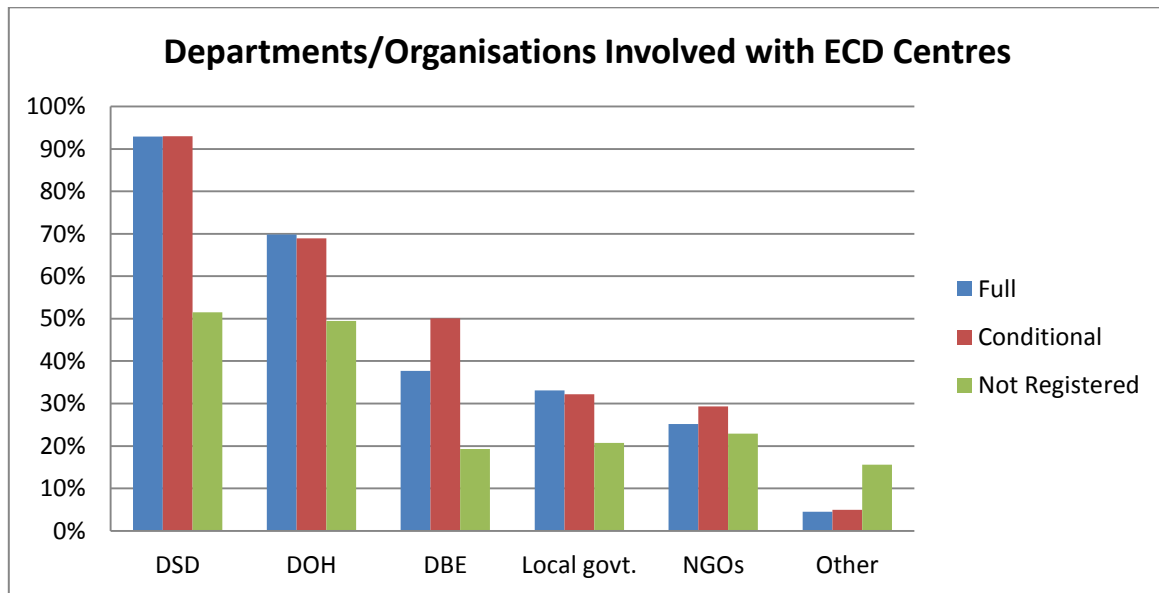


Figure 25: Departmental/Institutional involvement

Institutional involvement varies across institutions and provinces. DSD involvement is fairly consistent for registered centres in all provinces generally being above 90% except for fully registered centres in Gauteng (87%) and centres with conditional registration in Mpumalanga (87%), the Northern Cape (78%) and Gauteng (72%).

The DOH has the highest involvement with fully registered centres in Mpumalanga (85%) with other registered centres generally above 60% with exceptions for centres with full (41%) registration in the Northern Cape, and conditional centres in both the Eastern Cape (48%) and the Free State (58%). For unregistered centres, the highest rate was 57% in the Western Cape to a low of 21% in the Northern Cape reflecting the generally limited involvement of the DOH in that province.

The involvement of the DBE varies considerably. It is most involved at centres in Limpopo where 78% of fully registered and 75% of conditionally registered centres report some involvement. Involvement with 34% of unregistered centres in that province is also significantly higher than the national average of 19%. The DBE also has a high level of involvement with fully registered centres in Mpumalanga (73%). Conditionally registered centres in North West are the only other group where over half the centres report some involvement (52%) followed by Mpumalanga (47%). The DBE's involvement with fully registered centres in other provinces is between 35% in the Free State and 25% in the Western Cape. The level of involvement is likely to be associated with the number of centres offering Grade R.

Local Government plays the most active role in Limpopo (Full: 42%; Conditional: 39%) and Gauteng, where 48% of conditionally registered centres report involvement. This is

substantially lower in fully registered centres (32%) in that province. Local Government is involved in over 20% of registered centres in all provinces except for centres in the Northern Cape (Full: 12%). It is generally higher in fully registered centres with most provinces above 25%. Rates are between 17% in both North West and Mpumalanga for unregistered centres to a high of 24% in Gauteng. Unregistered centres in the Northern Cape (6%) and the Free State (12%) report the lowest level of involvement of Local Government. These rates vary between districts and municipalities, though are likely influenced by provincial initiatives and policies.

NGOs are most active in Limpopo where 42% of conditionally registered centres, 37% of fully registered centres, and 32% of unregistered centres report that NGOs are involved with their centres. These are the highest levels of involvement for all registration statuses. Rates of NGO involvement at fully registered centres are also high in North West (31%), the Western Cape (29%) and the Eastern Cape (28%). NGOs have the lowest involvement at ECD centres in the Free State (Full: 13%, Conditional: 9%). The same is true for unregistered centres in the same province (11%). NGOs are a highly diverse group and each has its own unique aims and target different categories of ECD centres that may, for instance, prioritise rural centres or assist centres to become fully registered. Given that NGOs may have a specific area of focus it may be difficult to make proper conclusions about NGO involvement in ECD centres.

The involvement of the various institutions is subjective and the level of involvement was not quantified. The ECD sector would certainly benefit from increased levels of integrated involvement, especially by government departments.

4.2.2.2 General Administration

Administrative documents aid in the proper management of ECD centres and provide an indication of their general operations and effectiveness. Centres were asked whether they maintained certain documents. Just as with the questions on the existence of business plans or inspected by the DSD, responses to questions regarding administrative documents were recorded as one of three potential answers: “*Yes (with evidence)*,” “*Yes (no evidence)*,” or “*No.*” “*Yes (with evidence)*” signifies that the centres responded “*Yes*” and evidence was provided to support the claim. “*Yes (no evidence)*” means that the centres responded that they did have that particular document but could not offer proof because the documents are kept off-site, they could not be found on the day of the audit, they exist only informally, or the centre was not being entirely truthful. “*No*” means the centre claims that no such document exists in any form or location. This specific question was slightly different in Northern Cape (as the province was used to pilot the questionnaire) and was only “*Yes,*” “*Yes (with evidence)*,” and “*No.*” This may have led to a higher number of “*Yes (no evidence)*” responses compared to other provinces. As such, data for Northern Cape will always include both figures to give a less distorted view. In most cases, only “*Yes (with evidence)*” and “*No*” responses are included in the discussion. Questions related to administrative documents included employment contracts, job descriptions, payslips, etc.

Employment contracts provide a guaranteed framework for working conditions, remuneration, and responsibilities that are designed to protect both the ECD centres and its employees. Half of fully registered centres (51%) have some form of an employment contract that is kept at the ECD centre with substantial variation between provinces from a high of 77%

in Gauteng to a low of 23% in KwaZulu-Natal. Conditionally registered centres have a similar national average (44%) that is also highly variable being most prevalent in Gauteng (78%) while 73% of conditionally registered centres in the Eastern Cape have no employment contracts. Contracts are least common at unregistered where 28% of centres have evidence of contracts. Rates in Gauteng are again highest but significantly lower than for registered centres (39%). Less than 20% of unregistered centres had evidence of employment contracts in KwaZulu-Natal (16%), Mpumalanga (17%), and Limpopo (17%). The figures do not guarantee that employment contracts are present for all employees in these centres but as a general rule, employment contracts should be kept on-site in case of a dispute.

Jobs descriptions are usually included in employment contracts though may exist separately. These provide a clear set of duties and responsibilities to which the employee must adhere. 65% of fully registered centres keep job descriptions and range from 79% in Gauteng to 39% in KwaZulu-Natal. Rates for centres with conditional registration are similar (65%). Job descriptions are less common at unregistered centres and were produced in 39% of centres nationwide, being most common in Gauteng (46%) and least common in the Northern Cape (25%), though an equal number of centres did not provide evidence.

Payslips provide confirmation of payment for ECD staff members, which protect both the employers and employees. Payslips also serve as proof of employment and income that can assist employees in financial matters related to banking and taxation and should provide a detailed breakdown of any deductions made from the employee's pay. They can also be indicative of the formality of the centre's financial management system. Evidence of payslips could be produced in 37% of centres with full registration. This was highest in Gauteng (62%) and lowest in the Eastern Cape (16%). Payslips were seen in 30% of conditionally registered centres with a similar range. Payslips were least common in unregistered centres and evidence was produced in 20% of centres, being most common in Gauteng (29%) and lowest in Mpumalanga (10%) and KwaZulu-Natal (10%). The figures presented do not guarantee that all employees at these centres receive pay slips though as a good governance practice, all centres should be compelled to provide pay slips to all employees.

Staff development plans provide a framework for staff members to improve their current skills and receive additional training. These plans provide a sense of job security and allow centres to invest in individual staff members so that they may maintain and improve their skills and training, which benefit everyone involved. Staff development plans were seen in 42% of fully registered ECD centres and were most prevalent in Limpopo (62%) and were relatively rare in the Northern Cape (18%). Results were similar at centres with conditional registration (46%). Staff development plans were found in 27% of unregistered centres with nearly a third of centres (33%) in Gauteng having them, while roughly half this rate (17%) was observed in both KwaZulu-Natal and the Northern Cape.

Staff attendance registers show the individuals who have regular employment at the ECD centres and allow centres to track the number of days worked for payment and general performance purposes. Staff registers were the most commonly observed administrative documents seen at ECD centres being present in 86% of fully registered ECD centres. They were found in nearly all ECD centres in Limpopo (97%) while the Northern Cape was also relatively compliant in this regard (71%). Evidence of staff attendance registers were found in 89% of

conditionally registered centres. Staff attendance registers are less prevalent in unregistered centres, though still relatively common (62%), especially in Limpopo (78%). They are least common in the Northern Cape (51%), though 25% report keeping these documents without any evidence. This is much higher than the national average (12%) and as explained, this may be due to the phrasing of the available responses.

A complaints and grievances policy allows employees an opportunity to formally record instances where they feel the ECD centre did not maintain minimum working conditions either in general or according to the employment contract. Having a policy allows employees to express grievances and gives ECD centres an opportunity to formally respond to the complaints and remedy them. These records may be used when cases are brought before the Commission for Conciliation, Mediation and Arbitration (CCMA) and provides protection to the ECD centre and its employees. 43% of fully registered centres have such policies ranging from a high of 63% in the Western Cape to 20% in the Northern Cape.¹¹ Conditionally registered centres do not deviate much from this general trend (42%). Complaints and grievance policies are found in 27% of unregistered centres and are highest in the Western Cape (37%) while KwaZulu-Natal is significantly below average (16%).

Child admission policies allow ECD centres to apply non-discriminatory and consistent admission criteria. These may for example, include denying access to children without immunisation records to reduce the risk of communicable disease or denying access to children when the centre experience a lack of capacity to accommodate more children. If the ECD centre does not allow a child to be admitted, the centre must be able to support this denial with reference to the admission policy. As certain policies may be considered unlawful and discriminatory, it is important that there is some oversight of these policies and remedies can be made when unlawful discrimination is evident.

The data reveals that 70% of fully registered ECD centres have admissions policies. This ranged from a high of 86% in Limpopo to a low of 50% in KwaZulu-Natal. An additional 13.4% have a policy but could not provide evidence suggesting that it may be relatively informal in nature. The national average for conditional centres was similar at 71%. This figure is less for unregistered ECD centres where 52% have such policies in place. Gauteng has the highest rate (61%) while the Northern Cape has the lowest (39%), though an additional 22% did not have evidence, which is slightly more than the average of 16%. KwaZulu-Natal (40%) also has a low rate among unregistered centres.

¹¹ Centres without evidence account for 17%, only slightly above the national average.

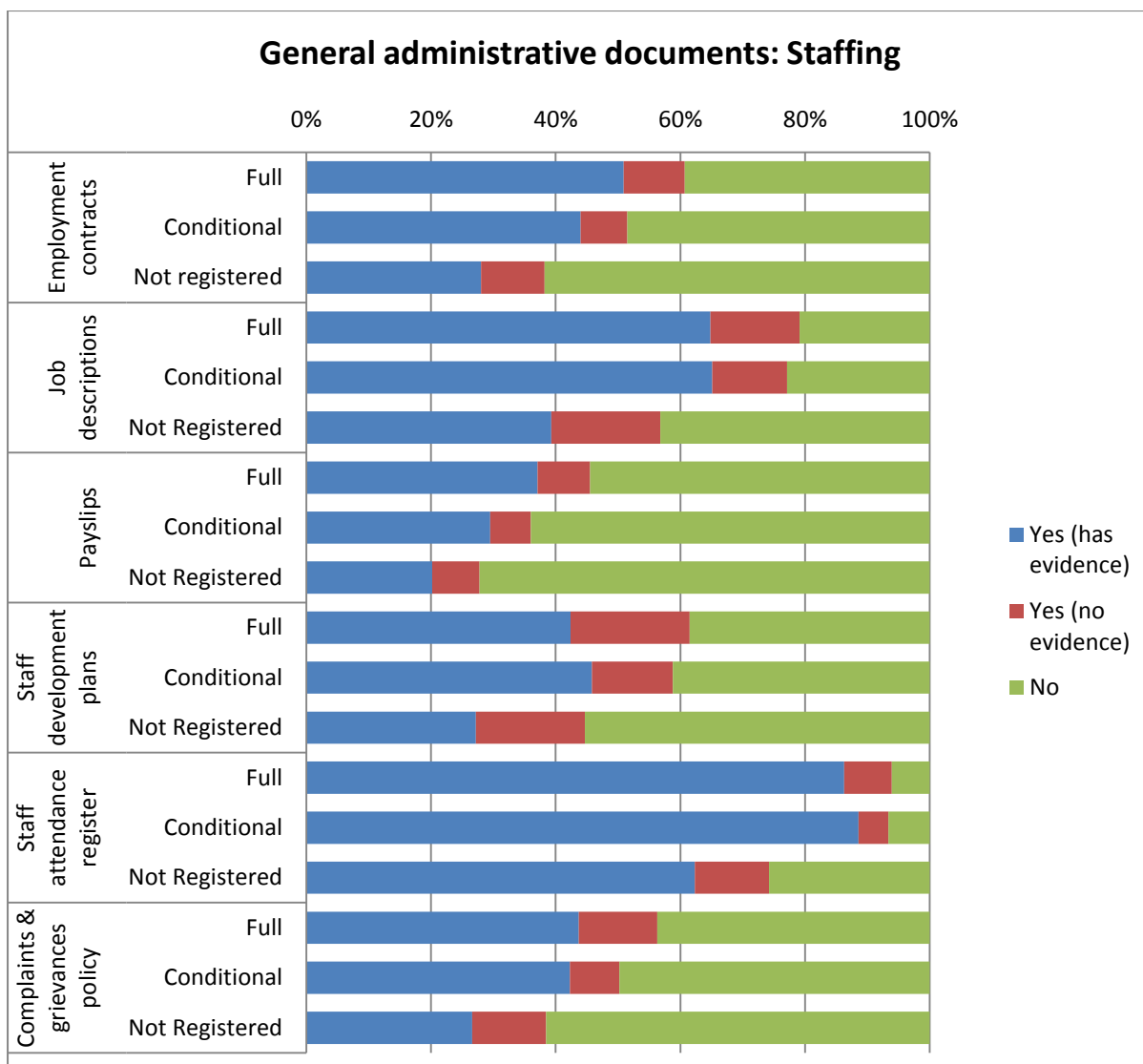


Figure 26: Administrative documents – Staffing

Admission registration forms allow ECD centres to better document that children meet all the admission requirements and may provide necessary information related to the identification and contact details of the child in case of emergency. It also allows ECD centres to document the enrolment date of the children in terms of fees. Admission registration forms are found in 84% of ECD centres with full registration. It is highest in Limpopo (94%) but considerably lower in the Eastern Cape (64%). All other provinces are above 80% apart from the Northern Cape (74%) where 24% had no evidence (9% nationally). Admission registration forms are equally common in conditionally registered centres (84%). They are slightly less common in unregistered centres and are found in 71% of these centres. This is highest in Gauteng (84%) while lowest in the Eastern Cape (54%). Centres reporting to have admission registration forms without providing evidence are suspect in this case as they must be kept on-site to be beneficial. Some of these centres may provide quasi-registration forms written by hand in a more informal way.

Admissions policies for children with disabilities are an important consideration. Many children may have been effectively excluded from ECD centres as not enough centres have the capacity to meet the special needs of these children. Official documentation of an admissions policy for children with disabilities is found in 33% of fully registered ECD centres, well below the prevalence of admission policies related to HIV (see next paragraph). Limpopo is the only province to have over half of the ECD centres with an admissions policy related to disabilities (62%). They are virtually absent from centres in KwaZulu-Natal (12%) and the Northern Cape (14%). Policies are similar at conditionally registered centres (37%). Unregistered centres show lower rates (19%). In general, however, these are found in levels approximately half those of fully registered centres in most provinces. The only exceptions are in KwaZulu-Natal (12%) and the Northern Cape (16%), where rates are already low. In fact, unregistered ECD centres in the Northern Cape are slightly more likely to have an admission policy for children with disabilities. This suggests there has been little to no guidance on this issue from the provincial government or that it has not been successful. Lack of an admission policy is not a problem *per se* but indicates that centres have a lack of awareness on issues related to disabilities.

In South Africa, the discrimination of HIV infected and affected persons are illegal except under highly specific health-related circumstances in which case it should be fair discrimination. **Admissions policies related to HIV/AIDS infected and affected children** are found in 49% of fully registered centres. This is highly variable depending on the province ranging from a high of 82% in Limpopo to a low of 17% in KwaZulu-Natal. Mpumalanga is also well below average (28%). This is despite the fact that a recent survey by the Department of Health identified these two provinces as having the highest rates of HIV infection.¹² This suggests that admission policies may be implemented with some guidance from provincial authorities rather than stemming from circumstances in the provinces. Free State, which has the third highest infection rate according to the study, is only slightly below average with 48% of centres having a documented HIV admissions policy. The absence of such a policy given its importance shows a general lack of awareness or focus on issues related to HIV.

Universal blood spill policies for blood injuries are designed to limit the risk of transmission of blood borne diseases, particularly HIV in the South African context. A universal blood-spill policy for blood injuries is evidenced in 43% of fully registered centres with large variations between provinces. They were most prevalent in Limpopo (78%) which is nearly 20 percentage points above the next province, Gauteng (60%), with the Western Cape (50%) being the only other province where over half of fully registered ECD centres have such a policy. Centres with such a policy are least prevalent in KwaZulu-Natal (21%) and Mpumalanga (22%), areas where HIV infection is highest, by a margin of nearly 10%.¹³ Blood spill policies are found in 48% of conditionally registered centres. The rate at unregistered centres is 26%. These are again found at approximately half the level of fully ECD registered centres ranging from 37% in Limpopo to 13% in North West. This again signifies a lack of awareness of HIV in the ECD sector and increases the risk of disease transmission.

¹² Department of Health, South Africa, (2012) 'The National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2011' - See more at: http://www.avert.org/south-africa-hiv-aids-statistics.htm#footnote1_kjpkrx0

¹³ Ibid

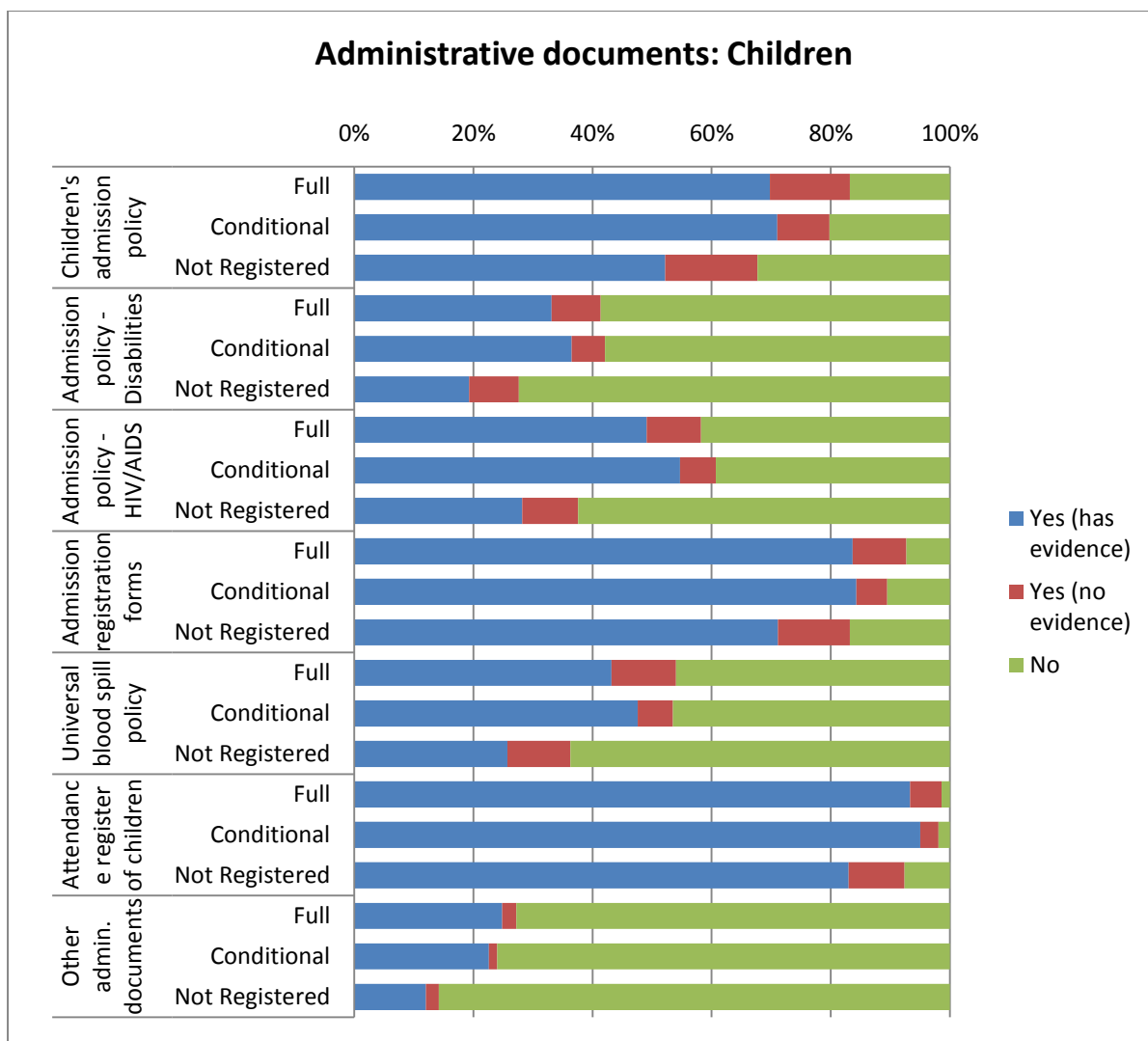


Figure 27: Administrative documents - Children

Attendance registers for children allow ECD centres to monitor absenteeism of children to assess fees or to safeguard the condition of the child by noting periods of long absences due to ill health or poor physical condition. It also allows government officials to monitor attendance which is important as the number of children enrolled determines subsidy amounts. Attendance registers for children are standard at most fully registered ECD centres (93%). The only province below 90% is the Northern Cape (78%); this may again have been due to reasons outlined on p. 53 as 20% reported to have an attendance register, though no evidence was seen. Nearly all centres in Limpopo (99%) have verifiable attendance registers as well as 95% of centres with conditional registration. Levels at unregistered ECD centres are also quite high with 83% of centres having such registers. This ranges from a high of 89% in KwaZulu-Natal to a low of 67% in the Northern Cape with an additional 21% not having evidence. The next lowest rate was seen in the Free State (77%) and Mpumalanga (77%) suggesting that over 75% of all centres have attendance records.

Other administrative documents are kept in many centres though the responses have considerable variation including some items discussed in later sections. Other documents most

commonly listed related to health/sick policies for children and staff, visitors/log books, disciplinary policies, and medical records.

In general, most ECD centres appear to keep job descriptions, staff attendance registers, child attendance records, and admission registration forms. Many ECD centres also have admission policies, though relatively few policies related to HIV/AIDS or disabilities. Most staff appears to be working without contracts while payslips, staff development plans, and complaint and grievance policies are relatively rare. Registered ECD centres are more likely to have such administrative documents than unregistered centres with rates being similar between full and conditional registration statuses. Certain provinces are also more likely to have these documents. ECD centres in Limpopo, Gauteng, and the Western Cape have the highest prevalence of such records. Despite being one of the poorer provinces, Limpopo is often the best performing province suggesting there has been some kind of provincial level intervention there. High levels of compliance are found in Gauteng and the Western Cape. Administrative documents are least common in KwaZulu-Natal and the Northern Cape. Despite potential challenges in those provinces, the results seen in Limpopo suggest that these rates can improve substantially when guidance is provided.

4.2.2.3 Financial Resources: General

The maintenance of financial documents is important in terms of ensuring sound financial management which in turn is crucial in ensuring that ECD centres remain financially viable and accountable to the community it serves. Certain financial documents provide a general indication on the overall financial management of an ECD centre and can be used to determine the risk of financial collapse or misappropriation of ECD centre funds.

Separate bank accounts for ECD centres allow for better monitoring of ECD centre income and expenditure and reduce the risk of ECD centre funds being used for personal gain. Multiple signatories allow for additional financial oversight and further reduce this risk. Evidence of separate bank accounts (i.e. in the name of the ECD centre) is seen in 66% of ECD centres with full registration status. This proportion is slightly higher for conditionally registered centres (70%). Separate banks accounts are most commonly found among fully registered centres in Gauteng (80%), North West (75%), and Limpopo (75%). They are relatively rare in the Northern Cape (25%), which is less than half the rate of the province with the next lowest proportion, KwaZulu-Natal (55%). Separate banks accounts are found in 39% of unregistered centres with a high of 48% in Gauteng to a low of 20% in the Northern Cape, a similar level as registered centres in that province with 13% not having evidence, a rate similar to the national average (9%).

Of the centres that have separate bank accounts, most have three signatories on the account. For fully registered centres, the figure is 76%, reaching a maximum of 96% in North West to a low of 49% in the Western Cape. The Western Cape has nearly double the number of centres with two signatories compared to the other provinces, though has nearly triple the percentage of centres with one signatory (17%) compared to the national average of 6%. The Northern Cape (7%) is the only other province where more than 5% of fully registered centres have just one signatory. 68% of unregistered ECD centres have three signatories, though the Western Cape (41%) is well below the national average. The province again has the highest percentage of

centres with just one signatory (29%), with other provinces all below 20% with four provinces being less than 10%. Almost no centres (1%) have four or more signatories in all registration statuses.

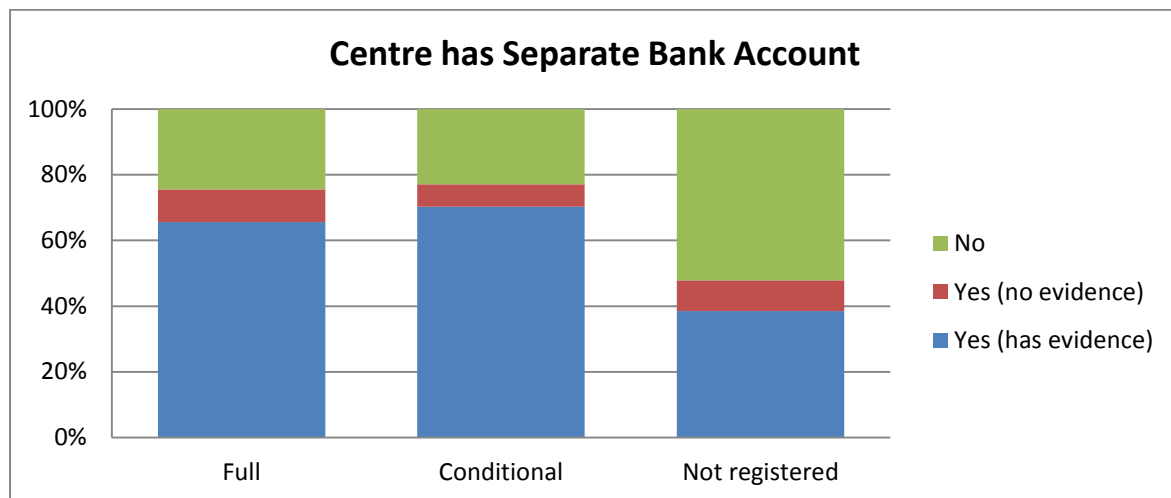


Figure 28: Separate bank account

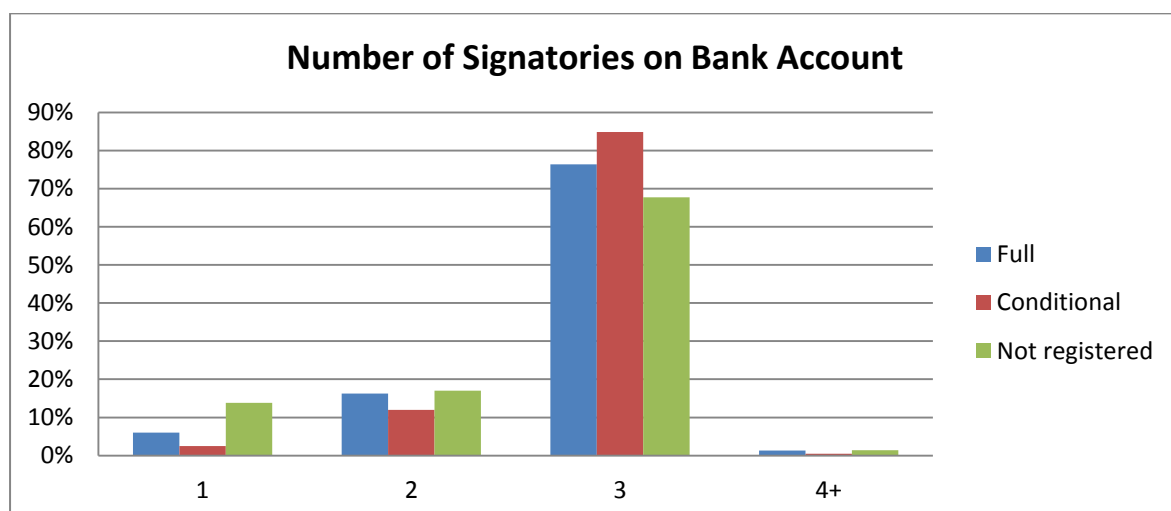


Figure 29: Signatories on bank account

Income/Expenditure books allow ECD centres to monitor their finances by recording money spent and received by the centre. These inform the centre on the sustainability of expenses and can be used to determine an overall budget. These records are found in 74% of fully registered centres ranging from 59% in the Northern Cape¹⁴ to 88% in Limpopo. An additional 15% of centres reported keeping income/expenditure books but no evidence could be produced. It is possible, though not ideal, that these records are kept off-site. 75% of conditionally registered centres have evidence of an income and expenditure book. They are less common in unregistered centres where they are found in 41% of cases with an additional 16% of ECD

¹⁴ An additional 27% did not have evidence compared to a national average of 15%.

centres being unable to show evidence. The proportion of unregistered centres with these records is highest in the North West (54%) and lowest in KwaZulu-Natal (31%).

Budgets allow for proper planning for ECD centre expenditure. It ensures that ECD centres are financially responsible and avoid spending beyond their income. Having a budget allow an ECD centres to better respond to income fluctuations. Proof of an ECD centre budget was offered at 53% of fully registered ECD centres; however, an additional 16% of centres claimed to have budgets but could not be produced as evidence on the day of the audit. These budgets may have been relatively informal or kept off-site. Gauteng (69%) and Limpopo (69%) have the largest percentage of fully registered centres with budgets. Less than half of fully registered ECD centres have formal budgets in KwaZulu-Natal (36%), the Northern Cape (37%), and the Eastern Cape (40%). Conditionally registered centres have budgets in 54% of cases. Budgets are relatively rare among unregistered ECD centres (29%). Gauteng (36%) and the Western Cape (31%) are the only two provinces where the proportion of unregistered ECD centres with budgets is above 30%. Conversely, KwaZulu-Natal (19%) is the only province where less than 20% of unregistered ECD centres do not have evidence of budgets.

Fee registers allow ECD centres to document payment of fees paid and outstanding fees. It is important to document the payment of fees as this is one of the primary, and in some cases, the only sources of income for most centres. The data reveals that 79% of fully registered ECD centres have fee registers. A provincial level analysis shows that the proportion of fully registered centres with fee registers ranges from 96% in Limpopo to 66% in the Northern Cape¹⁵ and 67% in the Eastern Cape. In 85% of conditionally registered centres evidence of fee registers were produced. Unregistered ECD centres have fee registers in 67% of cases. Amongst these centres, there is a fairly distinct divide between provinces with the highest rates—Limpopo (82%) and Gauteng (75%)—and provinces with the lowest rates—the Northern Cape (53%), KwaZulu-Natal (56%), the Eastern Cape (57%), the Western Cape (57%), and the Free State (59%). It should be noted that the Western Cape (20%) and the Northern Cape (31%) have a large proportion of centres that reported having fee registers but could not provide evidence to enumerators on the day of the audit. These centres may keep these records off-site, though the benefit of having such records away from the centre is limited as they cannot be easily used or consulted when payments are made or disputes arise over payments.

Fee receipt books offer further documentation regarding proof of fee payments for both parties. Fee receipts books are relatively standard among fully registered centres (83%). Rates are particularly high in Limpopo (96%), North West (92%) and Gauteng (91%). They are relatively uncommon in centres in the Northern Cape (71%) and the Eastern Cape (72%), which have the two smallest proportions of fully registered centres with fee receipt books. Significantly more centres in the Northern Cape did not have evidence (24%) compared to the national average (10%) which may be due to the reason already mentioned. In 87% of ECD centres with conditional registration fee receipt books were prevalent. Rates at unregistered centres are relatively high and fee receipt books could be found in 72% of centres. They are most prevalent at unregistered ECD centres in North West (88%) and Gauteng (83%). The lowest rates are found in the Eastern Cape (60%), the Western Cape (62%), the Northern Cape¹⁶ (62%), and Mpumalanga (65%).

¹⁵ An additional 26% of centres did not have evidence compared to the national average of 11%.

¹⁶ An additional 27% of centres did not have evidence compared to the national average of 12%.

Asset registers are kept to document the presence and condition of physical materials belonging to the ECD centre. In 67% of fully registered ECD centres such registers were found to exist though this varies substantially by province from a high of 92% in Limpopo to a low of 49% in the Northern Cape with four provinces between 60-70%. An additional 13% of centres reported keeping an asset register but could not be produced on the day of the audit. This was highest in the Northern Cape (20%). Figures are similar for conditionally registered centres (71%). Asset registers are less common in unregistered centres with an average of 34%. They are most prevalent in Limpopo (48%) which has nearly double the rate of the Free State (26%) which has the lowest rate among provinces.

As an NPO, ECD centres are entitled to reclaim money that was paid towards VAT. In order to do this, they must have their books audited by a registered professional. **Asset reports** were evidenced in 61% of fully registered centres with the highest rates in Limpopo (73%) and Mpumalanga (72%). Other provinces are close to the national average with the Northern Cape (28%) and the Eastern Cape (49%) being the only notable exceptions. The percentage of centres without evidence in the Northern Cape is the same as the national average (13%). Rates are similar to the national average for conditionally registered centres (59%). Asset registers are much rarer in unregistered ECD centres (22%) with Gauteng (34%) being above this national average. Compared with the national average found in unregistered centres, this figure, however, is 20% or less in all other provinces. As many ECD centres are considered to be NPOs, it is in the interest of all centres to reclaim VAT as the ECD centre would be able to recoup some of this money assuming the cost of an audit report is reasonable.

As with other administrative documents, registered ECD centres outperform unregistered ECD centres in all aspects of financial record keeping. This is likely due to a combination of registration requirements and possibly guidelines and assistance from provincial Departments and or NGOs. There is considerable disparity across provinces with Limpopo generally having the highest percentage of centres maintaining adequate records. When proper records are not kept, disputes may arise over payment and it is easier for funds or property to go missing.

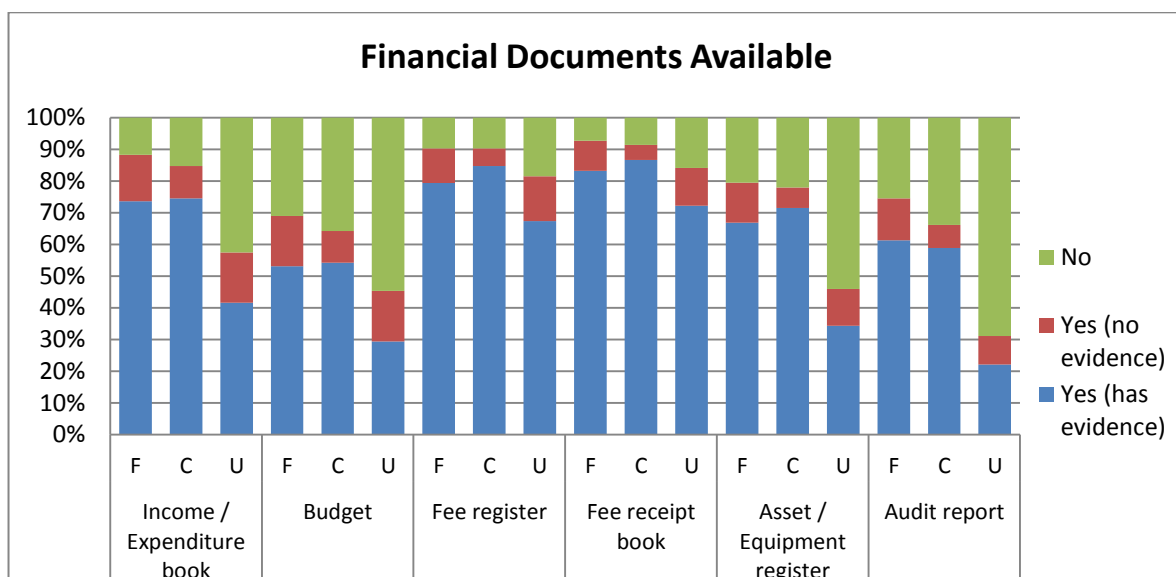


Figure 30: Financial records

4.2.2.4 Monthly operating costs and cost items

In order to properly assess the average operating costs of ECD centres in across the country, ECD centres were asked about their average monthly expenditure and income from various sources. Some of the figures given were found to be unrealistic either especially high or low (especially in the case of salaries). It is thought that there may have been a lack of understanding with some centres reporting either annual or weekly costs. These were made missing in the database depending on how far they deviated from the mean or median of their district. Enumerators were told to base responses on income and expenditure books in the centres though these are not kept in most centres. These books, however, may also show some payments that do not reflect average monthly expenditure.

Valid responses vary by category and province. It should be noted that ECD centres were also reported to be hesitant about disclosing their finances with some centres refusing to do so despite the best attempts made by enumerators. In future surveys, more justification should be provided to centres on why this information is being collected with possible expenditure categories being used with annual equivalencies provided (e.g. R 100 per month R 1 200 per year).

Due to the extreme values and centres reporting no expenditure, only percentile values are presented as they are not affected by extreme values as means/averages are. The 10th percentile gives the value below which 10% of responses fall. The median (50th percentile) represents the midpoint at which 50% of centres fall above and 50% below. While it is possible some centres do not have any expenditure on individual items it is not possible to have no expenditure. Centres reporting no expenditure on all categories were removed from the analysis.

Due to varying sizes of centres, income/expenditure amounts were put in terms of the number of children enrolled at the centre to standardise the amounts which are presented in average monthly amounts per child enrolled in South African Rand. Per child expenditure could not be calculated for centres that did not give a monthly total amount or did not provide the number of learners enrolled at the centres. Due to the low numbers of conditionally registered centres within each province, no discussion of conditionally registered within provinces will be made.

Food costs are determined by quality, quantity, and type of food being bought with carbohydrates such as pap and rice being relatively cheap compared to meat products. Large centres with many children are also able to reduce costs in per child terms due to increasing returns to scale (e.g. buying in bulk). Centres providing food must provide it at cost to the centre unless the food is donated. The following analysis only includes centres that provide food. Fully registered centres spend a median of R67 per month per child on average with 50% of centres spending more than this. The median amount is less for conditionally registered (R60) and unregistered (R47) centres. At the lower end, 10% of fully registered centres report spending less than R24 compared to R28 for conditionally registered and R18 per child per month on at unregistered centres. At the upper end, 90% of centres spend less than R130 per child per month at fully registered, R117 at conditionally registered, and R100 at unregistered centres.

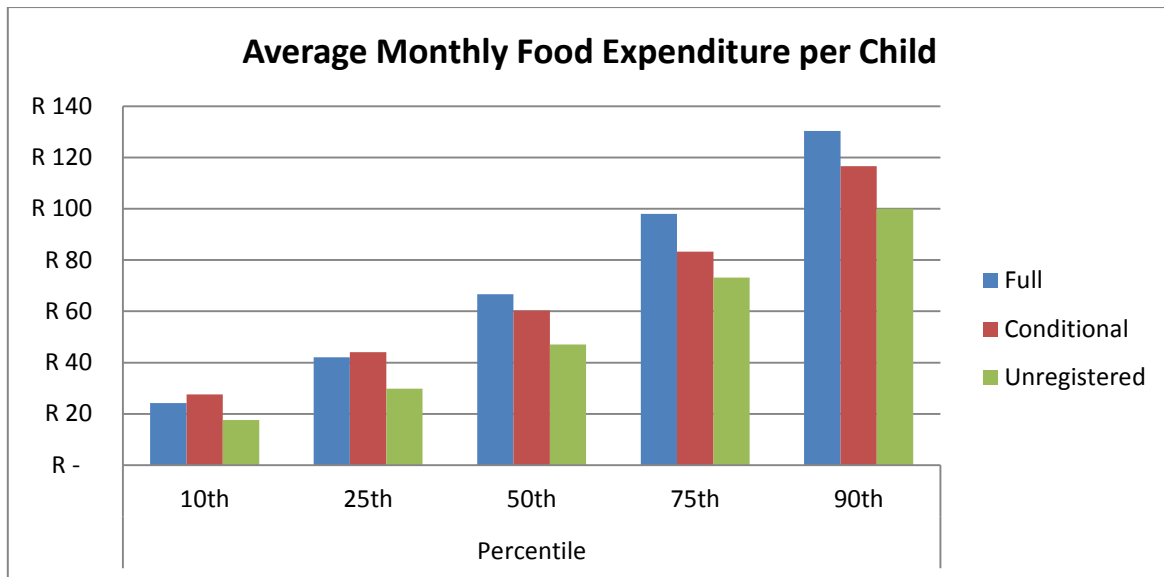


Figure 31: Average Monthly Expenditure per Child: Food

Median amounts for fully registered centres are highest in the Northern Cape (R97) and Gauteng (R98). Median amounts are lowest in Limpopo (R52) and North West (R59). At the 10th percentile, fully registered centres spend the least in Mpumalanga (R17) while amounts are highest in Gauteng (R36). At the 90th percentile, the same provinces are featured. The Northern Cape (R179), Gauteng (R156), and KwaZulu-Natal (R154) spend the most while Limpopo (R85) is the only province below R100 per child per month.

Food expenditure is slightly less at unregistered centres. The median food expenditure per child in an average month varies from R60 in Gauteng to R35 in Mpumalanga followed closely by KwaZulu-Natal (R39). At the 10th percentile, centres in the Northern Cape (R4), the Eastern Cape (R5), and KwaZulu-Natal (R6) spend the least while those in Gauteng (R26) and the Free State (R23) spend the most. At the 90th percentile, unregistered centres in the Northern Cape (R139) and Gauteng (R125) spend the most while Limpopo (R67) spends the least. All other provinces spend more than R80 per child per month on food at the 90th percentile.

Due to the lack of adequate responses and highly variable data, a follow-up survey was conducted telephonically with roughly 3% of all centres across nearly every district. Centres were asked about their total average monthly food expenditure and the number of learners enrolled. Results were similar to those presented above with a median average expenditure of R58 per child per month for all registration statuses. The 10th percentile was less at R14 per month while the 90th percentile was R105 per month. The smaller sample size may explain some of this variation. Compared to the original response given the median follow-up response was 33% higher or lower than the original figure. 10% of centres gave a response that was over 150% higher or lower than the original response though three quarters of responses within 66% of the original response. This suggests that monthly food expenditure is highly variable, the respondent was not knowledgeable about expenditure and the wrong person was asked, or that ECD centres do not keep adequate records of food expenditure.

Along with food, salaries comprise one of the greatest monthly expenditures for most centres. Given that salary expenditure will vary substantially by the number of staff employed, it is important to quantify this in per child terms. The median salary expenditure in an average month was found to be R95 per child. This was higher than for conditionally registered (R72) and unregistered (R71) centres. At the 10th percentile, average monthly salary expenditure per child is approximately one third of the median value; fully registered centres were found to spend R32 per month per child on salaries compared to R25 at conditionally registered centres and R23 at unregistered centres. At the 90th percentile, average monthly expenditure on salaries per child is significantly higher. 10% (90th percentile) of fully registered spend R215 on total staff salaries per child per month compared to R153 at conditionally registered and R194 at unregistered centres. Given the wide range of monthly salaries per job title, this wide range of expenditure may be possible. Relatively successful centres are likely to pay higher salaries in all cases while at smaller, less economically successful ECD centres, many staff members may be paid less than R1000 per month. These centres may also have a higher learner/practitioner ratio which further exacerbates this disparity. It is also possible that expenditure on salaries was not properly understood and some staff member salaries (especially support staff) may have been omitted.

Among fully registered centres, median salary expenditure per child is highest in the Western Cape (R169) followed by Gauteng (R134). Median salary expenditure per child is lowest in Mpumalanga (R64), Limpopo (R73), and the Eastern Cape (R79). Other provinces are close to the national median of R96. At the lower end, 10% of centres spend less than R30 per month per child on salaries in KwaZulu-Natal (R24), the Eastern Cape (R25), Limpopo (R26), and Mpumalanga (R28). Equivalent figures are highest in the Western Cape (R68) and Gauteng (R52) with no other province spending more than R40 per month per child. The Western Cape also has the highest salary expenditure per child at the 90th percentile with 10% of centres spending more than R330 per month per child. This is followed by Gauteng (R246) and the Northern Cape (R204). Average monthly expenditure per child is as low as R123 in Limpopo with other provinces between R150-R175.

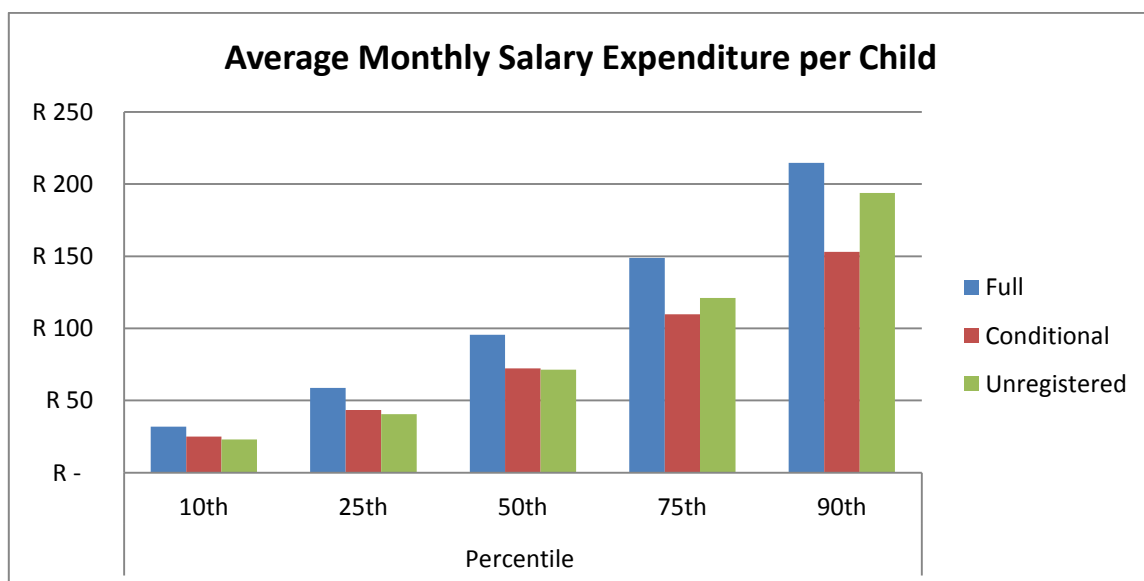


Figure 32: Average Monthly Expenditure per Child: Salaries

Among conditionally registered centres median salary expenditure per child is highest in the Western Cape (R169) with Gauteng (R100) a distant second. It is lowest in Limpopo (R54), KwaZulu-Natal (R64), North West (R67), and the Eastern Cape (R69). At the 10th percentile, equivalent expenditure is lowest in the Eastern Cape (R14). Conditionally registered centres in other provinces spend between R20-35 per child per month on salaries apart from the Western Cape (R68), Gauteng (R52), and the Free State (R36). At the 90th percentile, expenditure is highest in the Western Cape (R336) which is slightly higher than at fully registered centres, the only province where this anomaly is observed. Centres in other provinces spend less than R200 on salaries per month per child and below R150 in Limpopo (R106), KwaZulu-Natal (R123), North West (R141), and Mpumalanga (R149).

In general, salary expenditure per child is lower than registered though begins to surpass conditionally registered centres at the 75th percentile. Median salary expenditure per child is highest in the Western Cape (R120) with the Northern Cape (R99) a distant second. Unregistered centres in Limpopo (R43) are significantly below these levels with other provinces above R55. The lowest expenditure is seen in KwaZulu-Natal where 10% of unregistered centres spend less than R15 per month per child on staff salaries. Similarly low levels are seen in Limpopo (R17), the Eastern Cape (R18), the Free State (R18), Mpumalanga (R18), and the Northern Cape (R18). The Western Cape (R41) and Gauteng (R36) spend double this even the poorest centres. Staff expenditure per child is again highest in the Western Cape (R314) with the Northern Cape (R213) and the Eastern Cape (R210) the only other provinces above R200. Expenditure is lowest in Limpopo where 90% of centres spend R83 or less per month per child on salaries which is below the median amount in some provinces and below the 75th percentile amount in all other provinces. The next lowest 90th percentile amount is in North West (R123), over R40 higher.

The results for the follow-up survey indicate similar amount though they are slightly less. The median salary expenditure per child enrolled is R79 per month which is between that found for all registration statuses. The 10th percentile value is R20 per child per month on salaries which is only slightly lower than R23-R32 found in the original audit. At the 90th percentile, centres spend R198 on salaries per child per month in line with the R215 and R194 at fully registered and unregistered centres respectively. The median difference between the original audit and follow-up survey was 35% meaning there was some variation between centres but the general result appears to be much the same.

Expenditure on rent is not a major expense for most ECD centres. The median expenditure on rent is R0 for all registration statuses. Gauteng is the only province where more than 50% of centres pay rent for the ECD building. Median amounts per child remain quite modest at R5 at fully registered centres, R6 at conditionally registered centres and R3 at unregistered ECD centre. The reason for low rents are likely due to geography and building structure with many centres located in townships or are home-based where ECD centres rent cannot be easily be separated when the property is also a private residence. It is also possible that many centres own the building where the ECD centre is located and therefore do not need to pay rent. Rent is likely paid in Gauteng due to the property demands of a major urban centre. Other provinces with large urban centres also have a considerable amount of rural area which reduces the

impact of urban centres at the provincial level. At the 25th percentile no centres in any province or registration status pay rent.

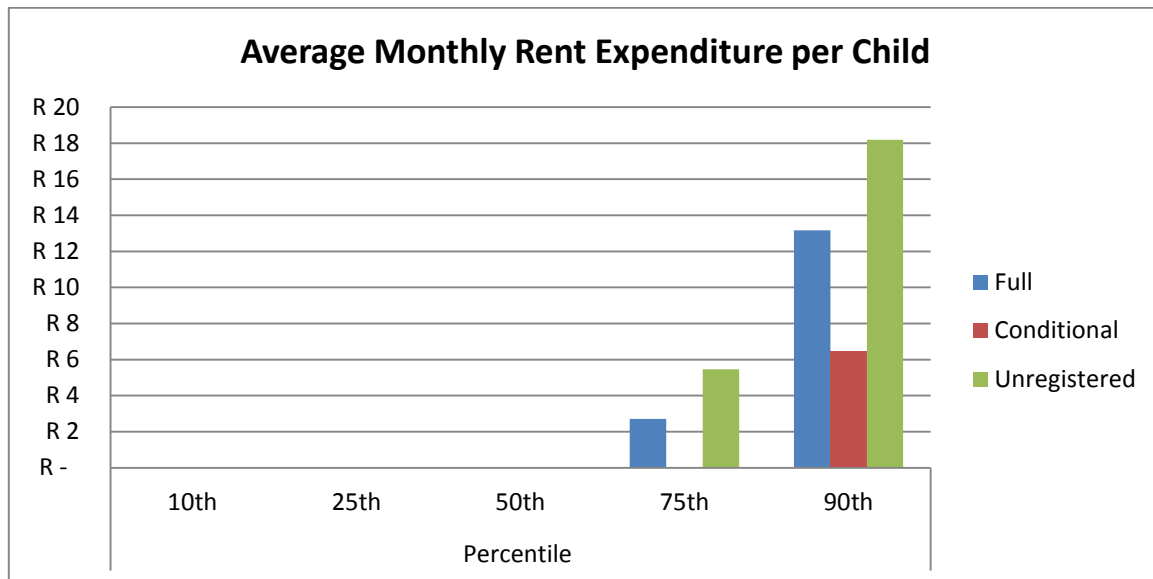


Figure 33: Average Monthly Expenditure per Child: Rent

At the 90th percentile, nearly all centres pay rent. For fully registered centres, 90th percentile rent expenditure per child is highest in the Western Cape (R27 per month) followed by Gauteng (R21 per month). The Northern Cape (R14 per month) and the Free State (R12 per month) are the only other provinces above R10 per month while centres in Limpopo still do not pay rent even at the 90th percentile. Among conditionally registered centres, monthly rent is over R20 per child in the Western Cape (R23) and Gauteng (R21). Mpumalanga (R16) and the Free State (R13) have rates over R10 per month per child while centres in the Eastern Cape, KwaZulu-Natal, and Limpopo do not pay rent suggesting that conditionally registered centres in these provinces may not be located in the same areas as fully registered or unregistered centres being either disproportionately in townships, informal settlements, rural areas, or in buildings owned by the ECD centres, most likely private houses. Among unregistered centres, rent per child is highest in KwaZulu-Natal (R35) and the Eastern Cape (R33). These centres likely represent private for-profit centres in major urban centres such as Durban or Port Elizabeth. Other provinces are between R20-R30 per month per child though less in Mpumalanga (R14), North West (R11), and Limpopo (R2).

Results for the follow-up survey were similar; no rent is paid at any centre below the median. At the 75th percentile, centres pay R6.5 per month per child on rent and R28 at the 90th percentile. This is higher than the R13-R18 per month at fully registered and unregistered centres. This may be due to some bias as the sample was not representative but included a number of centres from each district although the population of each district can vary substantially especially in the 8 metropolitan districts. Compared to the original results given in the audit, follow-up answers were 14% different at the median level though at least 10% gave answers that were more than double the original response given.

Child practitioner support materials include anything used in the instruction or play of children and may include items such as books, toys, puzzles, or craft materials such as paper, scissors, and glue. At the median level few centres report any average monthly expenditure with many centres reporting average expenditure of R0 per month. The median monthly expenditure of child practitioner support materials was R3 per child at fully registered centres and R2 per child at conditionally registered centres. The median value for unregistered centres was R0 per month as were lower percentiles. At the upper end, fully registered centres spend R18 per month per child and R14 per month per child at both conditionally registered and unregistered ECD centres. The results may be an underrepresentation of expenditure as many centres are likely to make such purchases every few months or possibly only annually. As such it is easy to omit such expenditure from average monthly amounts. It is also possible that centres do not make new purchases or rely on donations from parents. One centre noted that it was the parents' responsibility to supply these items for their children. Among all expenditure, this category is likely to vary the most as it could potentially be seen as less necessary than other categories such as food, salaries, maintenance, or utilities. Because of this, this form of expenditure may only be seen at larger, more economically successful centres and be due to income disparities at the centres.

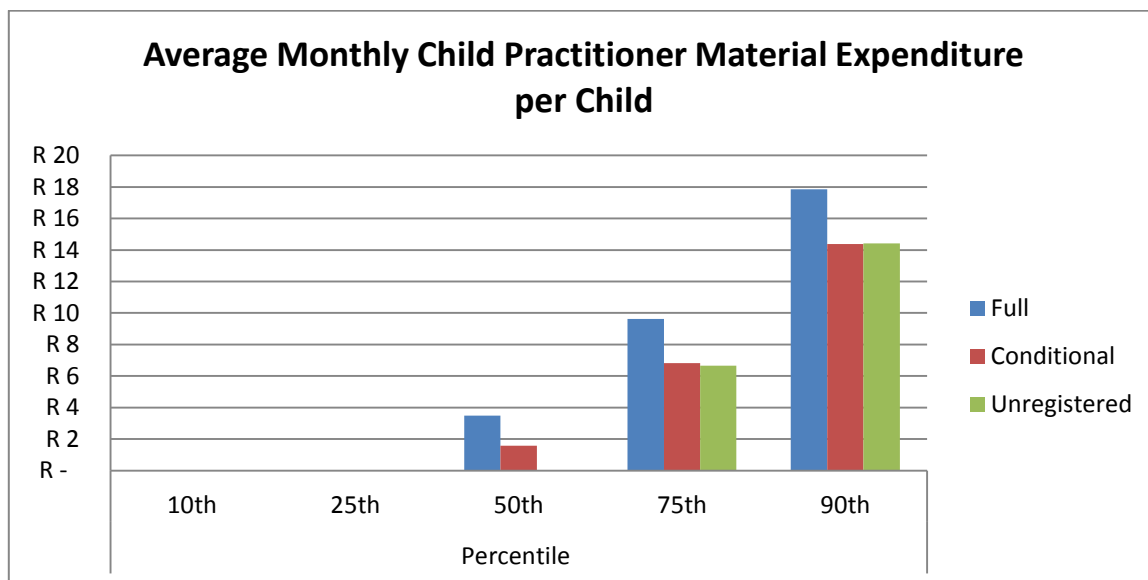


Figure 34: Average Monthly Expenditure per Child: Child Practitioner support materials

Within the provinces, expenditure on child practitioner materials varies. The median expenditure among fully registered centres varies from R0 per child per month in KwaZulu-Natal and Limpopo to R8 per child per month in the Western Cape. Results are similar for conditionally registered centres with those in KwaZulu-Natal and Limpopo again being the only provinces to show no expenditures, while those in Gauteng spend R8 per child per month of child practitioner materials. It appears as though few unregistered centres purchase child practitioner materials on a regular basis with median values of R0 per month in all provinces apart from the Western Cape (R5), Gauteng (R4), and the Free State (R3).

At the 90th percentile, all provinces show some expenditure. At fully registered centres, average monthly expenditure ranges from R8 per child in North West to R25 and R26 in the Western

Cape and Gauteng respectively. All other provinces have monthly expenditure between R12-16 per child. Average monthly results per child are similar for conditionally registered centres with a low of R7 in North West to R20 and above in the Eastern Cape (R27), the Western Cape (R23), and Gauteng (R20). Monthly expenditure on child practitioner materials in other provinces is between R10-16 per child. At unregistered centres, expenditure is below R10 per month per child in KwaZulu-Natal (R6), Limpopo (R8), Mpumalanga (R8), and North West (R9). Unregistered centres spend the most per month in the Eastern Cape (R21 per child) and the Western Cape (R20 per child).

Results of the follow-up survey show higher expenditure per child with a median of R5.6 per month. The 10th percentile value remains R0 per child per month but the 25th percentile shows a level of R0.8 per child per month though it was R0 in the original audit finding. Expenditure is also higher at the 90th percentile with a value of R33 per month per child. Compared to the original response given in the audit, the follow-up values were 76% different at the median level and 400% larger in 10% of cases (90th percentile). This suggests that the results may be subject to change based on the way in which the question is asked or on any subsequent clarification given. It may also be that expenditure on child practitioner support materials vary over different months or that estimates vary due to poor records kept by the centres themselves.

Centres often have utility or other costs associated with lighting and heating their buildings as well as for cooking food at the ECD centre. Centres were asked to estimate the average monthly expenditure. As these values depend on the size of the centres, these values were converted into average monthly amounts per child. Median monthly expenditure on lighting, heating, and cooking costs are R6 per child at fully registered centres, R5 per child at conditionally registered centres, and R6 per child at unregistered centres. At the 10th percentile, expenditure for all registration statuses is R0 per child with some exceptions the Free State, Gauteng, and North West. These values are R1 per month per child with the exception of conditionally registered ECD centres in Gauteng (R4) though this may be due to a smaller sample size. At the 90th percentile, fully registered centres spend R18 per child per month with equivalent expenditure of R16 at conditionally registered centres and R19 at unregistered centres. Expenditure on utilities is likely to be higher during colder months and may vary depending on the time of year when the audit was conducted. Most of the audit took place between October-April and may be an underestimate due to warmer weather during this period of year. Some centres may rely solely on natural light and have no source of heating or prepare food off-site or provide only foods that require no source of heat to prepare such as cereals and fruits.

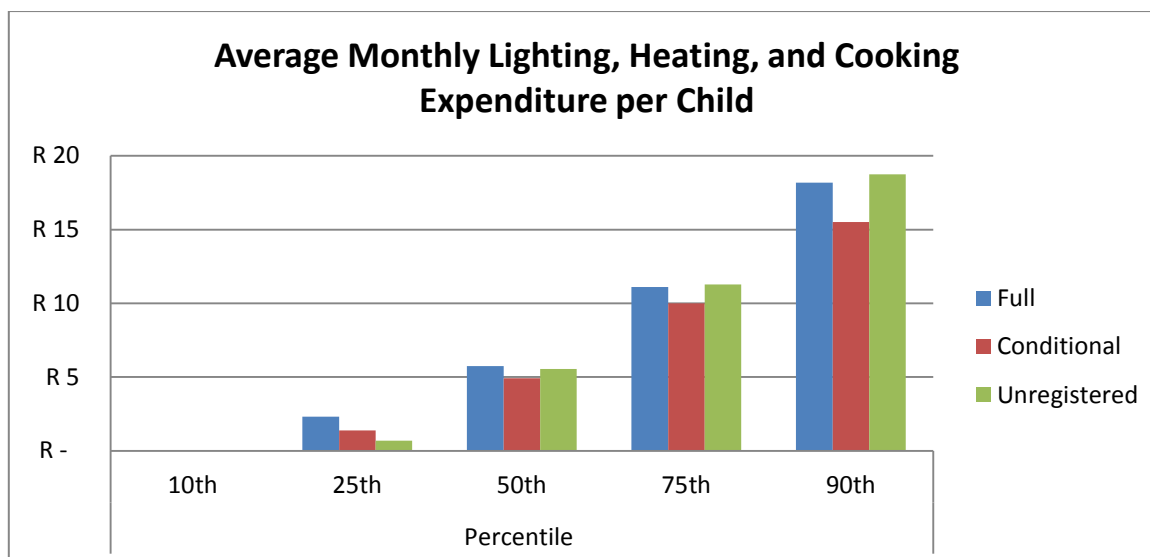


Figure 35: Average Monthly Expenditure per Child: Lighting, heating, and cooking

Median monthly expenditure on lighting, heating, and cooking are highest in fully registered centres in the Western Cape (R10 per child) followed by Gauteng (R8 per child). All other provinces have median values of R4-5 per child. This is similar among conditionally registered centres with median monthly expenditure of R10 per child in both Gauteng and the Western Cape followed by the Free State (R8 per child). Expenditure is lowest in KwaZulu-Natal (R1 per child) but between R4-6 per child elsewhere. The range is similar for unregistered centres though those in KwaZulu-Natal report having no expenditure on lighting, heating, and cooking at the median level with median expenditure is R9 per month per child on average in both Gauteng and the Western Cape.

At the 90th percentile, average monthly expenditure varies between R11 per child in Limpopo and R26 and R22 per child in the Western Cape and Gauteng respectively for fully registered centres. This is similar to conditionally registered centres it ranges from R10 per child in both KwaZulu-Natal and Mpumalanga to R26 and R23 in the Western Cape and Gauteng respectively. Average monthly expenditure in unregistered centres shows the same range as for fully registered centres with highs and lows in the same provinces: Limpopo (R11 per child), Gauteng (R23 per child), and the Western Cape (R26 per child). This suggests that expenditure on these utilities is fairly standard across registration status with centres requiring more or less the same amount depending its size, activities, and climate where it is located.

Results from the follow-up survey shown similar results with average monthly expenditure being R7.5 per child per month at the median level, R0 per child per month at the 10th percentile, and R26 per child per month at the 90th percentile. These figures are only slightly higher than originally reported and may have been due to the weather as the follow-up survey was conducted in late June and early July. The median difference between the original average estimated expenditure was 22% different with 10% of centres report more than double the original amount.

ECD centres may occasionally require transport. Centres reported average monthly expenditure on transport and this was converted to per child figures to standardise values across different

sizes. Median monthly values for fully registered centres are R5 per month per child. This is similar in both conditionally registered (R5 per child) and unregistered centres (R6 per child). At the 10th percentile, centres in all registration statuses have an expenditure of R0 per child. At the 90th percentile, all centres have a monthly expenditure of R16 per child. It is somewhat surprising that most centres report such high transport costs given that very few provide transport to children at their centres. These transport costs may be for staff to bring supplies or staff to the ECD centres. Due to the discrepancy between reported transport costs and the percentage of centres providing transport, further investigation is required into what this expenditure is being used to transport. Given the discrepancy and the fact that no province deviates substantially from the national values, no provincial comparisons are made for this variable. The only notable exceptions are transport costs in the Northern Cape and the Western Cape which are between R21-R27 per child per child for all transport costs. Results of the follow survey are slightly different being slightly less (R2 per child per month) at the median level and slightly higher (R21 per child per month) at the 90th percentile. Expenditure at the 10th percentile level is also R0. The median difference between the amounts originally reported during the audit and the responses given to the follow-up survey were 40% different from the original.

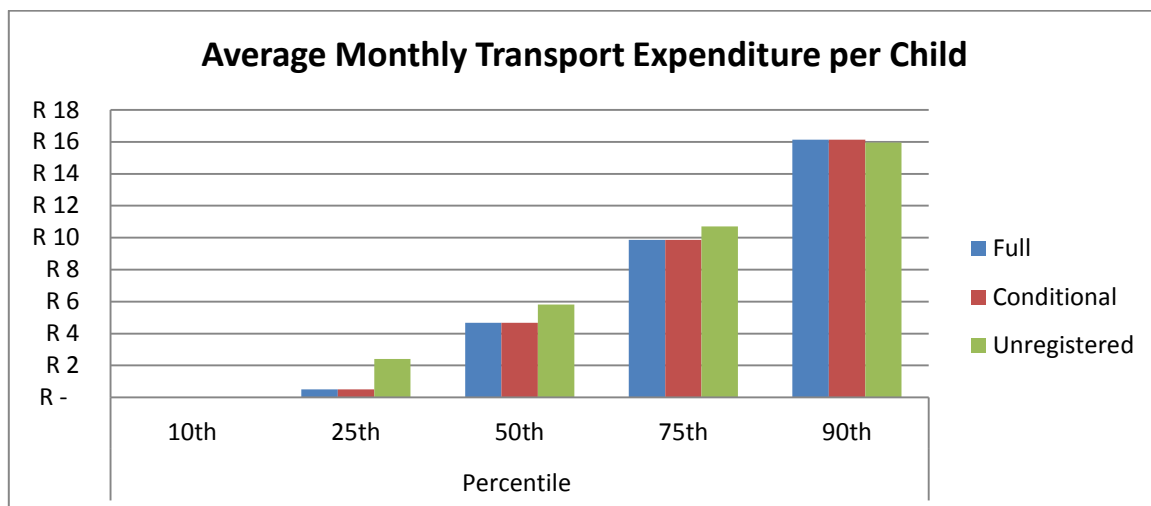


Figure 36: Average Monthly Expenditure per Child: Transport costs

ECD centres were asked to report on the average monthly amount spent on the maintenance of infrastructure and garden services. This includes occasional repairs to infrastructural problems which are likely to be irregular. This may have made average monthly amounts difficult to estimate. The biggest cost to maintaining the garden is likely the salary of the gardener, which should have been included in salaries. In cases where an external gardening service is used, this should fall under maintenance costs. Average monthly expenditure on maintenance and upkeep is fairly low with a median value of R3 per child at fully registered centres and R1 at conditionally registered centres. Unregistered centres report no expenditure at the median as do lower percentiles for registered centres. At the 90th percentile, average monthly amounts per child are much higher: R17 in fully registered, R15 in conditionally registered, and R13 in unregistered centres. This suggests that either centres had trouble providing accurate average monthly expenditure, do not require much maintenance, or are unable to pay to have necessary repairs made or to maintain the quality of existing infrastructure. The fact that the proportion of

centres reporting that they require “urgent maintenance” is relatively high suggests that the cost of maintenance and repairs is prohibitive for many centres.

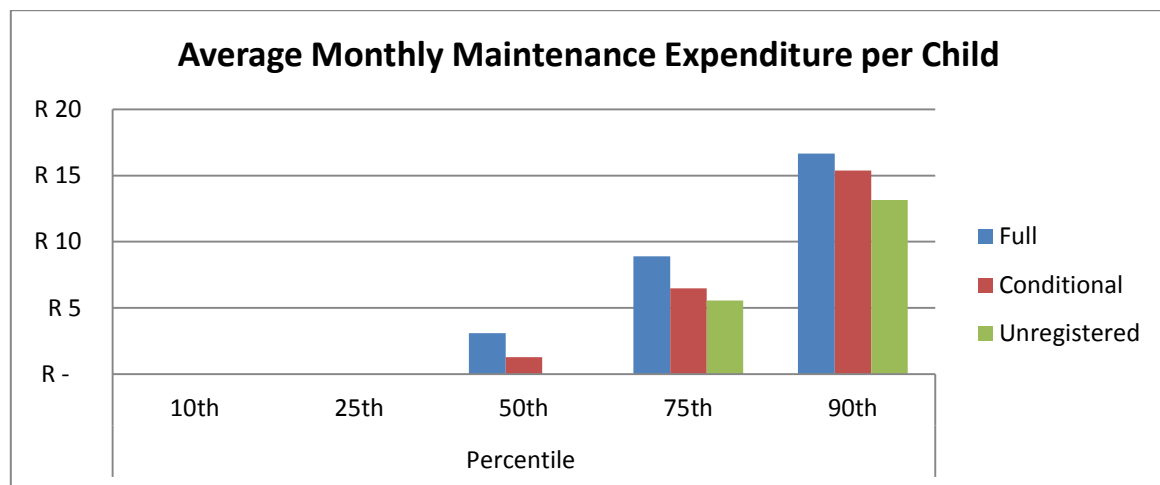


Figure 37: Average Monthly Expenditure per Child: Maintenance of infrastructure and garden services

At the median level, fully registered centres in Gauteng (R5 per child per month) and the Western Cape (R5 per child per month) pay the most while those in the Northern Cape (R0 per child per month) and KwaZulu-Natal (R1 per child per month) pay the least. Among conditionally registered centres, average monthly expenditure on maintenance is highest in the Western Cape (R5 per child) and R0 per child in KwaZulu-Natal. The median monthly expenditure on maintenance is highest among unregistered centres in Gauteng (R3 per child), followed by the Eastern Cape (R2 per child) and the Western Cape (R1 per child) while all other provinces have a median value of R0 per child.

Average monthly expenditure on maintenance is much higher at the 90th percentile, where fully registered centres in the Western Cape (R23 per child) and Limpopo (R20 per child) spend the most. This amount is R11 per child in Mpumalanga but between R14-R18 in other provinces. 90th percentile values at conditionally registered centres range from R6 in Mpumalanga to R24 in the Western Cape. The second lowest monthly expenditure is in North West (R10 per child). Average monthly expenditure is lower at unregistered centres with Limpopo (R7 per child) having the lowest with Mpumalanga, North West, and the Northern Cape all with 90th percentile values of R8 per child. Monthly expenditure on maintenance is highest at the 90th percentile in the Western Cape (R19 per child) and the Eastern Cape (R16 per child).

Based on the sum of all expenditure within each registration status, the largest expense for ECD centres is salaries. More than half of all expenditure by ECD centres is on salaries. It accounts for 56% of expenditure in fully registered centres, 52% in conditionally registered centres, and 60% in unregistered ECD centres. Food is the only other major expense and accounts for 28% of spending in fully registered centres, 32% in conditionally registered centres, and 23% in unregistered centres. Maintenance is the only other expenditure that consistently accounts for more than 5% of total expenditure in all registration statuses. Other costs appear to be minor in below 3% of total expenditure in nearly all cases.

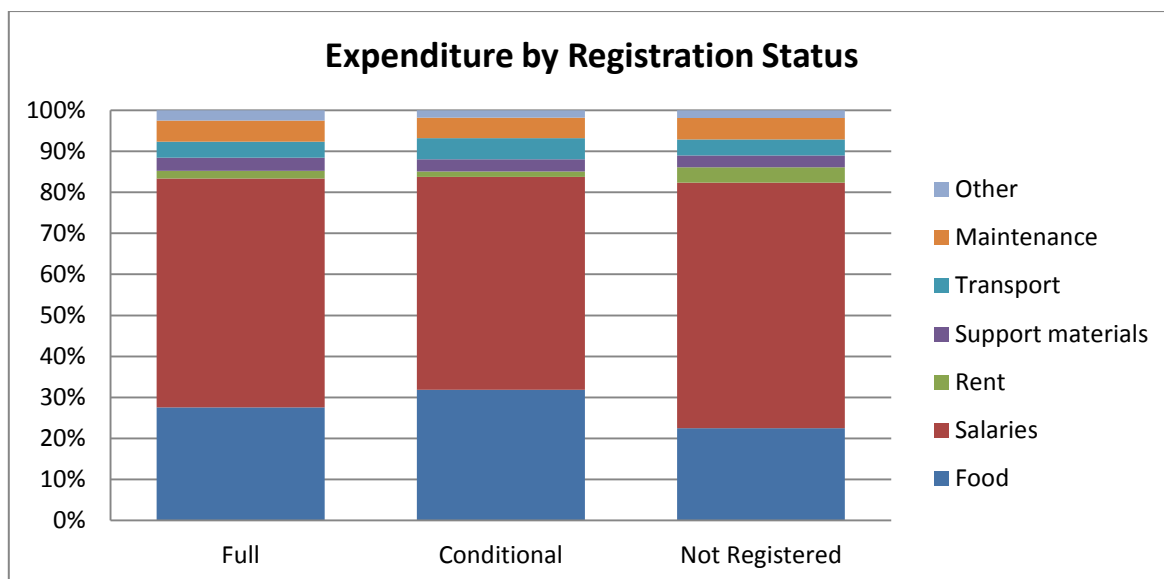


Figure 38: Average Monthly Expenditure by category as percentage of total

The same general pattern emerges in each province. Among fully registered ECD centres, salaries account for more than half of all expenditure except in the Eastern Cape (49%) with a high of 65% in the Western Cape. Other provinces have rates between 50%-58%. Food remains the only other major expense accounting for 20% of expenditure in the Western Cape to 33% in KwaZulu-Natal. Expenditure is above 5% in the Eastern Cape on support materials (8%), transport (5%), and maintenance (7%). Expenditure on transport is more than 5% in Limpopo (6%) and North West (5%) while maintenance costs exceed 5% of total expenditure in Limpopo, Mpumalanga, the Northern Cape, North West and KwaZulu-Natal.

Among conditionally registered centres expenditure on salaries accounts for less than half of total expenditure in KwaZulu-Natal (45%), North West (45%), Mpumalanga (46%), the Eastern Cape (48%), and Limpopo (50%) with salaries in the Western Cape as high as 64% of total expenditure. Expenditure on food is as high as 41% of total expenditure in KwaZulu-Natal and also relatively high in the Free State (35%). It is lowest in the Western Cape (20%) followed distantly by the Eastern Cape (28%). Rent does not exceed 3% of total expenditure in Gauteng. Expenditure on child practitioner support material is in excess of 5% only in the Eastern Cape (7%). Transport costs are over 5% of total expenditure in Limpopo, the Eastern Cape and KwaZulu-Natal. Maintenance costs are over 5% of expenditure in North West, the Eastern Cape, and Limpopo and less than 5% in the Free State. Other costs form a significant percentage of total expenditure in North West (5%) and the Eastern Cape (5%).

Expenditure is more similar to fully registered centres. More than half of total expenditure is only salaries in all provinces with a low of 53% in Limpopo to a high of 67% in the Western Cape. Food expenditure varies more from a low of 14% of total expenditure in the Northern Cape to a high of 29% in Limpopo followed closely by North West (29%). Rent is above 5% of total expenditure in some provinces: Gauteng (8%), the Eastern Cape (6%), and the Free State (6%). These may have been influenced by private for-profit ECD centres suggesting that where rent is paid it forms a substantial operating cost for a minority of centres. Transport costs are above 5% in the Northern Cape, North West and Limpopo while maintenance costs exceed the

national average of 5% of total expenditure in the Northern Cape, KwaZulu-Natal, the Eastern Cape, Gauteng and the Free State.

Income is just as important as expenditure and it is important to know the source of an ECD centre’s income. Fees should be one of the major sources of income for most ECD centres and most private ECD centres likely depend on fees for its survival. The median level of monthly income earned from fees at fully registered and conditionally registered centres is R67 per child for both and slightly higher at conditionally registered centres where the median is R70 per child. It is significantly higher at unregistered centres (R109 per child). Average monthly income is less than a tenth of this at the 10th percentile for fully registered centres (R5 per child). It is R11 per child at conditionally registered centres and R30 at unregistered centres. The higher amount found in unregistered centres is likely because unregistered centres are not able to qualify for subsidies under existing regulations. At the 90th percentile, average monthly income from fees is much higher: R200 per child at fully registered centres, R131 per child at conditionally registered centres, and R238 at unregistered centres.

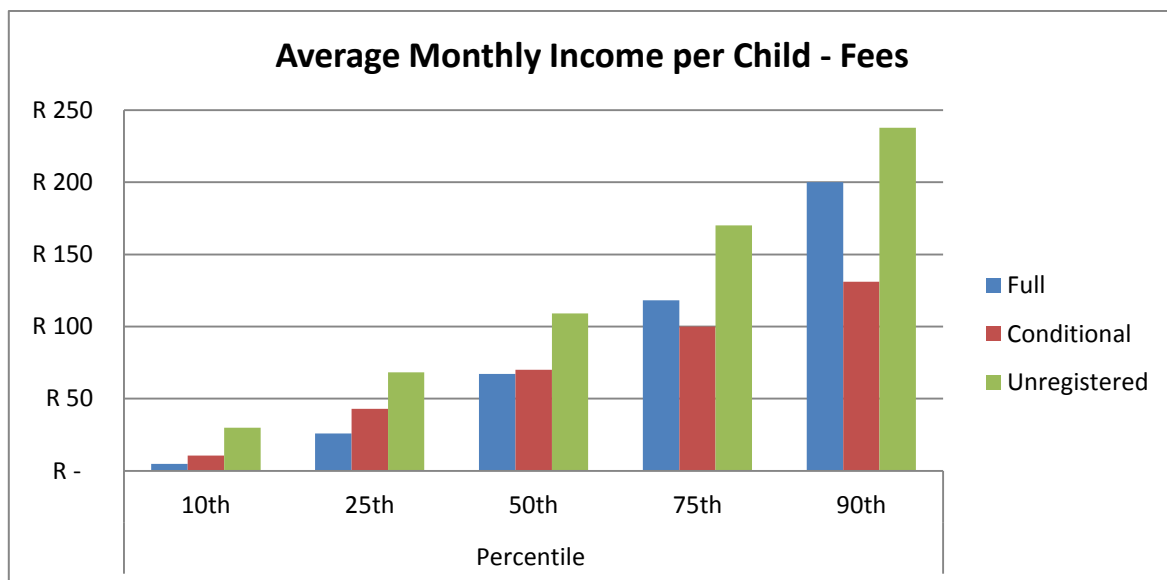


Figure 39: Average Monthly Income per child- Fees

Among fully registered centres, median average monthly income from fees is highest in Gauteng (R174 per child) followed distantly by the Western Cape (R102 per child). It is below R50 per child in KwaZulu-Natal (R23 per child), the Northern Cape (R19 per child), and the Eastern Cape (R16 per child), less than a tenth of that found in Gauteng. At the 10th percentile, centres in the Eastern Cape and KwaZulu-Natal report that no income is earned from fees while in the Northern Cape, centres earn R1 per child per month at the 10th percentile. Average monthly income from fees is as high as R82 per child in Gauteng with Limpopo (R34 per child) a distant second. The Free State is the only process with monthly earnings of more than R20 per child from fees at the 10th percentile. At the 90th percentile, average monthly incomes from fees are above R200 per child in the Western Cape (R291 per child) and Gauteng (R281). They are below R100 per child in the Northern Cape (R63 per child), KwaZulu-Natal (R83 per child), and the Eastern Cape (R86 per child) showing a large disparity across provinces.

Among conditionally registered centres, median average monthly incomes from fees are highest in Gauteng (R129 per child) and the Western Cape (R109 per child). They are less than R20 per child or less in KwaZulu-Natal (R5) and the Eastern Cape (R20) with most other provinces close to the national median of R70 per child. At the 10th percentile, monthly income from fees range from R0 in the Eastern Cape and KwaZulu-Natal to R53 per child in Gauteng followed by R44 in Limpopo and R29 in North West. Mpumalanga (R23 per child) is the only other province with a 10th percentile monthly income above R12 per child. At the 90th percentile, average monthly income from fee is over R100 per child except from KwaZulu-Natal where 90% of centres earn less than R29 per child from fees. Monthly income from fees is over R200 per child at the 90th percentile in Gauteng (R254) and the Western Cape (R252) while other provinces are between R110-R150.

Among unregistered centres, median monthly income from fees is above R100 per child in Gauteng (R177), the Western Cape (R150), and North West (R113). It is below R50 per child in the Northern Cape (R22), the Eastern Cape (R38), and KwaZulu-Natal (R44). At the 10th percentile, it is lowest in the Eastern Cape (R1), the Northern Cape (R4), and KwaZulu-Natal (R5). It is unclear how unregistered centres can operate with so little income without donations and or fundraising though it is possible that some of these figures are inaccurate. Outside of the Free State (R24) all other provinces earn more than the national median of R30 per child. At the 90th percentile, average monthly income from fees is above R100 per child in all provinces apart from the Northern Cape (R75) with Limpopo (R125) second lowest. It is highest in the Western Cape (R350) followed by Gauteng (R278) with no other province above R200 per child per month.

Follow-up results show some consistency with average income from fees per child at most percentiles. The median monthly figure is R60 per child slightly less than the original results for registered centres (R67-R70 per child). The 10th percentile has a value of R2 per child per month which is less than the R5 found for fully registered centres. At the 90th percentile, monthly income from fees was found to be R250 per month which is amount slightly higher than R238 per child among unregistered centres. Compared to the original reported income amount during the audit, the median difference was 50% for the follow-up value. This suggests that income from fees varies between months or that accurate records are not kept by ECD centres. With many centres not open during holidays (See Figure 16, p.39), it is possible that income from fees will also vary by month. Inconsistencies in the data show that it may not be entirely accurate but provides a reasonable view of monthly income from fees per child and both show remarkable disparity within this source of income.

Subsidies from the DSD offer another important source of income especially in registered centres in low income areas. Median monthly income from subsidies is R114 per child at fully registered centres and R78 per child at conditionally registered centres. Unregistered ECD centres show no income from subsidies at any percentile at the national level. At the 25th percentile and below, income from subsidies is R0 per month at all centres. At the 90th percentile, monthly income from subsidies are R333 per child at fully registered and R295 at conditionally registered centres. This suggests that at some centres all children are subsidised.

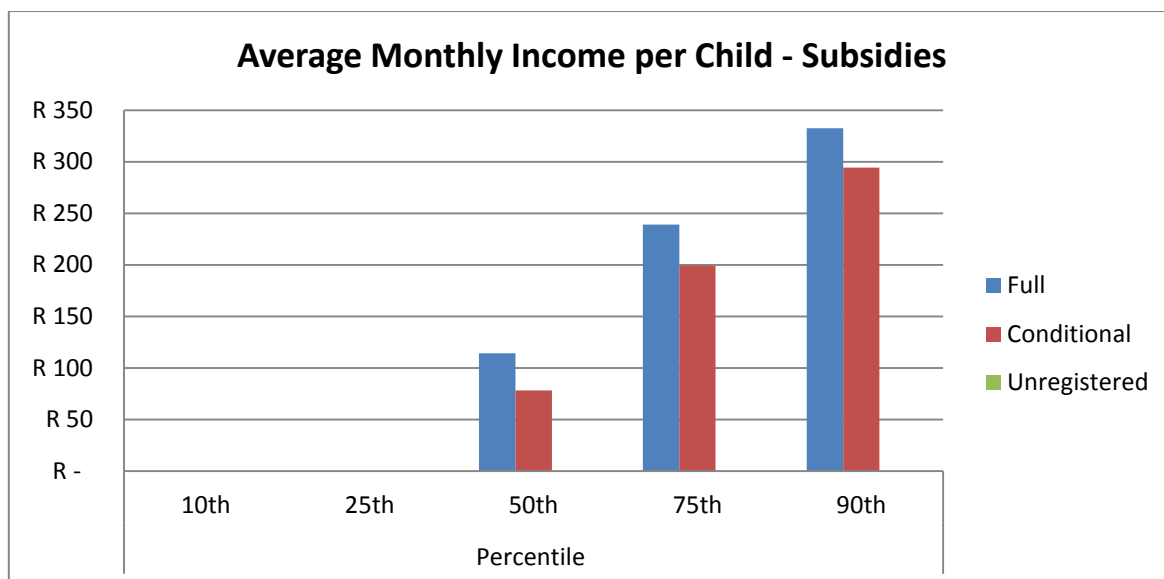


Figure 40: Average Monthly Income- Subsidies

Median monthly income from subsidies is highest in fully registered centres in the Northern Cape (R212 per child) followed by Mpumalanga (R157 per child). They are below R100 per child in the Western Cape (R6 per child), Limpopo (R57 per child), and KwaZulu-Natal (R95 per child) which show the level of subsidisation across provinces. Among conditionally registered centres, the median monthly income from subsidies is highest in the Free State (R173 per child) and Limpopo (R112 per child) with other provinces below R60 per child and even R0 in Mpumalanga, North West, and the Western Cape. Only registered centres in the Free State (R28 per child at fully registered and R110 per child at conditionally registered centres) and the Northern Cape (R114 at fully registered centres) report receiving any income from subsidies at the 25th percentile no centres in any province at the 10th percentile.

At the 90th percentile, average monthly income from subsidies is highest in Mpumalanga (R406 per child) and the Northern Cape (R388 per child). Other provinces are all above R300 per child except for the Free State (R258 per child) and KwaZulu-Natal (R292). The fact that income from subsidies is greater than the DSD subsidy per child points to inaccuracies in the data or centres being paid subsidies for children who are no longer enrolled at the centres. In the same quintile range, the average monthly income per child from subsidies range from R259 in the Eastern Cape to R399 in Mpumalanga. Some provinces show more than 10% of unregistered centres receiving income from subsidies. These are found in the Northern Cape (R230 per child), the Eastern Cape (R192 per child), the Free State (R86 per child), and Gauteng (R32 per child). The reason for this is unclear. Centres may have continued receiving subsidies after becoming deregistered or an error was made regarding either the registration status or the subsidy amount reported.

The follow-up survey generally revealed average income from subsidies to be within the same general range. The median income from subsidies at fully registered centres was found to be R129 and the 90th percentile value was R328. Compared to the initial audit, the median difference was 33% in the follow-up survey which suggests the data is reasonable accurate though more refinement of the data may be needed especially given the range of values found.

The fact that over 10% of unregistered centres report receiving income from subsidies also merits further investigation.

Donations are not a major source of income for most centres. More than 90% of conditionally registered centres and unregistered centres do not receive any income from donations. 10% of fully registered centres earn R8 per child per month or more. At the 90th percentile, some provinces reportedly do receive donations. For registered centres the highest monthly income from donations was found to be R63 per child in the Western Cape followed by R26 per child in the Eastern Cape. Among conditionally registered centres, it is highest in the Eastern Cape (R133 per child) followed by the Western Cape (R35 per child). Among unregistered centres, it is highest in the Northern Cape (R80 per child) followed by R14 per child in the Western Cape and R11 per child in the Eastern Cape. It is R0 in other provinces.

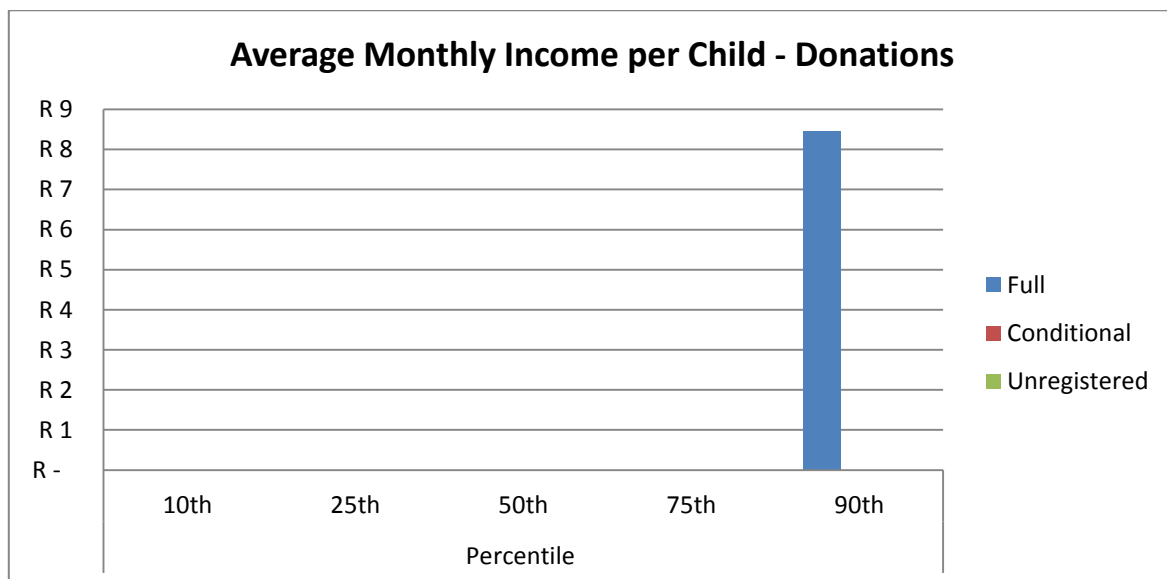


Figure 41: Average Monthly Income- Donations

Fundraising, like donations, are not an important source of income for most centres. Only at the 90th percentile do centres earn any monthly income from fundraising with a minimal amount seen at the 75th percentile for fully registered centres (R3 per child). At the 90th percentile, fully registered centres earn R14 per child through fundraising compared to R8 per child in conditionally registered centres, and R5 in unregistered centres. Among fully registered centres, average monthly incomes from fundraising range from R2 per child in KwaZulu-Natal to R29 per child in Gauteng. Conditionally registered centres in KwaZulu-Natal and Limpopo do not receive any income through fundraising at the 90th percentile while those in Gauteng earn R80 per child per month. Unregistered centres earn no income through fundraising in KwaZulu-Natal, Limpopo, and Mpumalanga while it is as high as R35 per child per month in the Northern Cape followed by R13 in the Free State. It is unclear whether most centres do not fundraise or whether these attempts are largely unsuccessful.

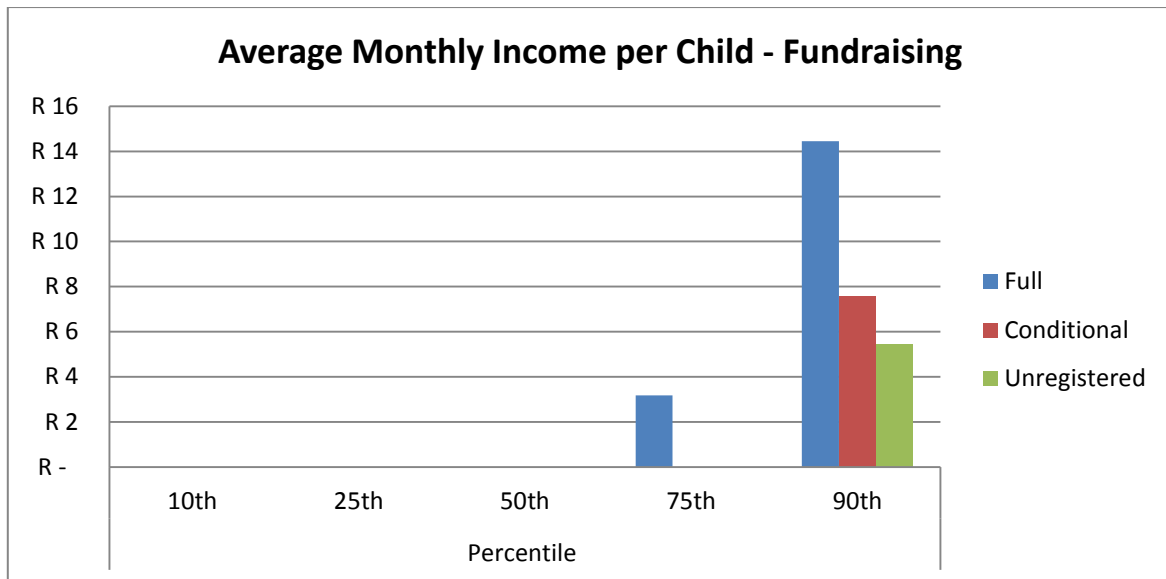


Figure 42: Average Monthly Income- Fundraising

Income from Lotto was not found to play an important role in the income of most centres. At the 90th percentile, no registration status in any province reported receiving any income from lotto which means that income from lotto is received by less than 10% of centres or that information was withheld during the audit. For this reason no table or figure appears for this category of income.

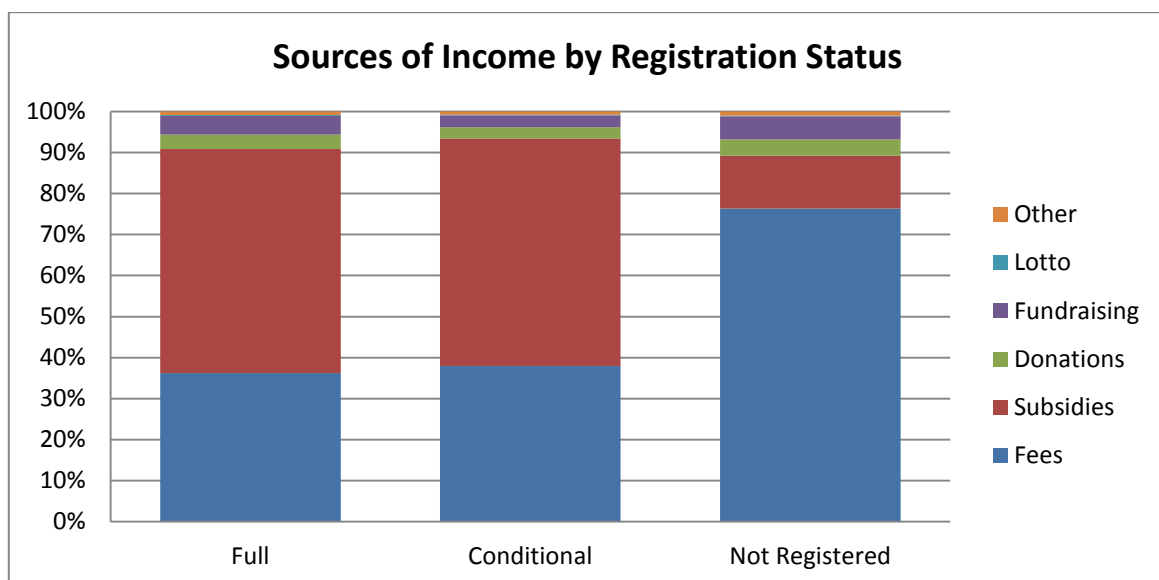


Figure 43: Sources of

Fees and subsidies account of approximately 90% of more of total income for ECD centres across all registration statuses. Subsidies account for 55% of total income at fully registered centres at the national level and 56% of conditional centres. Though unregistered ECD centres are not meant to receive subsidies, the audit found that subsidies account for 13% of total

income received by unregistered ECD centres. Fees make up 36% of income at fully registered centres, and 38% at conditionally registered centres. Fees make up 76% of total income at unregistered ECD centres who are not meant to receive subsidies. Donations account for 4% of total income at fully registered centres, 3% at conditionally registered centres, and 4% at unregistered centres. Fundraising is slightly more important especially at unregistered centres where it accounts for 6% of total income compared to 6% at fully registered and 3% at conditionally registered centres. Income from lotto accounts for less than 1% of total income in any registration status and approximately 1% of income coming from a different source not listed.

There is some variation within the provinces, the proportion of total income from fees is highest in Gauteng (50%) followed by the Western Cape (39%) and lowest in the Northern Cape (15%) and the Eastern Cape (22%) among fully registered centres. Conditionally registered centres have the highest percentage of income from fees in Mpumalanga (46%) and Gauteng (46%) and as low as 9% in KwaZulu-Natal with other provinces above 25%. Among unregistered centres, the highest proportion is in Limpopo (88%) followed closely by North West (87%) while those in the Northern Cape (32%) rely on fees to a much lesser extent. All other provinces except for the Eastern Cape (47%) receive approximately 65% or more of their total income from fees.

Subsidies account for as much as 74% of total income in fully registered centres in the Northern Cape to less than half in the Western Cape (46%) and Gauteng (43%). Among conditionally registered centres, this ranges from 42% in Gauteng to 88% in KwaZulu-Natal suggesting that these conditionally registered centres in KwaZulu-Natal rely almost solely on subsidies to cover operating costs. Although unregistered centres should not be receiving any income from subsidies, more than 20% of total income is reported to come from subsidies in the Eastern Cape (29%), Mpumalanga (25%), the Free State (23%) and KwaZulu-Natal (20%). This suggests there may be some loophole in the system or that ECD centres are not certain about their registration status with the DSD.

Donations form more than 5% of total income among fully registered centres in the Eastern Cape (6%) and North West (6%). This is also true of conditionally registered centres in the Eastern Cape (12%), the Western Cape (6%), and North West (7%) and unregistered centres in the Eastern Cape (9%) and the Free State (6%). Unregistered centres in the Northern Cape may be unduly influenced by very large donations at several centres at 28% of total income was found to come from donations in this province. Due to the relatively small number of unregistered centres in the Northern Cape it is likely to have skewed the results.

Fundraising accounts for more than 5% of total income in fully registered centres in the Western Cape (9%), the Eastern Cape (6%), the Northern Cape (6%), and the Free State with just over (5%). It is also true of conditionally registered centres in the Eastern Cape (8%), Gauteng (6%), North West (6%) and the Western Cape (6%). Fundraising, as a source of income, accounts for more than 5% of total income among unregistered centres. In the Northern Cape it is 25%, the Eastern Cape (14%), the Western Cape (12%), KwaZulu-Natal (6%) and the Free State (6%). As with donations, the findings in the Northern Cape may have been unduly influenced by a few large amounts reported by a small minority of centres.

Income from lotto is below 1% except for fully registered centres in the Eastern Cape, Limpopo, North West and Western Cape where it is slightly above 1%. In is slightly above 1% for conditionally registered centres in the Free State, Gauteng and North West. Unregistered centres are slightly above 1% in the Eastern Cape, Gauteng and the Western Cape. In North West it is 4%), Given than over 90% report receiving no money from lotto, it is likely that a few centres in these provinces are receiving relatively large amounts for it to account for this much of total income.

Fees vary more substantially by percentile than by age group, which is likely expected. This is likely mostly due to wealth inequality. Beginning with centres that are likely in areas with the highest poverty rates, fees charged at the 10th percentile are between R20-R30 per month at registered centres and R50-R70 at unregistered centres. Fees for the youngest age group, 0-18 months, and those for Grade R learners, 61 months and up, are generally slightly higher this is likely due to the increased needs of infants which require a lower child practitioner ratio. Grade R is likely thought to be more specialised which allow ECD centres to charge more. There are also fewer centres offering Grade R and these centres may charge higher fees in general. Fees at centres with full and conditional registration charge R30 per month per child at the 10th percentile, R10 more than other age groups (R20) with the exception of Grade R learners (R25) at fully registered centres. Fees at unregistered centres are R70 for those aged 0-18 months, R20 higher than for all other age groups (R50).

Due to the relatively consistent fees charged for the middle age groups, only the 37-48 month age group will be discussed in detail at the provincial level. Fees for 0-18 months and Grade R are generally slightly higher than these amounts. Among fully registered ECD centres, those in Gauteng charge R150 per month per child at the 10th percentile, double the amount found in the Free State (R75) and triple that found in Limpopo (R50) and the Western Cape (R50). Fees in the Eastern Cape (R10) are the lowest followed by the Northern Cape (R16) and KwaZulu-Natal (R20). Similar fees are charged at conditionally registered centres with the same provincial variation. Among unregistered centres, the findings are also similar. Centres in Gauteng continue to charge the most (R150) and those in the Eastern Cape (R10) also charge the same amount as fully registered centres at the 10th percentile. Fees in the Northern Cape are slightly less (R9). The Western Cape (R70) and North West (R60) are the only provinces where fees at unregistered centres are significantly higher than for fully registered centres being R20 higher in both cases.

At the median level, fees are roughly five times higher than at the 10th percentile. Among fully registered centres, fees are R150 for those 0-18 months and R100 for all other age groups. There is more variation among conditionally registered centres where fees are R120 for those 0-18 months, R100 for Grade R learners and the 2nd youngest age group, 19-36 months, and R80 for the remaining two age groups. Fees are highest at unregistered centres where monthly fees are R200 for 0-18 month olds, R150 for Grade R learners and 19-36 month olds, and R130-R140 for the other age groups at the median.

Fees for those aged 37-48 months are highest in Gauteng (R200) and the Western Cape (R150) among fully registered centres at the median level. Most other provinces have fees of R100 per child per month though they are significantly less in the Eastern Cape (R30), KwaZulu-Natal (R50), and the Northern Cape (R50). Among conditionally registered centres, the median levels

are nearly identical to fully registered centres though less in the Eastern Cape (R20), KwaZulu-Natal (R20 less), and Limpopo (R80 less). Fees at the median level are also identical at unregistered centres to those of fully registered provinces in six of the nine provinces. The exceptions are in the Eastern Cape (R50), Mpumalanga (R120), and North West (R150) where fees are all higher than registered centres.

At the 90th percentile, fees are again highest for infants (0-18 months). At fully registered centres, fees are R300 per month per child in this age group at the 90th percentile, which represents the centres charging fees that are higher than 90% of centres. Fees for Grade R learners are R270 per month and R250 for the remaining age groups. These fees are much lower at conditionally registered centres where they range from R150 per month for those ages 37-48 months and 49-60 months to R200 for those 0-18 months. Fees at unregistered centres are similar to fully registered centres for the middle age groups but are R50 higher for children 0-18 months (R350) and R105 higher for Grade R learners (R375). These centres likely represent for-profit centres, which may have more specialised Grade R learning programmes. These two age categories at unregistered ECD centres represent the highest fees charged at the 90th percentile.

In contrast to the other percentiles, fees charged by fully registered and unregistered ECD centres in the Western Cape are the highest in the country at the 90th percentile. For fully registered centres, fees are R360 in the Western Cape followed by R300 in Gauteng. Fees at the 90th percentile are below R200 in all other provinces and lowest in the Northern Cape (R100), KwaZulu-Natal (R120), and Limpopo (R140). Among conditionally registered centres, Gauteng has the highest fees at the 90th percentile (R350) followed by the Western Cape (R300). The next highest fees are found in Mpumalanga (R160) and lowest in KwaZulu-Natal (R50). All other provinces have fees between R100-R150 for conditionally registered centres at the 90th percentile. Fees are the highest among unregistered centres in the Western Cape where 10% of unregistered centres have monthly fees of R400 or more. This is followed by Gauteng (R280) and the Eastern Cape (R250). Monthly fees are less than R200 per child at unregistered centres in the Northern Cape (R100), Limpopo (R130), and the Free State (R150) at the 90th percentile. ECD centres in the Eastern Cape appear to be the most unequal as they have the lowest fees at the 10th percentile among all registration statuses and are among the highest fee provinces at the 90th percentile for unregistered centres.

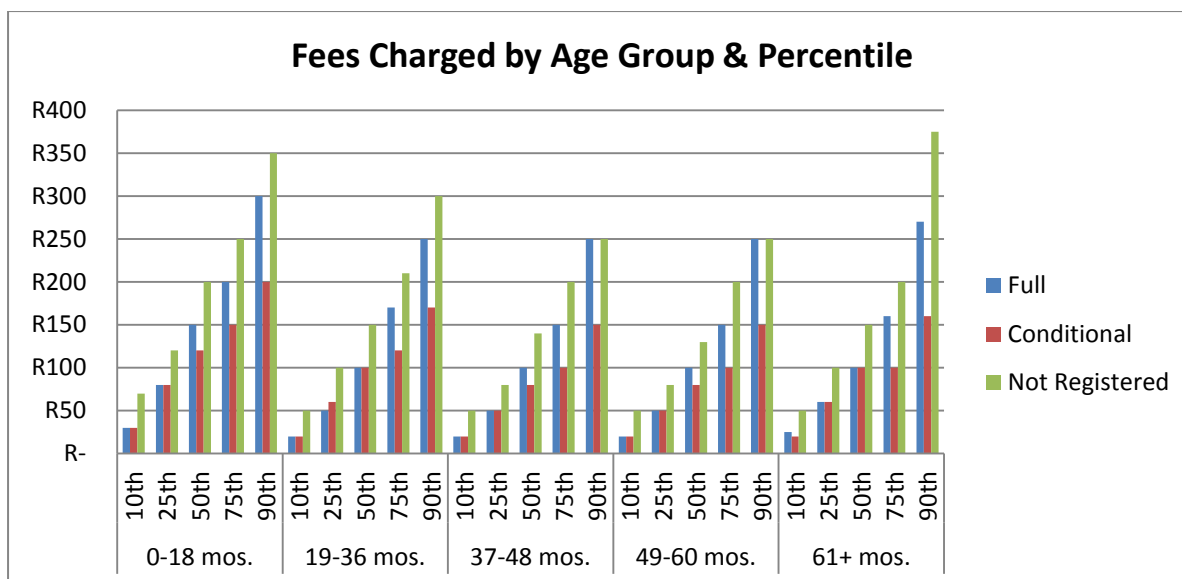


Figure 44: Fees charged by age group and registration status (percentile)

It should also be noted that not all children are paying the full monthly fee as some children may receive discounts or are exempt from fees due to an inability to pay. According to the results of the audit, approximately one child in three is exempt from paying fees. This is highest in fully registered centres where 39% of children enrolled are exempt from fees compared to 31% at conditionally registered centres and 34% at unregistered centres. It is unclear how exemptions work at unregistered centres as these centres do not receive subsidies. Unregistered centres may be accommodating these children as a service to the community possibly at a financial loss to the centre. It is also unclear how centres determine which children are exempt from fees though it is likely linked to the ability to pay. More importantly though, is that children attending unregistered centre may be excluded from attending ECD centres based on the inability of their parents/caregivers to pay the requisite fees.

Among fully registered centres, the highest rates of fee exemption are in KwaZulu-Natal where 52% were reported to be exempt. High rates are also seen in North West (49%), the Eastern Cape (49%), and Mpumalanga (47%). The lowest rate is in Gauteng where 22% of children enrolled are exempt from fees at fully registered centres. All other provinces have rates between 30%-40%. The range is similar at conditionally registered centres though the rates are different within the provinces. The highest rates are found in the Western Cape (53%), the Eastern Cape (52%) and North West (46%) while rates are lowest in Limpopo (18%) and Gauteng (24%). Rates are also above 50% in the Eastern Cape (52%) and the Northern Cape (51%) among unregistered centres. The lowest rates of exemptions are found in Gauteng (23%), the Free State (25%) and Limpopo (29%). Exemption rates appear to be quite high especially given relatively limited financial resources of most centres. It is possible that fee exemptions may be *de facto* with many children being enrolled whose parent/guardians are then unable to continue to pay the monthly fees. These finding should be verified independently to confirm the results.

4.2.2.5 Children receiving social grants

Receipt of social grants is determined by criteria set by SASSA. The Child Support Grant (CSG) is a means-tested grant based on the monthly earnings of the child's sole caregiver or the combined income of the child's parents or guardians where they are married. It is unclear why an ECD centre would record information on grant receipt unless it was used to determine fee exemptions. It can also not be guaranteed that the centres keep accurate records of grant receipt that were available on the day of the audit. These figures should therefore be taken as estimates based on the best knowledge of the interviewee. In some cases, the number of recipients exceeds the number of children enrolled due to inaccuracies in response to either of these questions. Not all centres answered this question. Null responses are taken to mean that there were no children receiving CSG at the centre. Based on responses to this question, 80% of children enrolled at fully registered ECD centres receive the CSG. The figures are higher at conditionally registered centres (90%) and lower at unregistered centres (71%).

Among fully registered centres, the Eastern Cape has the highest percentage of children enrolled who are receiving CSG according to the respondents (92%). Rates are between 80%-90% in the remaining provinces apart from Gauteng (60%), the Free State (75%), and the Western Cape (73%). At conditionally registered centres, the number of children receiving CSG in KwaZulu-Natal exceeds the number of children enrolled suggesting the data may be unreliable in other provinces and across registration statuses as well. Rates are over 90% in the Eastern Cape (99%) and Mpumalanga (92%) while they are below 80% in only Gauteng (71%) and North West (72%). Rates of CSG receipt among children enrolled at unregistered ECD centres is 91% in Limpopo followed by North West (84%) and Mpumalanga (83%). Other provinces have rates between 65%-70% with the exception of Gauteng (57%).

A subsequent follow up survey conducted telephonically found that rates of CSG receipt were indeed lower than those found in the audit. Among registered centres, 71% of children enrolled were CSG recipients while at unregistered centres the equivalent figure was 56%. Due to this discrepancy, it is difficult to accurately estimate the percentage of CSG recipients within the ECD centres audited. This is likely due to ECD centres not having accurate knowledge of CSG recipients in their centres although most respondents believe rates are high. This likely varies compared to the poverty levels within each community.

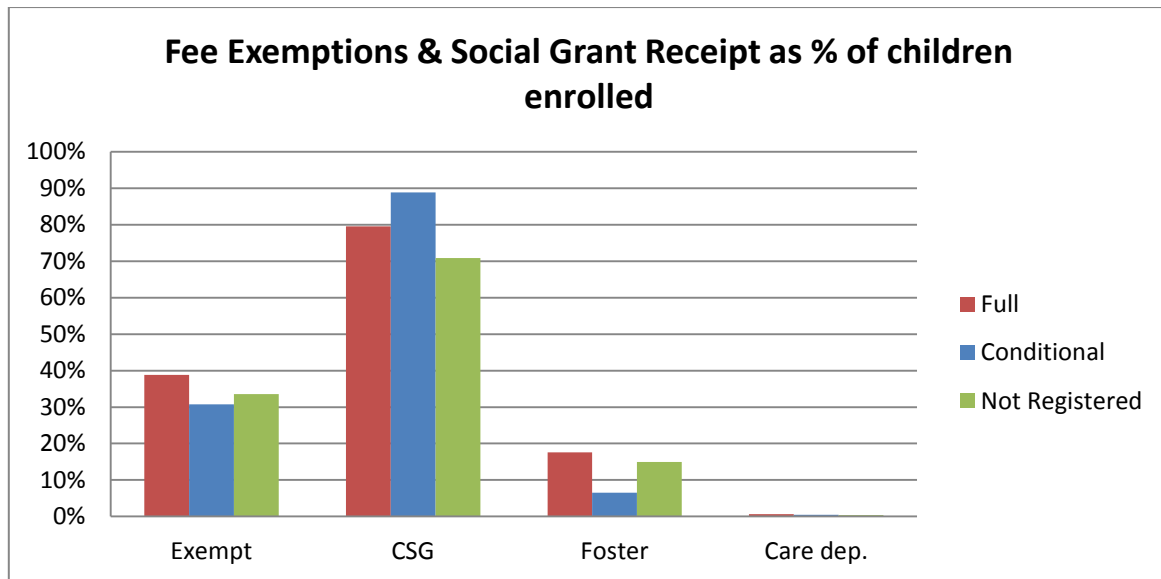


Figure 45: Fee exemptions & social grant receipt

The Foster Care grant is received by a caretaker of the child who is not the biological/adoptive parent of the child. It is not means-tested. The number of children receiving foster care grants was 18% of the number of children enrolled at fully registered ECD centres. The equivalent figures for conditionally registered and unregistered centres were 7% and 15% respectively. The figures appear to be overestimates as rates of foster care grants within the country is much lower according to DSD records. This suggests that foster care grant recipients attend ECD centres at disproportionately high rates although it is more likely that the respondents at ECD centres do not have accurate records on the number of grant receipts.

When examined at the provincial level, the data appears to be very inaccurate in the Western Cape where over 40% of children enrolled are reported to receive foster care grants. Among fully registered centres in Mpumalanga the rate is 1%. Results of the follow-up survey show that 2% of enrolled children at registered centres and 2% at unregistered centres receive the foster care grant. Due to suspected unreliability, no further discussion is warranted.

Care Dependency Grants are given to the caregivers of children with a permanent or severe disability and does not take the income of the foster parent(s) into account. Given that these children are more likely to display moderate to severe disabilities, respondent estimates are more likely to be accurate. The results show that 1% of children enrolled at fully registered centres receive a Care Dependency Grant with near identical levels at conditionally registered and unregistered centres. Within the provinces rates are generally also below 1% though there are exceptions. Among fully registered centres, these exceptions are found in the Northern Cape (2%), the Eastern Cape and Gauteng with just over 1%. More than 1% of enrolled children at conditionally registered centres in the Western Cape and Gauteng and at unregistered centres in the Northern Cape and North West receive Care Dependency Grants. These numbers appear to be slightly high based on national rate of Care Dependency Grant receipt. The follow-up survey found rates of less than 1% of enrolled children at registered centres and unregistered centres. The higher rates in the audit may be due to data irregularities in the aforementioned provinces.

4.2.3 Concluding Remarks

Centres appear to have been inspected regularly by the DSD, with a majority of them being inspected within the last two years. Some registered centres, however, report that they have never been inspected or have not been inspected in over three to four years. It is important to determine why these centres have not been inspected.

Recordkeeping is a crucial element of successful operations. In the ECD context this requires that records are kept both by the ECD centre as well as the provincial departments. The submission of business plans is a case in point. The findings in this regard indicate that 14% of fully registered centres did not submit a business plan which point to two issues: one being the poor enforcement and uniform application of this requirement and two, the fact that post-approval validations of compliance seems to be lacking.

In general, registered ECD centres appear to be well organised in terms of most items related to children. Limpopo seems to do better than other provinces on most measures while KwaZulu-Natal is generally below average. There does, however, appear to be a lack of emphasis placed on children with special needs including those with disabilities and those impacted by HIV/Aids. There also appears to be a lack of administrative recordkeeping with less than half of all registered centres having nothing more than staff attendance records or job descriptions. In addition, the lack of employment contracts and payslips is a cause for concern.

Administrative and financial documents are kept by many centres, though the rates are far from ideal. ECD centres perform relatively well in terms of records of fees paid. Rates of income and expenditure books are slightly less while budgets are somewhat lacking. Without proper records on income and expenditure, operating within the constraints of the ECD centre's budget could prove to be difficult, which ultimately affect the sustainability of the centre. Lack of a budget displays a lack of overall awareness of the need for proper financial management. Some centres were not able to produce evidence of such documents, confirming the notion of poor recordkeeping or that these documents are kept off-site, ultimately limiting its usefulness. Some registered ECD centres are also operating without documents that are currently requirements of registration. These requirements may have changed over time or these centres were able to circumvent these requirements somehow or stopped maintaining these items. Some centres may also have a poor understanding of their current registration status.

Income and expenditure vary substantially across registration statuses and provinces showing a remarkable range between the 10th and 90th percentiles suggesting there is a great disparity between centres and significant wealth inequality. This makes it difficult to formulate policy based on median or average amounts as a limited proportion of centres fall within this range. Many children appear to be exempt from fees. Receipt of social grants appears to be widespread but exact figures cannot be gained from the audit due to an apparent lack of knowledge of children receiving grants on the part of the respondents.

4.2.4 Recommendations: ECD Centre

1. Inspections need to be made with regularity to ensure that centres are maintaining minimum norms and standards. Centres that report having never been inspected or that many years have passed since the last inspection need to be examined to determine why these centres have not been inspected.
2. A clearer system of keeping ECD centres aware of their registration status needs to be developed. The DSD may also wish to begin formal inspections at all ECD centres both registered and unregistered especially with regards to private ECD in formal areas to ensure the environment is safe for children and minimum standards are maintained. Similarly, national and provincial governments may want to consider passing regulations requiring all ECD centres to register with the DSD or the DBE to ensure that the ECD sector is properly regulated, especially in terms of safety requirements.
3. Inspection criteria, at least at a fundamental level, should be standardised across provinces so that they can be easily compared to each other. The DSD may also consider measuring compliance against a national baseline (which these audit findings provide) at regular intervals so that a national monitoring system and database can be developed and maintained. This will enable the DSD to access the latest national statistics. Inspection criteria should also be made clear to ECD centres so that they are able to make improvements and ensure they meet minimum norms and standards.
4. DSD officials should leave a report or checklist with the ECD after a visit so that the purpose of the visit and the findings of the official are made clear. This will likely combat the relatively high percentage of centres that did not have evidence of an inspection. These ECD centres are either not provided with such documentation or do not place much importance on it.
5. The DSD may also consider developing a rating system for ECD centres. This will allow current and prospective guardians of early learners to judge the quality of the ECD centre and offer an incentive for centres to improve. Parents and guardians may also be able to lobby for increased support from both the private and public sector to assist in improving the quality at existing ECD facilities in underserved and rural areas where there is limited choice.
6. Clearer national guidelines for the various departments may also be developed on how they can assist ECD centres and improve the wellbeing of children attending them, with special focus on provinces where the level of involvement is deemed low. Government could also develop special incentives or funding to try to align the goals of the diverse group of NGOs to its own and those of the DSD. It may also want to look at the activities of NGOs who have had high level of success in improving ECD to see if replication of success at a national level is possible.
7. A minimum set of administrative and financial documents (including those related to enrolment, employment, and income/expenditure) should be determined. Policies focusing on these two aspects of ECD management should also be determined. The DSD

should guide centres on what documents they should be keeping through workshops, information campaigns, or by making template documents readily available (through a resource website) so that ECD centres have clearer guidelines on what kind of information should be maintained. These may also be incorporated into ECD training with specialised certificates for ECD centre management. The DSD may also wish to look closely at interventions which have been carried out in Limpopo as records are generally well kept at most registered ECD centres in that province.

8. The provincial Departments may wish to hold workshops across all provinces for those working in the ECD centres to emphasise the importance of administrative and financial documents and to train centre staff on how to develop these records to ensure that they are properly managed and maintained. Again templates could be made available through a resource website.

4.3 ECD Service Audit: Human Resources

4.3.1 Introductory remarks

The quality of service rendered to children and the community is among other directly dependent upon the staff complement and educational preparedness of the staff. In this section these factors are assessed by establishing a profile of the current situation in the country. A picture of the demographic composition, qualifications, and training levels of the personnel is given.

It should be noted that the section on Human Resources in the questionnaire was not always completed correctly by enumerators so the analysis does not include all the staff from all of the audited ECD centres. A total of 16 806 of centres provided information for this section on at least one staff member. The total number of staff profiles completed is 60 572.

4.3.2 Audit Findings

4.3.2.1 Demographic Composition

Gender of staff members

The ECD centres audited are female-dominated with an overwhelming majority of the positions being occupied by women. This is not unexpected as women are predominantly involved with the care and fostering of children in the young age cohorts. Virtually all principal/matrons are female with over 98% of all such positions filled by women in all registration statuses at the national level. In no province or registration status does this fall below 95%. Results are similar for supervisors, though there are a slightly larger proportion of male supervisors in unregistered centres (6%). Practitioners and assistant practitioners are also highly likely to be female. Practitioners are over 99% female in centres of all registration statuses. Practitioners in fully registered ECD centres in Mpumalanga (98%) and in unregistered centres in the Northern Cape (97%) are the only categories below 98%. Rates for assistant practitioners are similar.

Other staff which include administrative assistants, caretaker/security guards, cleaner/janitors, cooks, gardeners, and "others" are more likely to be male but remain female dominated with 79% of other staff members being female in fully registered centres and 88% in unregistered ECD centres. This is likely due to the large proportion of cooks which account for 12-18% of all staff. When disaggregated by job title, gardeners and caretaker/security guards are the only positions where over half are male. 53% of caretaker/security guards are male in fully registered centres but only 35% in unregistered centres. Gardeners are much more likely to be male in registered ECD centres (78%) and unregistered centres (67%). It should be noted that not all centres have personnel in these positions, with cooks being the only position that is fairly standard in ECD centres.

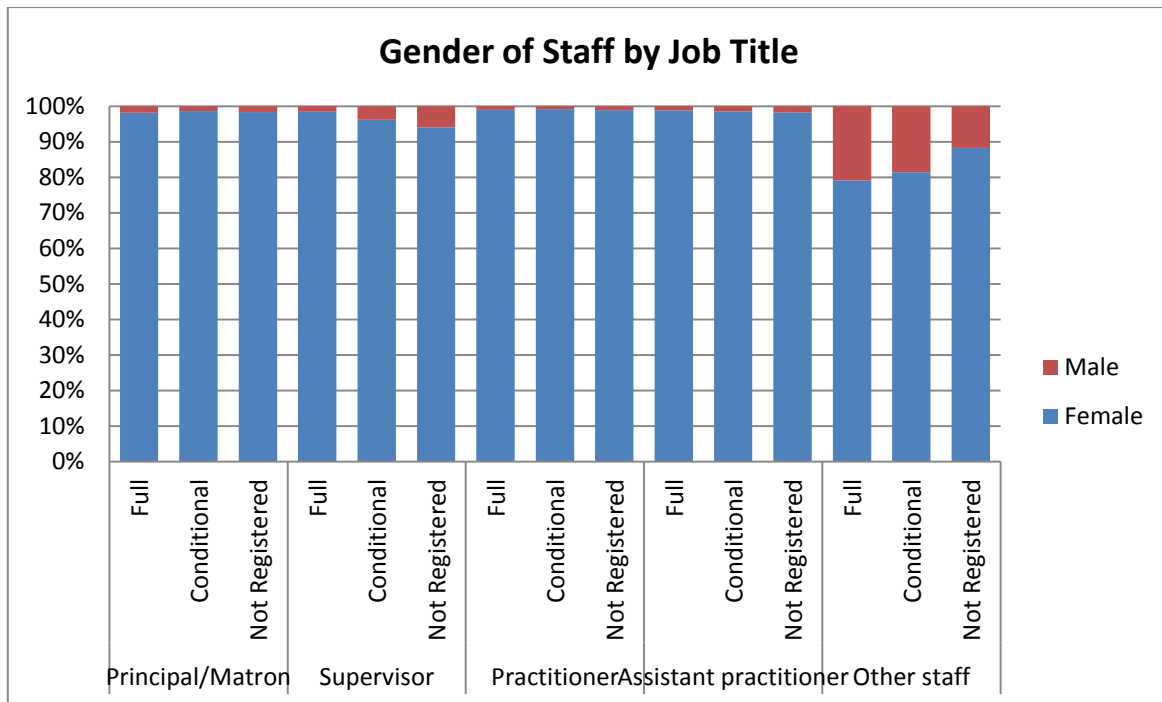


Figure 46: Gender of staff

Age of staff members

The age of staff varies by job title. Principals/matrons are most likely to be age 41-50 with 36% of those in fully registered ECD centres, 39% in unregistered centres and 44% in conditionally registered centres belonging to this age group. A total of 27% of principals/matrons in fully registered ECD centres are 51-60 with 19% being aged 31-40. This was reversed in unregistered centres with 25% being 31-40 and 22% of principals/matrons being 51-60. In conditionally registered centres, 21% are 31-40 and 22% are in the category 51-60. Less than a tenth of principals/matrons were under 30 in all categories (7% for all registration statuses). The age of supervisors are similarly distributed though they tend to have a more equal balance with slightly more under the age of 30.

ECD practitioners are generally younger than principals/matrons with many being between the ages of 31 and 40. In fully registered ECD centres, this age group accounted for 34% of practitioners and 32% in unregistered centres with the highest percentage in this category in conditionally registered centres with 37%. Practitioners in unregistered centres were more likely to be younger with 39% being 30 or younger compared to 29% in full registered ECD centres and 28% in conditionally registered centres. A quarter of practitioners were 41-50 in fully registered centres (25%) and conditionally registered centres (26%) and one fifth in unregistered ECD (21%). Approximately 10% of practitioners are over the age of 50 with a smaller percentage being over the age of 60 (1-2%). Assistant practitioners were more likely to be younger with over 35% of them being under the age of 30 in fully registered (37%) and unregistered (39%) ECD centres. In conditionally registered centres this category accounted for 32%.

Other staff members tended to be a bit older with less than 20% aged 30 years or younger with approximately 3-5% being over the age of 60.

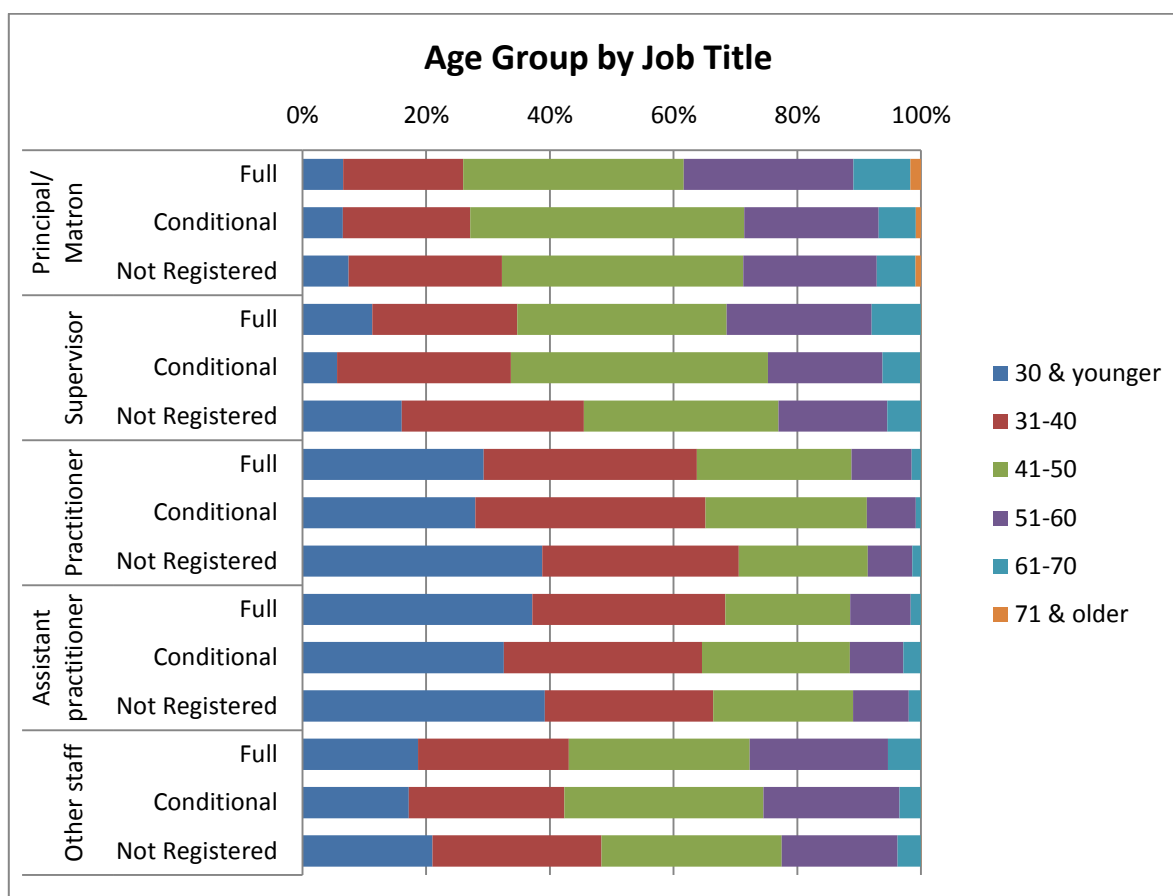


Figure 47: Age of staff

Population group of staff members

Staff at registered ECD centres is overwhelmingly Black African in all provinces besides the Western Cape and Northern Cape, where there are a larger number of Coloured people. These figures are a slight over representation of Black Africans in most provinces compared to the 2011 census. There is a greater share of Black Africans working at ECD centres than in the general population in Gauteng, where 91% of practitioners are Black African while comprising 77% of the general population.¹⁷ This is likely to show that more registered ECD centres are located in traditionally Black African areas but could point to a general racial imbalance in the ECD sector in Gauteng. The situation in Northern Cape is similar, with 66% of practitioners being Black African compared to 50% in the province.¹⁸

Figures are comparable in unregistered centres in four provinces while there are considerably fewer Black Africans working as practitioners in such centres in the Eastern Cape (14% less), KwaZulu-Natal (13% less), the Free State (6% less), Gauteng (6% less), and the Northern Cape (5% less). This suggests that there is a fundamental difference between registered and

¹⁷ Census 2011: Census in brief. Pretoria: Statistics South Africa. 2012.

¹⁸ Ibid.

unregistered centres in those provinces. Staff members in conditionally registered centres were more likely to be Black African in nearly all provinces apart from North West (19% less) and the Northern Cape (16% less). The figure is as high as 99% of practitioners in KwaZulu-Natal. When other job titles are considered, Black Africans are found to be principals/matrons in 76.5% of fully registered centres and 78.5% of unregistered centres. The audit found equivalent figures for conditionally registered ECD centres (93.9%). Black Africans account for over 90% of other staff.

At registered centres, Coloured practitioners are most common in the Western Cape (51%) and the Northern Cape (33%). Coloured people are slightly over represented in the Western Cape compared to the general population where 49% of people are Coloured. The situation is reversed in the Northern Cape where 40% of the population is Coloured, yet only 33% of practitioners are Coloured. Figures are similar for unregistered ECD centres in the Western Cape (54%) and slightly less in the Northern Cape (29%). The Eastern Cape is the only province where more than 5% of practitioners are Coloured in fully registered ECD centres (9%). Roughly double this amount (16%) can be found at unregistered ECD centres. Comparisons by job titles are difficult as Coloured people are not evenly distributed in the provinces which tend to skew the findings.

Rates of other job titles are similar to the percentage of Coloured within these centres overall. The only exception is for assistant practitioners which were found to be disproportionately Coloured. The number of assistant practitioners is highly variable and it is more likely that assistant practitioners are present in ECD centres in Coloured areas rather than there being a significant racial disparity within the position itself.

White practitioners are relatively rare and account for only 5% of practitioners at fully registered centres nationwide. This is highest in Western Cape (10%) which is a slightly lower proportion than the percentage of the general population comprised of White individuals in the province (16%). Gauteng is the only other province with 5% of white staff members although they amount to 16% of the province's population. There are a greater percentage of white practitioners in unregistered centres (11%). They are greatest in the Eastern Cape (12%), the Northern Cape (10%), the Western Cape (10%), Gauteng (11%), and the Free State (9%) with rates below 5% elsewhere. This is likely due to a subgroup of unregistered ECD centres which are private and for-profit centres. Principals/matrons are white in 8% of fully registered ECD centres and nearly the double the rate of other staff.

Indian/Asian staff account for less than 1% of other staff in unregistered centres in all provinces even in KwaZulu-Natal (0.8%). Interestingly, Indian/Asian staff account for 7% of practitioners at unregistered centres which is the same rate found among residents in KwaZulu-Natal in the 2011 census.¹⁹ This suggests that registration of ECD centres is taking place in primarily Black African areas as Black African staff is consistently overrepresented in each province while White and Indian/Asian ECD centres may be more likely to be private. Due to the small percentage of Indian/Asians and Other/Foreigners overall, they have been omitted from the discussion.

¹⁹ Census 2011: Census in brief. Pretoria: Statistics South Africa. 2012.

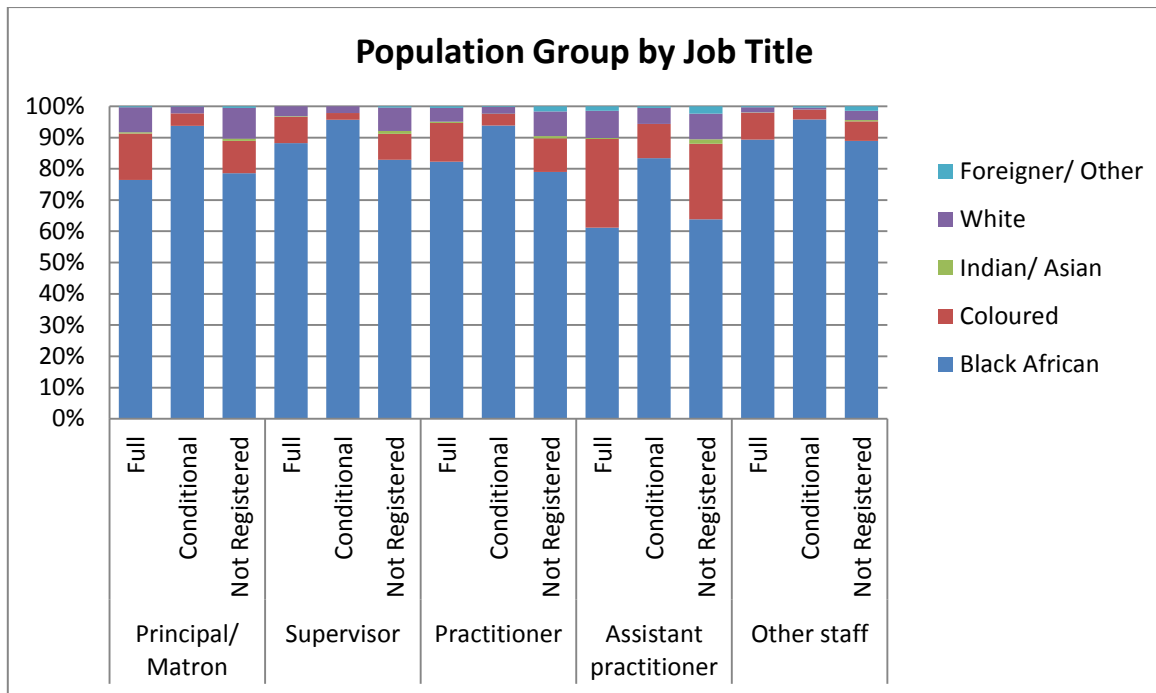


Figure 48: Population groups of staff

4.3.2.2 Staff Appointments

Staff members have different responsibilities depending on their job title. It is therefore important to consider some staff members in more detail, especially those in charge of managing the centre and teaching children.

Job title of staff members

Nearly half of the staff members at ECD centres are practitioners. This varies slightly from 44% of staff at conditionally registered centres to 49% at unregistered centres. This is only slightly lower at fully registered ECD centres (48%). Despite national consistency across registration statuses, there is some regional variation across provinces. The Eastern Cape has a lower percentage of practitioners accounting for 36% of staff in fully registered ECD centres and 38% at unregistered centres. This is similar in Limpopo (39%; 36%). Gauteng has the highest ratio of practitioners with 58% at unregistered ECD centres and 59% at fully registered ECD centres. Assistant practitioners account for 5% of staff at fully registered ECD centres and 6% at unregistered centres. This is likely influenced by both the size and operating budget of the ECD centre.

Principals/matrons are the next most common skilled staff members. They account for 12% of staff at fully registered ECD centres and 21% of staff at unregistered centres. The Western Cape has the highest proportion of principals/matrons at fully registered ECD centres at 17%. Fully registered centres in North West have the lowest rates with 3% of staff being principals/matrons. This is most likely due to overlap between the roles of the supervisor and principal matron. 16% of staff identified themselves at supervisors in North West while the comparative figure for the Western Cape is 2%, though it is less than 1% in the Free State. It therefore appears there is regional preference between these titles with a strong preference for

supervisor in North West. Due to this overlap, provincial comparisons for these job titles are difficult. Supervisors account for 5% of staff at fully registered ECD centres and 3% at unregistered ECD centres.

Cooks account for a substantial portion of ECD centre staff with a national average of 15% at centres with full registration and slightly less (12%) at unregistered ECD centres. Gardeners are relatively more common at fully registered centres (6%) than unregistered ECD centres (2%). Other staff account for a small proportion of total number of staff. It is likely that the number of ancillary staff is influenced by the size and finances of the ECD centre rather than differences between registration statuses *per se*.

From a policy perspective, the number of ancillary staff such as cooks, gardeners, caretakers, security guards, and janitors account for a substantial portion of the operational cost of ECD centres. Therefore, factoring the ECD centres' staff complement into the equation indicates the actual cost of delivery of the service could be much higher.

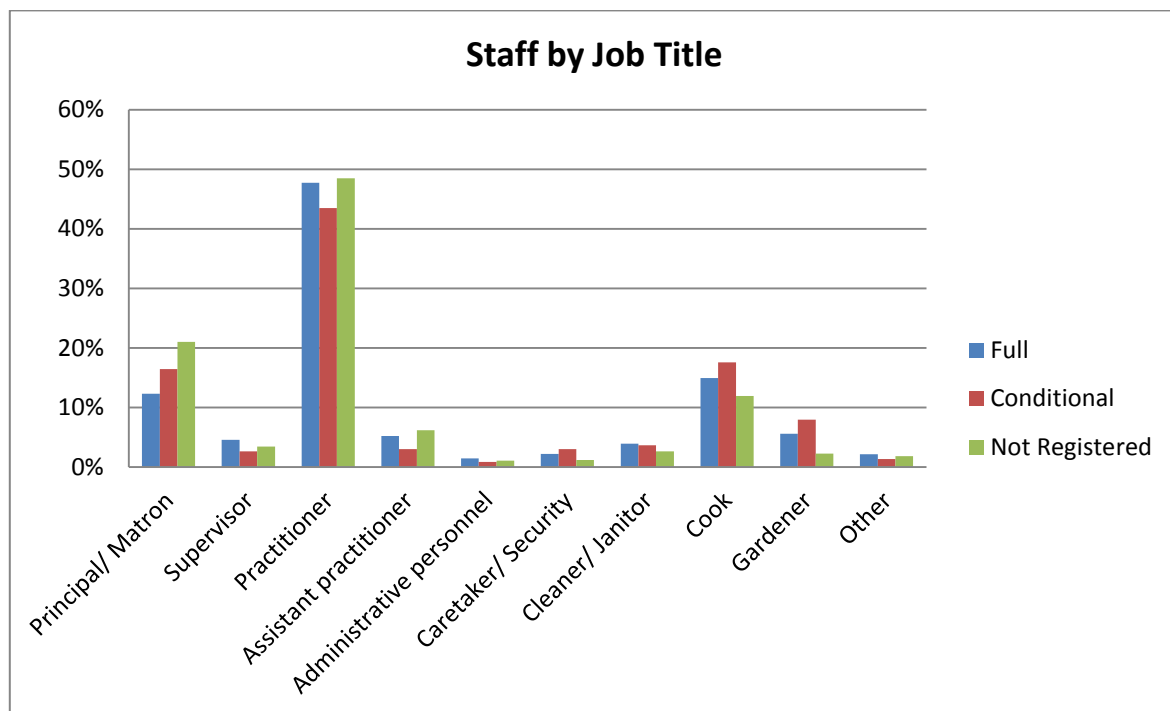


Figure 49: Staff job titles by registration status

Nature of appointment of staff members

The nature of staff appointments provides an indication of job security and staff turnover. The majority of staff members at ECD centres have permanent positions. This accounts for 83% of staff in ECD centres with full registration. Most provinces are above 80% with the exception of staff in the Eastern Cape (64%) and KwaZulu-Natal (68%). These provinces have significantly more temporary staff, 14% and 20% respectively, compared to the national average of 8%. Contract staff account for 6% of staff: substitutes for less than 1% and other arrangements (2%) accounting for very few positions. The figures are similar for unregistered ECD centres where permanent staff account for 85% of all staff. KwaZulu-Natal is below average (68%), though

unregistered centres have 77% of staff having permanent positions. Unregistered ECD centres in the Northern Cape have 11% of staff on contracts while KwaZulu-Natal has 11% of staff with other work arrangements. All other categories are below 10%.

By job title, 93% of principals/matrons are permanent in fully registered ECD centres, slightly lower than the 96% seen in unregistered centres. Supervisors are somewhat less likely to have permanent positions, 86% in fully registered centres and 90% in unregistered centres, having a slightly greater share (6% and 5%) in temporary positions. Rates for practitioners are similar to supervisors being 85% in fully registered centres and 83% in unregistered centres. Contract staff (6%) and temporary staff (7%) are fairly evenly split at fully registered centres while temporary positions (8%) are slightly more common than contract positions (7%) at unregistered centres. Assistant practitioners are more likely to be temporary workers at both ECD centres with full registration (17%) and unregistered centres (16%). Rates of permanent assistant practitioners are similar for registered (70%) and unregistered (70%) ECD centres. Other staff members are slightly more likely to be permanent staff members than assistant practitioners but also have contract and temporary positions.

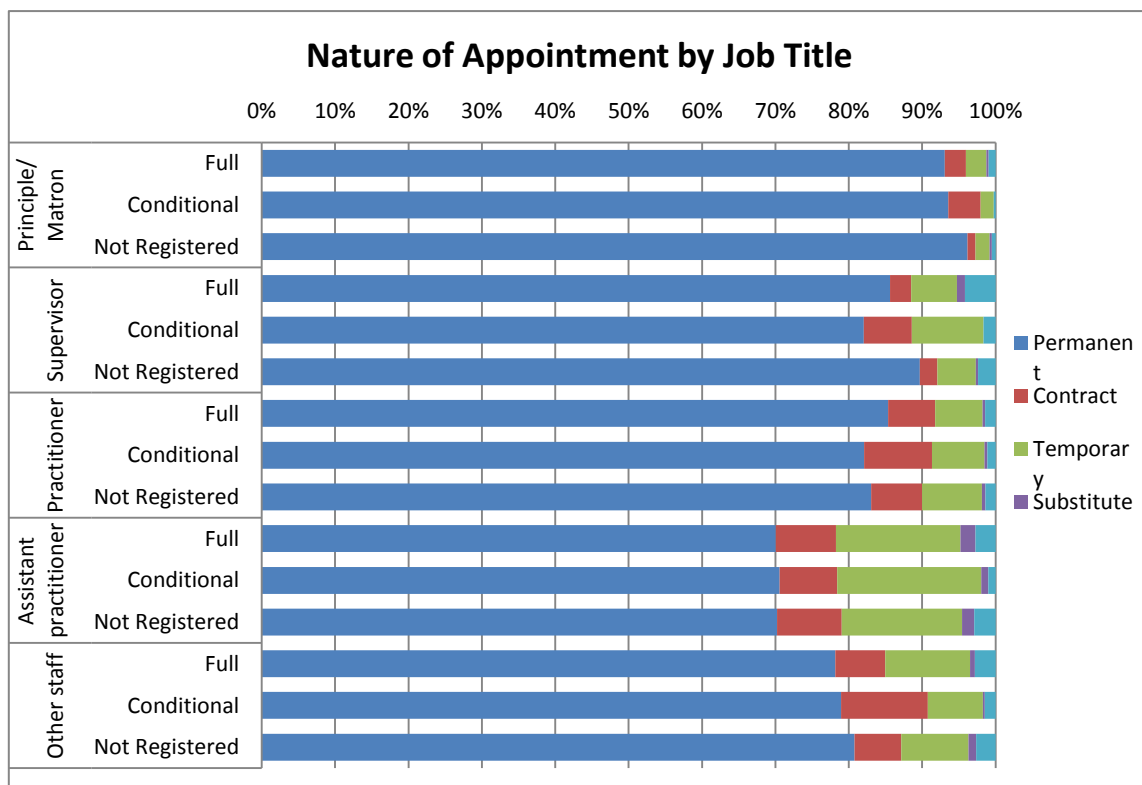


Figure 50: Nature of appointment

4.3.2.3 Qualifications

General qualifications, especially in skilled teaching and management positions, provide an indication of the quality and skills of staff members and, more broadly, the quality of care and education that is provided at the centre. In general, the qualification of most staff is found to be lacking. In terms of qualifications, over 35% of principals/matrons and supervisors and over 40% of practitioners and assistant practitioners have below a grade 12 education. There is no

discernible difference in these qualifications between registration statuses. The lowest national rates are for principals/matrons with a below a grade 12 education is 35% for ECD centres of all registration statuses. This ranges from a high of 44% of principals/matrons in the Free State followed by 42% in the Eastern Cape for fully registered ECD centres while over half of principals/matrons of unregistered centres in Gauteng (50%) have less than a grade 12 education. Principals/matrons with a grade 12 education are slightly more common at both registered (40%) and unregistered (41%) ECD centres. The highest rates can be found in Limpopo (59%) and Mpumalanga (55%) for centres with full registration. Mpumalanga (56%) and Limpopo (54%) are also highest for unregistered centres with KwaZulu-Natal (50%) also above 50%. In the category of conditionally registered centres, Mpumalanga has the highest percentage (68%) compared to Gauteng with only (16%). ABET level 1-4 qualifications are found in 11% of principals/matrons in registered ECD centres and roughly the same in both unregistered centres (10%) and in conditionally registered centres (10%).

Post-matric diplomas were held by 5% of principals/matrons at fully registered centres, being highest in the Western Cape (8%) and Mpumalanga (8%). Rates are similar at unregistered ECD centres (6%) with the highest rates among such centres in the Eastern Cape (12%) followed by the Western Cape (8%). Degrees were relatively uncommon with 3% of principals/matrons at fully registered centres and unregistered centres having them. The Western Cape (5%) has the highest rate followed by KwaZulu-Natal (3%) for registered centres and the Eastern Cape (6%) for unregistered centres with all other provinces being below 4%.

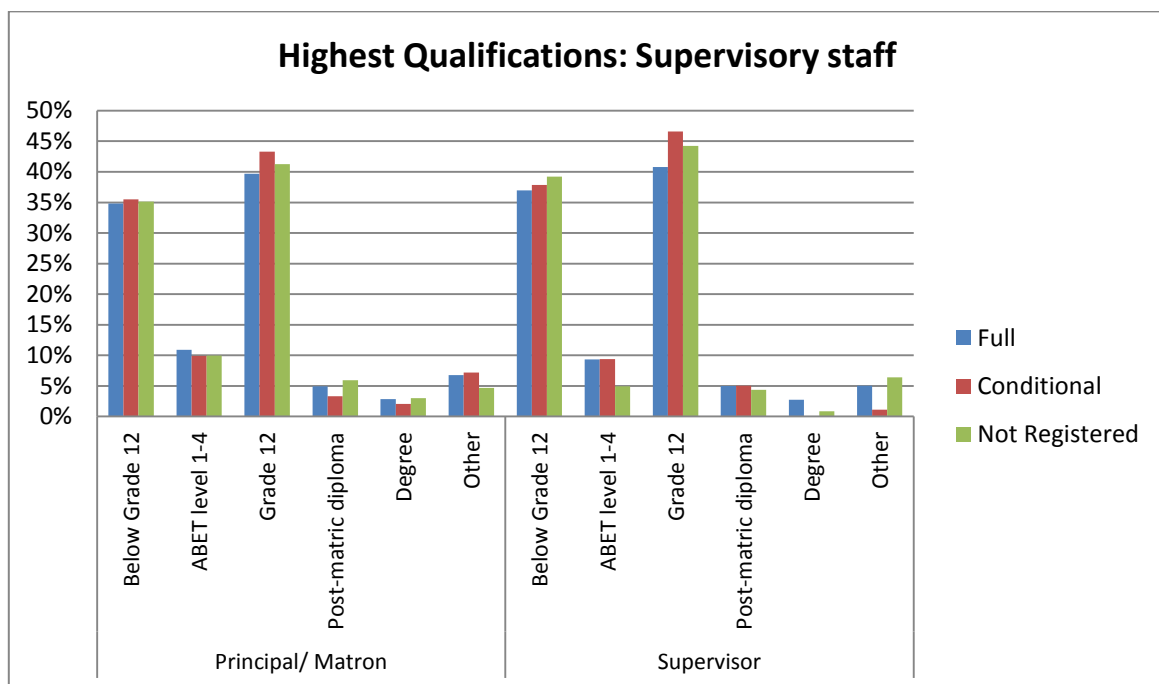


Figure 51: Highest qualification - Supervisory staff

Many practitioners have below a grade 12 education in both fully registered (44%) and unregistered (45%) ECD centres. The figure is over 50% in fully registered centres in the Free State (53%) and the Eastern Cape (51%). Over half the number of practitioners in both fully registered (50%) and unregistered (52%) centres in Gauteng also have less than a grade 12 education. Rates of ABET Level 1-4 among practitioners at fully registered ECD centres vary

between 4% in Gauteng and 14% in the Northern Cape with a national average of 8%. The Northern Cape is the only province where more than 10% of practitioners in unregistered ECD centres (16%) have ABET Level 1-4. This is significantly higher than the national average for this particular qualification (7%). Among fully registered centres, Grade 12 levels (41%) for practitioners are slightly under those of below grade 12 education nationally rising above half in Mpumalanga (56%) and Limpopo (51%). Practitioners in unregistered centres in Mpumalanga (56%) are also significantly above the national average of 41% and 10% higher than the proportions observed in neighbouring KwaZulu-Natal (46%).

Post-matric diplomas are relatively rare outside of the Western Cape (5%) for fully registered centres: the national average of staff members with a post-matric diploma is 2% and in no province does the proportion rise above this. Figures are higher at unregistered centres where the average is 3%. Practitioners in the Western Cape (6%), the Eastern Cape (5%), the Northern Cape (4%), and Gauteng (4%) all have an above average proportion of staff members with a post-matric diploma. Degrees are rare: data collected during the audit suggests that less than 1% of practitioners have a degree apart from those at registered centres in the Free State (2%) and the Western Cape (1.0%) and those at unregistered ECD centres in the Eastern Cape (1.5%), Gauteng (1.1%), and the Western Cape (1.0%).

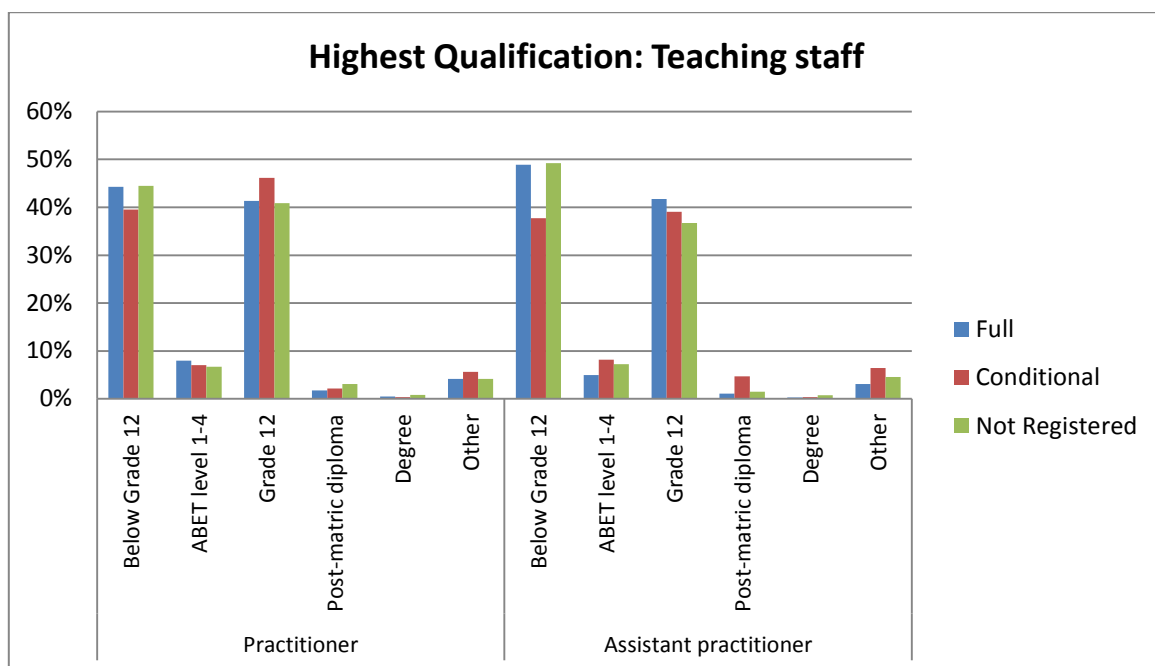


Figure 52: Highest qualification - Teaching staff

ECD specialisation of staff members

The qualifications listed above may or may not take ECD specialisations into account which may provide a better indication of ECD specific skills, especially for those who did not complete Grade 12. Staff members were therefore asked whether they had an ECD certificate, diploma, or degree. Respondents were not prevented from selecting more than one option. ECD certificates were not differentiated by level.

Principals/matrons were most likely to have an ECD certificate. This is true of 41% of principals/matrons at fully registered ECD centres and of 26% at unregistered ECD centres. For fully registered ECD centres, the proportion of principals/matrons with an ECD certificate is highest in the Eastern Cape (51%) and lowest in Gauteng (31%). Due to the relatively low number of principals/matrons in North West, this province is excluded from the discussion. Unregistered centres in the Northern Cape have been excluded from this analysis for the same reason. Principal/matrons of unregistered ECD centres in the Eastern Cape were most likely to have an ECD certificate of any level (38%) followed closely by Limpopo (36%). Less than 20% of principals/matrons at unregistered centres have certificates in Gauteng (16%), the Free State (17%), and Mpumalanga (18%). ECD diplomas are held by 10% of principals/matrons in registered centres with the proportion being highest in the Western Cape (14%) and Limpopo (14%). They are less common in unregistered ECD centres (5%) where only the Western Cape (7%) and Limpopo (7%) are above average. ECD degrees were rare and held by less than 2% of principals/matrons, apart from those in registered ECD centres in the Western Cape (3%), the Eastern Cape (2%), and the Northern Cape (2%) and those in unregistered centres in the Eastern Cape (3%) and the Northern Cape (4%).

A substantial number of principals/matrons have no formal ECD specialisations including 35% in registered ECD centres. This ranges from a high of 43% in Mpumalanga to a low of 29% in the Western Cape followed closely by the Eastern Cape (30%). Principals/matrons at unregistered centres are much more likely to have no ECD specialisation with 56% lacking such qualifications. The Free State (75%) and Mpumalanga (73%) are significantly above average while the Eastern Cape (44%) and the Western Cape (46%) are the only provinces where less than 50% have no formal ECD qualifications. Figures for supervisors closely mirror these results though they are more likely to have no ECD specialisation, especially in unregistered centres where 66% do not have any.

Over half of ECD practitioners in fully registered centres do not have any ECD specialisation (51%). This is higher at unregistered ECD centres and among assistant practitioners: 75% and 87% of assistant practitioners at fully registered and unregistered centres respectively have no formal ECD specialisation. Among registered centres, the province with the highest percentage of practitioners without specialisation is Gauteng (72%) followed by Mpumalanga (68%). This figure is dramatically lower in the Western Cape (9%). The only other provinces where less than half of practitioners have no specialisations are the Northern Cape (41%) and Limpopo (49%).

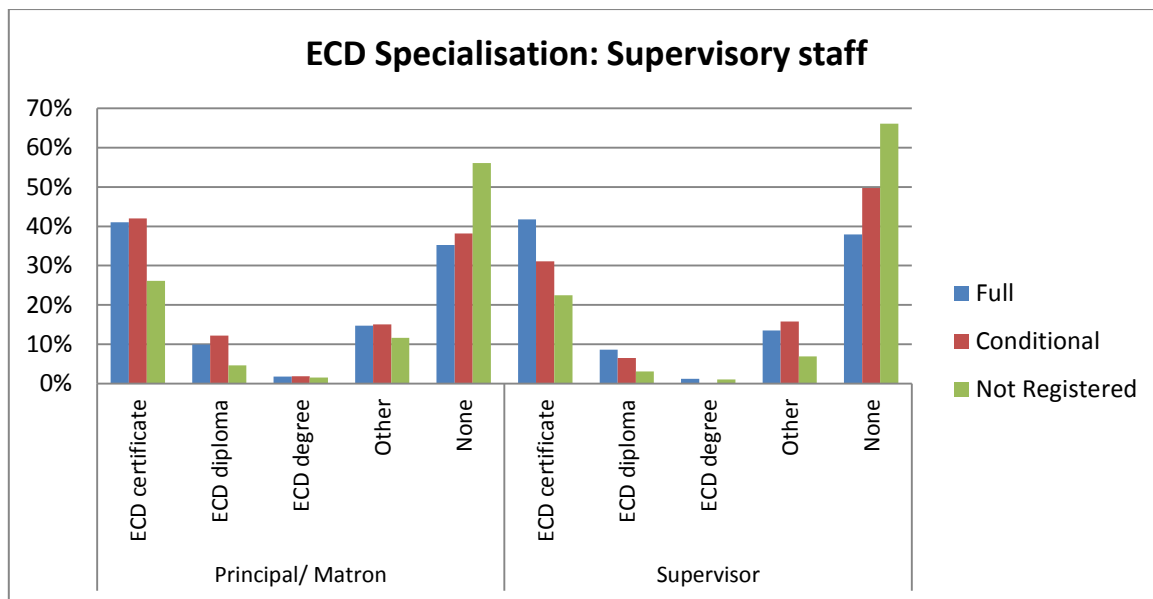


Figure 53: ECD Specialisation - Supervisory staff

ECD certificates of any level are held by 30% of practitioners in centres with full registration. The Northern Cape is significantly above average (47%) distantly followed by the Eastern Cape (36%). Gauteng (16%) is the only province where less than 20% have ECD certificates. Rates at unregistered ECD centres are roughly half those of registered centres with 14% having an ECD certificate. The Northern Cape (22%), KwaZulu-Natal (21%) and the Eastern Cape (20%) have the highest proportion of practitioners with ECD certificates while less than a tenth have certificates in Gauteng (6%) and Mpumalanga (7%).

Diplomas are relatively rare, being held by more than 5% of practitioners in only the Western Cape (7%), the Northern Cape (6%), and Limpopo (6%). The highest rate for practitioners in unregistered centres is 4% in the Northern Cape. Most provinces have less than 2% of practitioners with ECD diplomas in unregistered centres with a low of less than 1% in KwaZulu-Natal. Degrees are virtually non-existent. Only in the Western Cape do more than 1% of practitioners have them in both fully registered (1.1%) and unregistered (1.0%) ECD centres, though rates are still quite low.

A substantial number of staff members stated that they have “Other” ECD qualifications. Many of these responses included the NQF level of the ECD certificate achieved, though many did not specifically relate to ECD and included first aid training, financial management, computer training, or attendance at various workshops. Others indicated they were currently studying for such certificates. Given the range of answers, these should largely be excluded from the analysis as they are part of other categories or not specifically designed for ECD training.

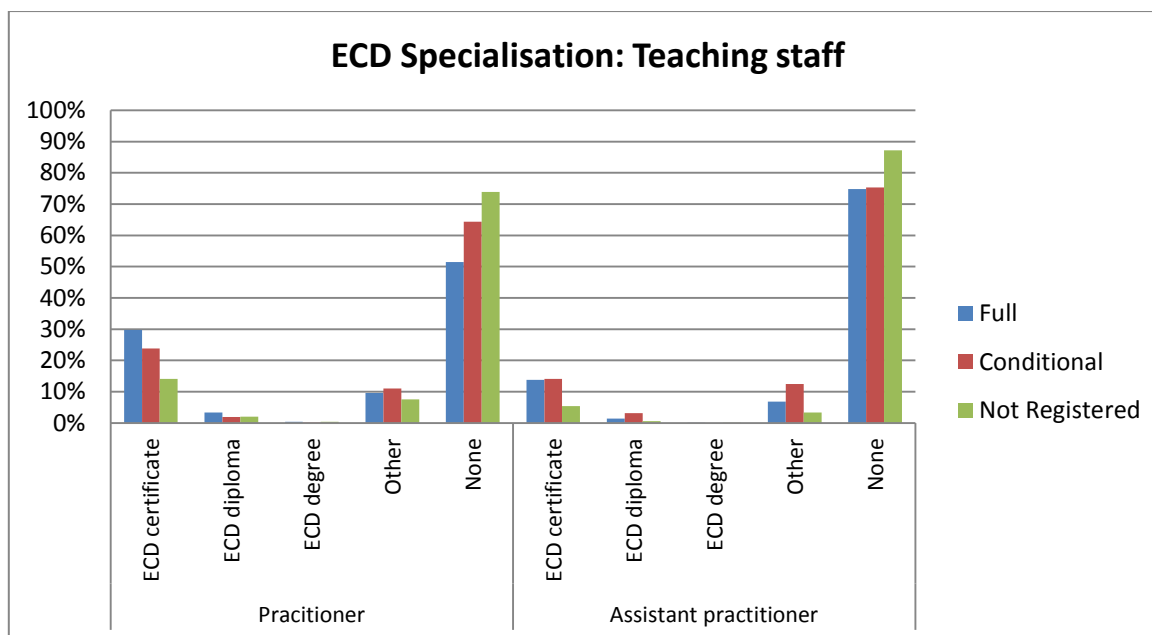


Figure 54: ECD Specialisation - Teaching staff

Attendance of training workshops

Workshops provide an important avenue for continued learning and furthering of skills. More than half of principals/matrons (59%) and supervisors (50%) at fully registered ECD centres have attended some form of training in the last 24 months. This is highest in Mpumalanga (77%) by a margin of over 10%. Less than half of principals/matrons have attended training in the Northern Cape (44%) and KwaZulu-Natal (49%). Fewer principals/matrons attended training recently at unregistered centres with an average of 45%; only the Western Cape (61%) is significantly above the national average. Workshops topics listed include childcare, first aid, financial management, ECD training, HIV/AIDS, inclusive education, and strategic leadership among others. It also included workshops presented by various NGOs in the ECD sector.

The proportion of practitioners who have attended workshops in the past 24 months is less than 41%. Levels are highest in Mpumalanga (55%) and lowest in the Northern Cape (33%). Practitioners in unregistered centres attended less training with a national average of 29% at rates roughly 10%-20% lower in each province respectively. The Western Cape (42%) is the only province significantly above average. A quarter of assistant practitioners have attended training in the past 24 months (26%). Assistant practitioners at unregistered ECD centres are less likely to have attended any form of ECD training (18%). Practitioners attended similar training programmes to principals/matrons.

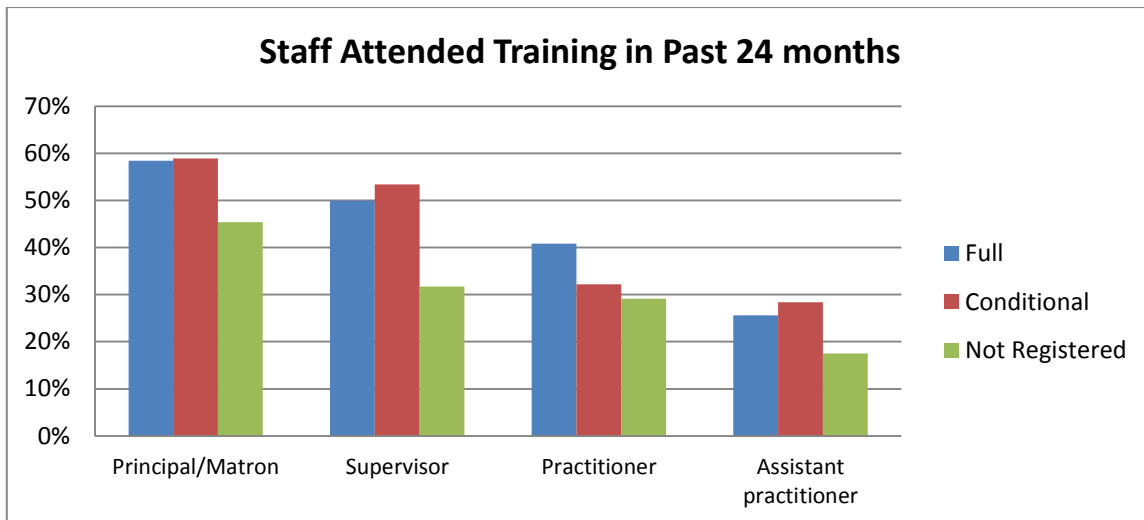


Figure 55: Training and workshops

National Child Protection Clearance Certificate

National Child Protection Clearance certificates provide assurances from the South African Police Service (SAPS) that staff members have no criminal records related to violence or abuse against children. These certificates are becoming increasingly required in positions that are involved with children. As all staff members interact with children, these are not subdivided by job title. Staff members at fully registered ECD centres have such certificates in only 29% of cases. This figure is highest in the Western Cape (50%) with Gauteng the only other province significantly above average (43%). A Child Protection Clearance certificates it less common in the Free State (9%), the Northern Cape (14%), and Limpopo (16%). They are also less common in unregistered centres (18%) though over double that level in the Western Cape (40%). Limpopo (4%), North West (6%), the Northern Cape (7%), and the Free State (7%) have very low rates. This does not signify that children are in danger but shows either a lack of concern or awareness about potential risks. It may also show that there could be constraining factors which prevent easier access to such certificates, especially in some provinces.

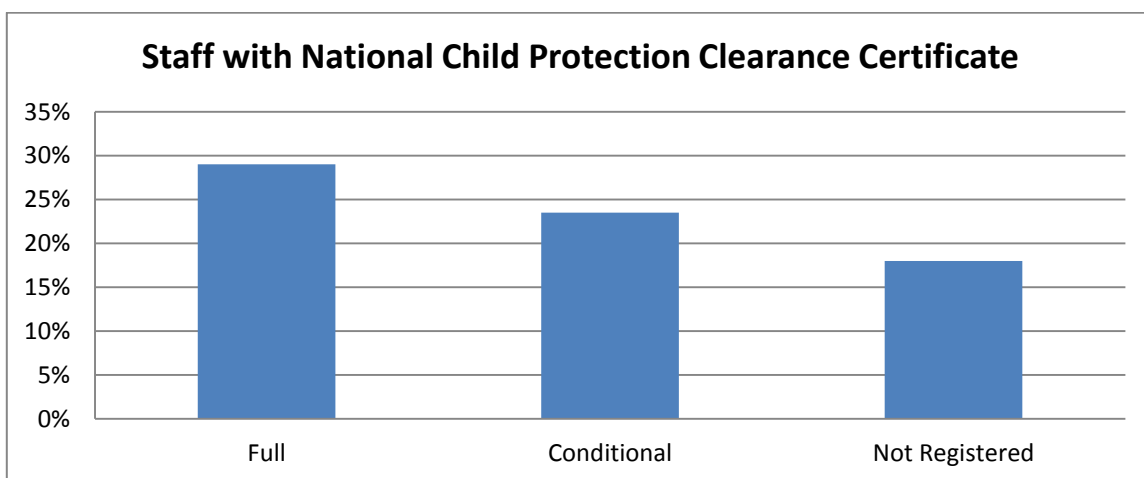


Figure 56: National Child Protection Clearance Certificate

Staff member disabilities

The presence of disabilities amongst ECD staff is low. However, if the employment of disabled persons is a specific target in the ECD sector, then the figures could probably improve. At fully registered ECD centres, 97% of staff members have no disabilities. This is slightly higher for unregistered centres (98%). Only the Northern Cape has a higher incidence of disability with 93% having no disability in fully registered ECD centres and 95% at unregistered centres. The Free State was also below average with 93% having no disabilities at fully registered ECD centres and 95% at unregistered centres.

The national proportion of staff members with disabilities is below 1.0% in all but two categories of disabilities. Staff with physical disabilities are present in 1.4% of fully registered centres; similarly, 1.2% of staff at such centres have visual impairments. The severity of these disabilities was not captured during the audit. Due to the very small percentage of staff with disabilities, the graph is adjusted to show only 0-2%.

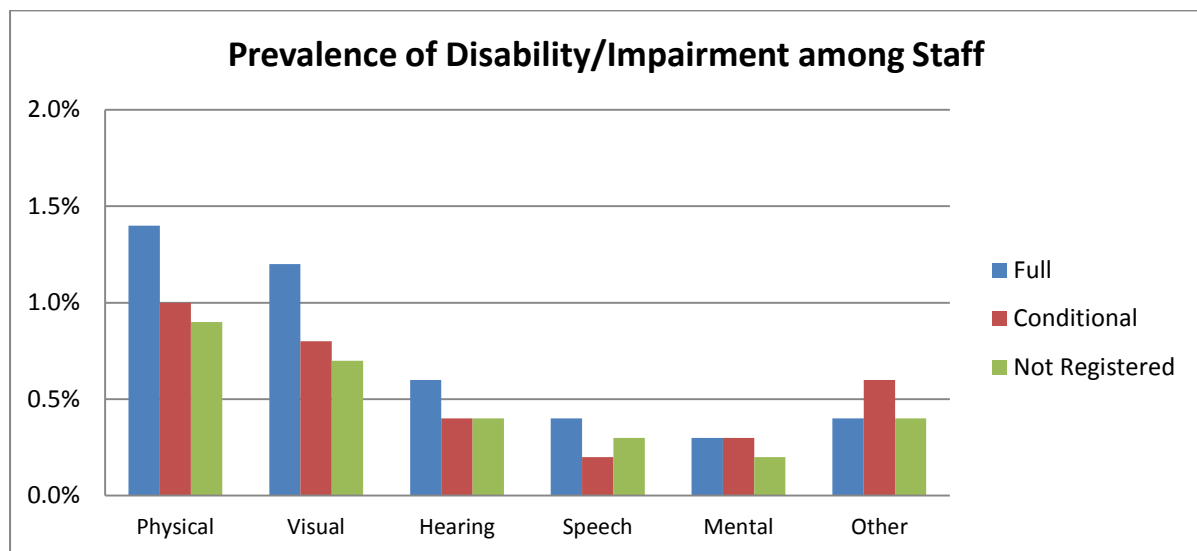


Figure 57: Staff disabilities

Within the provinces, staff with physical disabilities at fully registered ECD centres is above 1.0% in the Free State (3%), Mpumalanga (2.2%), Limpopo (2.0%), the Northern Cape (1.9%), the Eastern Cape (1.3%), and KwaZulu-Natal (1.2%). Among unregistered centres, this is above 1% in the Free State (2.2%), the Northern Cape (1.6%), Mpumalanga (1.7%), the Eastern Cape (1.5%), and Limpopo (1.1%). Visual disabilities affect more than 1.0% of staff at fully registered ECD centres in the Northern Cape (4.1%), the Free State (2.7%), and Limpopo (1.3%) and 3.6% of staff in the Northern Cape and 1.9% of staff in the Free State at unregistered ECD centres. The relatively high numbers in the Northern Cape may suggest that visual impairments may have been broadly interpreted and may not necessarily affect their normal activities. Other disabilities that are found in over 1% of staff are hearing impairments in fully registered centres in Limpopo (1.2%) and unregistered centres in the Northern Cape (1.6%). Speech impairments are also found in 1.0% of staff in fully registered ECD centres in Limpopo. There is a very low incidence of mental and other disabilities among staff members.

4.3.3 Concluding Remarks

Staff members at ECD centres are largely female and Black African accounting for over 90% of staff on both measures. There is some provincial variation with more Coloured staff in the Western Cape and the Northern Cape. There are few White or Indian/Asian staff members in registered ECD centres and are more common in unregistered centres. This may reflect an emphasis on the part of the Department to register centres in traditionally Black African areas or that other centres choose not to register with the DSD.

General qualifications are lacking for most staff at registered ECD centres with over 35% of principals/matrons and 40% of practitioners having not completed Grade 12. ECD specialisations are more common among supervisory staff than practitioners: 43% of principals/matrons and 30% of practitioners have ECD certificates of any level. ECD diplomas and degrees are relatively uncommon and 37% of principals/matrons have no ECD specialisation while 55% of practitioners have no formal qualifications in ECD.

4.3.4 Recommendations: Human Resources

The following recommendations are based on the results presented in this section.

1. The ECD sector is female dominated with over 90% of all staff being female. The Department should decide whether more should be done to promote the field among males.
2. Less than a quarter of staff is below the age of 30. The DSD should determine whether more can be done to encourage youth to join the ECD profession, especially given high youth unemployment rates.
3. Many provinces have over 10% of staff being temporary. The reasons for high rates of temporary employment are either due to financial issues at the centre or a lack of suitable qualifications. The DSD may want to consider whether these individuals can receive some form of training so that ECD centres will be more inclined to hire them on a permanent basis should this be the issue.
4. Qualifications of staff are generally low with a majority of staff having less than a Grade 12 education. ECD specialisations are also relatively low. The DSD may want to offer additional training or provide low-cost on the job training supplemented through distance education. ECD training facilities may want to develop a system similar to that of UNISA for working practitioners who may be unable to attend centre-based training.
5. Training workshops should be offered more regularly, possibly with incentives to promote attendance at workshops that can upgrade skills and provide information on various aspects of ECD teaching, curriculum development, and management. Given the low percentage of centres open during holidays, this may be ideal time to host such events.

6. An ECD practitioner registration or licensing system may be set up to legitimise ECD practitioners as qualified individuals, which may be used to ensure minimum salary levels.
7. National Child Protection Clearance certificates should be more easily obtainable. The DSD should determine if there are any access barriers and should explore closer collaboration with SAPS to facilitate the process of obtaining such certificates.
8. There is a general lack of assistants in ECD centres in most provinces. Given high youth unemployment and relatively low wages of assistants, more should be done to encourage young people to enter the profession. The DSD may want to offer incentives to ECD centres such as increased subsidies/subsidised internships to hire assistants. ECD training facilities should also be encouraged to partner with local centres and require an internship (paid or unpaid) at centres to boost the numbers of assistants.

4.4 ECD Service Audit: Children

4.4.1 Introductory remarks

Determining information pertaining to ECD centres such as the number of children enrolled or the number of practitioners and assistant practitioners available can play an important role in crafting the nature and scope of policies related to the provision of quality early childhood development services. Factors such as the disability status of children and the predominant language in which curriculums are taught in a particular province can also have an important bearing on the development of such policy.

During the audit, ECD centres were therefore asked to provide information on various demographic characteristics of their learners such as age, gender and race. They were also asked about whether they conduct disability assessments and if there are any learners with disabilities present in their centre. Information was also collected on the total number of practitioners and assistant practitioners available and the number of these individuals who were present on the day of the audit. This chapter details the responses of ECD centres to these questions.

4.4.2 Audit findings

4.4.2.1 Demographics

The number of children enrolled in an ECD centre is an indication of the capacity of the specific centre as well as the need for the service in a specific community. ECD centres that accommodate more children than its legal limit (in terms of the registration certificate issued) are in contravention of the law. Therefore, where ECD centres are exceeding these maximum numbers it is likely that more facilities need to be provided in close proximity to ensure increased access to the services provided.

There are 832 763 children enrolled in the 17 846 centres audited. A majority of these children are located in centres that are fully registered (55%) with a third in unregistered centres (33%). A small percentage is in conditionally registered centres (12%). Enrolment is correlated to the general population of the province as well as the number of centres audited. This accounts for the larger number of children in Limpopo.

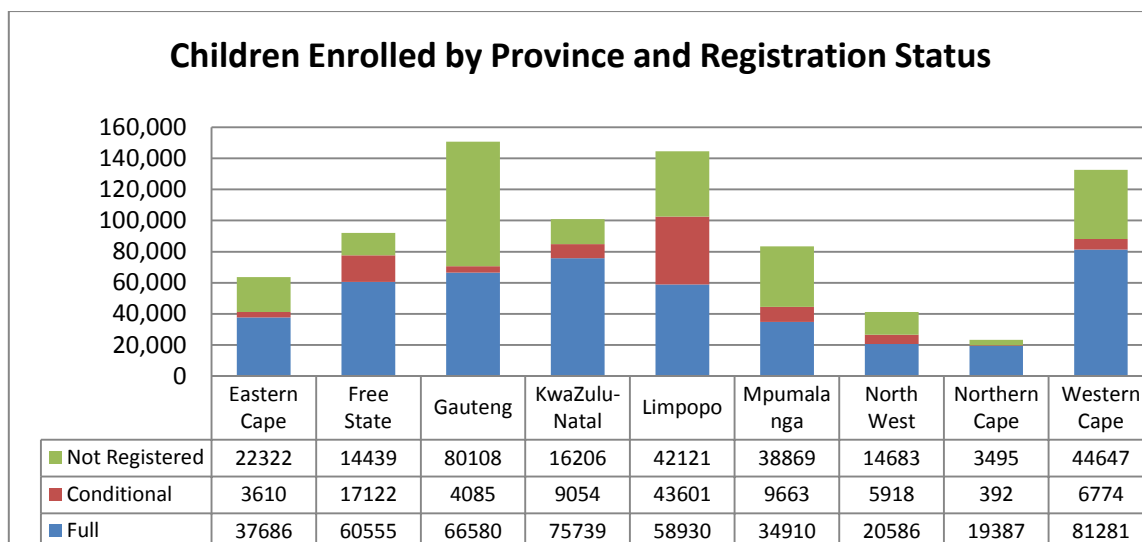


Figure 58: Children enrolled by province and registration status

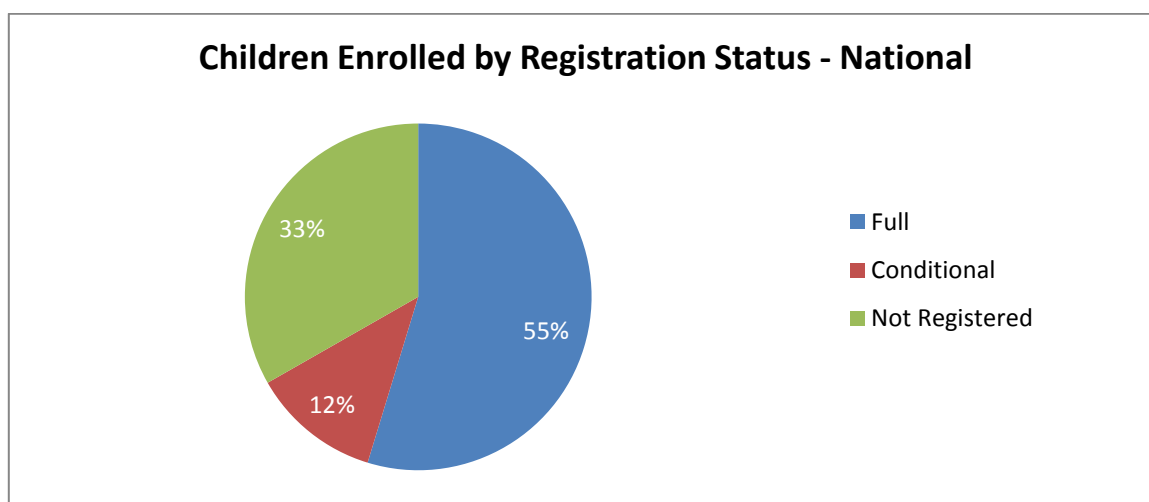


Figure 59: Children enrolled by registration status

The median enrolment per centre is 47 children at fully registered centres with a similar number in conditionally registered centres (45 children). Unregistered centres have 30 children at the median level and appear to be smaller in size. There is considerable variation among provinces with more children enrolled at the median level among fully registered centres in the Free State (63) and Mpumalanga (63). The Eastern Cape (33) is the only province with less than 30 children enrolled at the median level. All provinces have between 25-30 children enrolled in unregistered centres at the median level.

At the 10th percentile, enrolment is 16 children at fully registered centres, 17 at conditionally registered centres, and 10 children at unregistered centres. Among fully registered centres, enrolment is highest in Limpopo (23) and Mpumalanga (23). The Eastern Cape has the lowest enrolment at the 10th percentile (13). There is again less variation at unregistered centres and between 9-11 children in all provinces. At the 90th percentile, there are 117 children enrolled in fully registered centres ranging from 70 children in the Eastern Cape to 143 in the Free State with all remaining provinces having over 100 children enrolled. This is less among conditionally

registered centres with 100 children enrolled at the 90th percentile. There are 70 children enrolled at unregistered centres ranging from 61 in the Eastern Cape to 85 children in Gauteng.

The size of the centre is likely influenced by the type of area where the centre is located. Rural centres, such as those in the Eastern Cape, are likely to have fewer children enrolled. Fees and subsidies likely also play a role. Unregistered centres rely on fees as a source of income, which may be higher than subsidies received from the DSD. Centres receiving subsidies may have perceived an incentive to over report the number of children enrolled believing it may result in more subsidies.

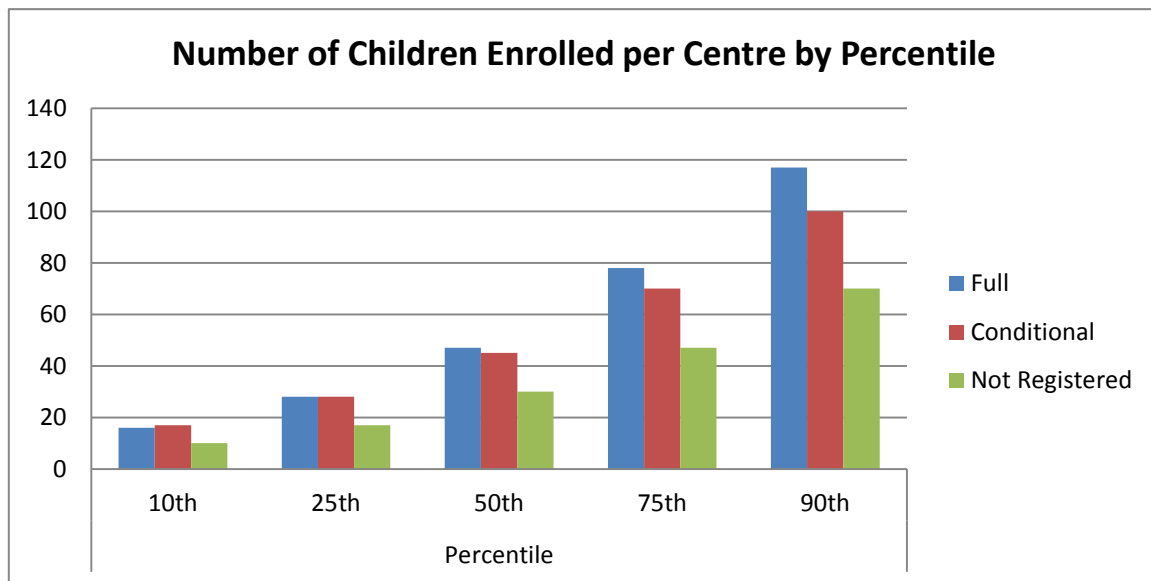


Figure 60: Number of children enrolled per centre

The following map (Figure 61) shows the number of children enrolled at all audited ECD centres (including conditionally registered and unregistered centres) as a percentage of all children aged 0 to 5 years per district municipality. It is evident that enrolment levels in the country are quite low, mostly below 15%. This may be a reflection of the fact that not all centres have been audited and thus is an under estimation or it gives some idea of the potential/need for extending the service.

The Free State and Limpopo provinces fare better than the other provinces. In these provinces, many local municipalities have enrolment percentages above 15%. In KwaZulu-Natal and Eastern Cape, enrolment is generally below 5%.

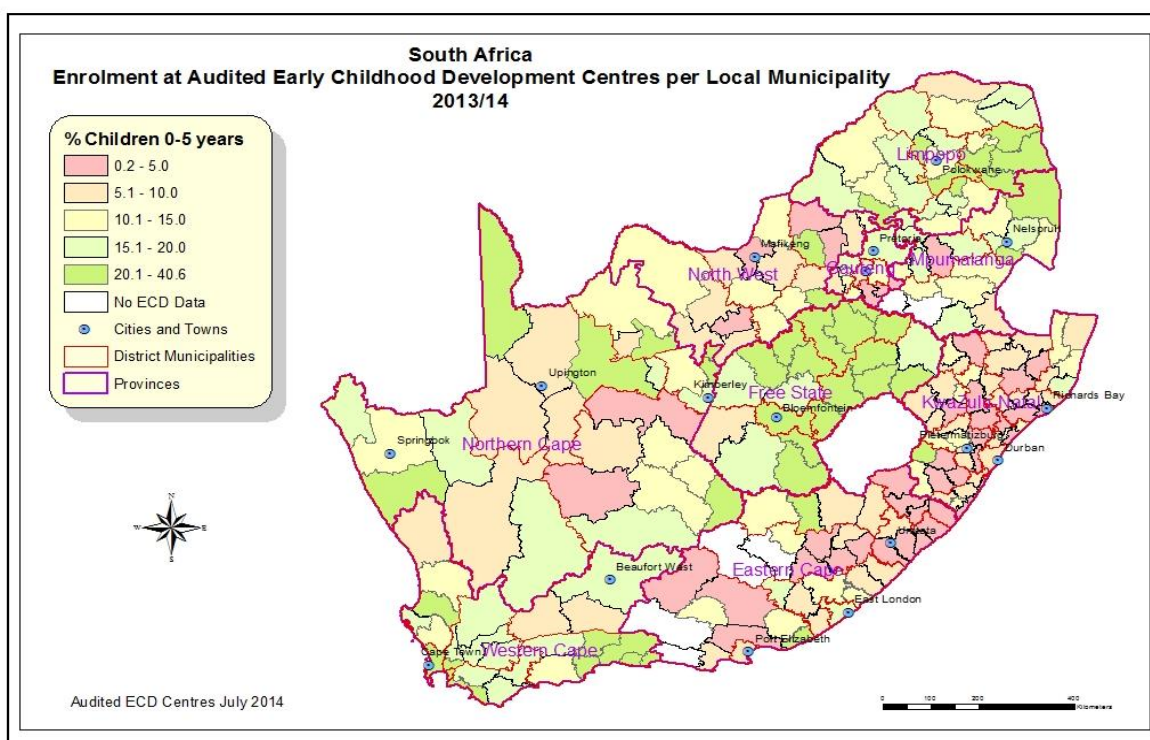


Figure 61: Enrolled children at ECD centres as percentage of all children aged below 6 years

Number of children present on day of the audit

The total number of children present on the day of the audit at centres across the nation, however, is not equal to the total number of children enrolled. Data collected over the course of the audit shows that a total of 917 057 children were present on the day of the audit, which is just over 10% higher than the total number of children enrolled. This discrepancy in the two numbers suggests that ECD centres tend to take care of a greater number of children than they have officially enrolled, do not update their enrolment records, or that data collection for these variables is not reliable.

This trend of the number of children present being greater than the number of children enrolled is found across centres of all three registration statuses. Specifically, the number of children present on the day of the audit in fully registered, conditionally registered and unregistered centres is approximately 10% higher than the number of children enrolled in these centres respectively.

In absolute terms, the difference between the number of children enrolled and the number of children present on the day of the audit is most pronounced in Gauteng followed by Limpopo. The difference is positive in all but one of the provinces: in the Western Cape, the number of children present on the day of the audit is lower than the total number of children enrolled in the surveyed centres.

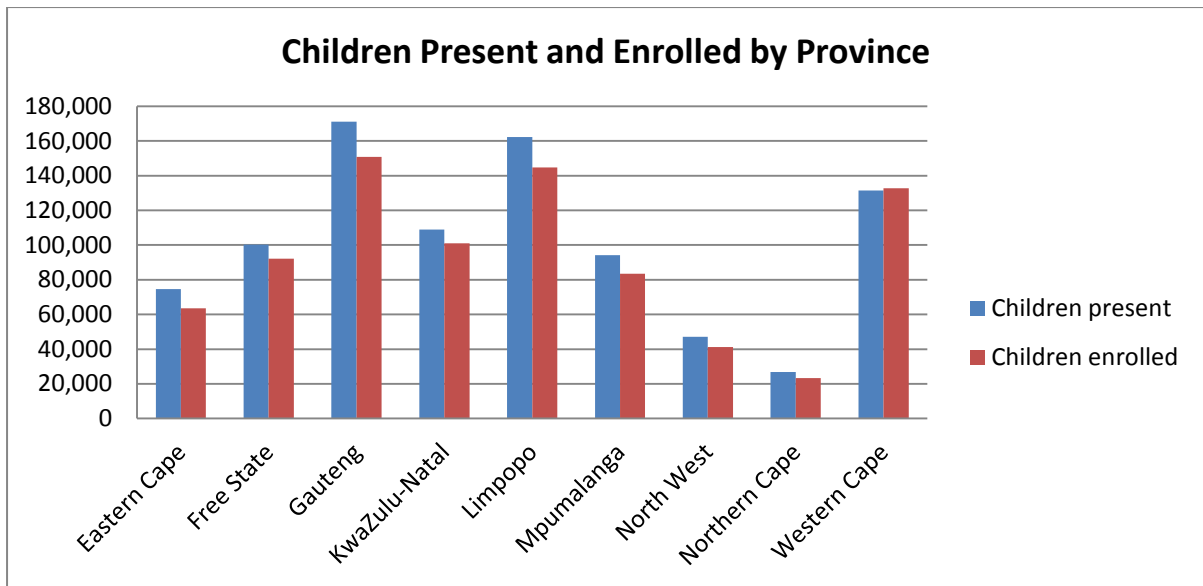


Figure 62: Comparison of number of children enrolled and number of children present

Disaggregating the number of children present on the day of the audit by age group shows that 12-13% of the children present are between the ages of 0 and 18 months regardless of registration status (Figure 63). The proportion of children between the ages of 19 months and 60 months ranges between 23-24%. Children over 60 months of age (i.e. Grade R level) are 11-12% of children in fully registered (11%) and unregistered (12%) centres but less in conditionally registered centres (8%). The most popular age group was 37-48 months comprising approximately 30% of all children present.

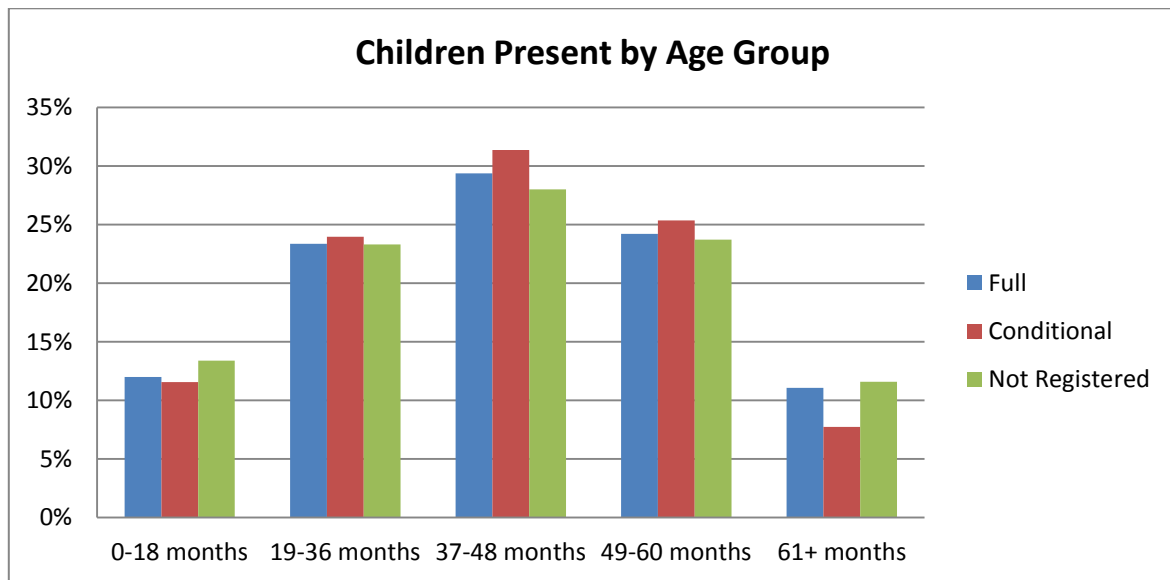


Figure 63: Children present on day of audit by age group

A provincial level analysis of the number of children present by age group demonstrates that the distribution of children across age groups within each province tends to be in line with the distribution at the national level. There are, however, some exceptions: centres in North West and Mpumalanga have proportionately less children in the 0 to 18 month age category, while

centres in Limpopo and KwaZulu-Natal proportionately do not have many children in the over 60 months age group.

The distribution of the number of children present on the day of the audit across the two gender groups (Male/Female) is roughly the same: 50.1% of children present are boys while 49.9% of children present are girls. This distribution is maintained across all registration statuses as well: as Figure 64 illustrates, the split between boys and girls across all registration statuses is roughly equal demonstrating there does not appear to be any gender bias in enrolment at ECD centres.

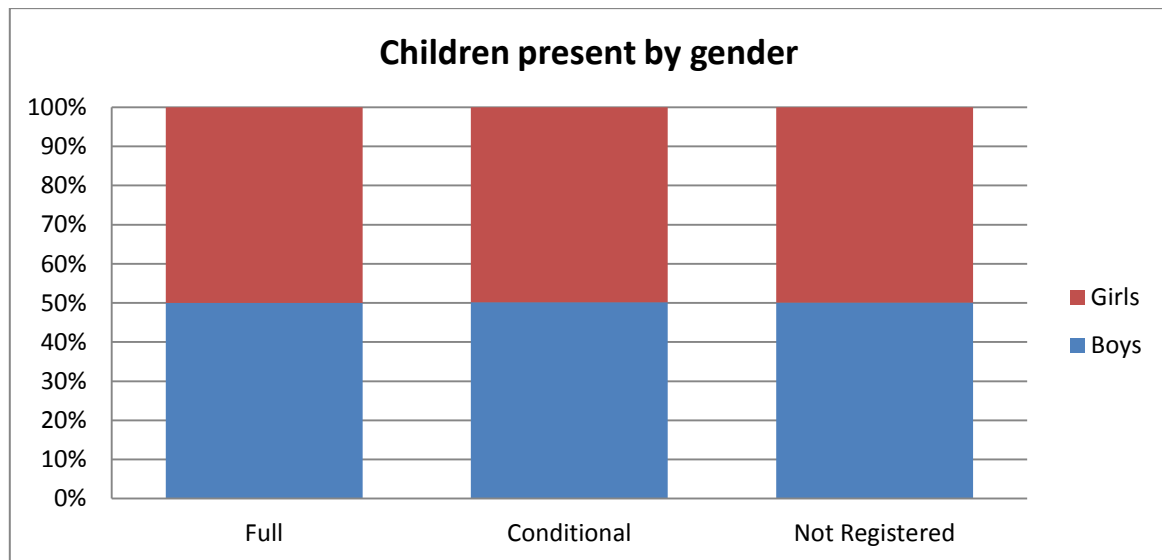


Figure 64: Children present by gender

Information was also collected on the population groups²⁰ in which children present on the day of the audit fall under. The predominant population group is Black African accounting for 85% of children in fully registered centres and 81% in unregistered centres. They account for greater proportion of children in conditionally registered centres (92%). The next most populous group is Coloured; however, only 10% of the total number of present children fall under this category; 10% of children in fully registered centres, 9% in unregistered centres, and half this level in conditionally registered centres (4%). White children form a greater percentage of children in unregistered centres (6%) than fully (3%) or conditionally (2%) registered centres. Foreign children or those of other groups account for 2% of children in unregistered centres. Indian/Asian and Foreign/Other children form less than 1% of children of any registration status.

²⁰ Reference to population groups is to illustrate statistical findings by race.

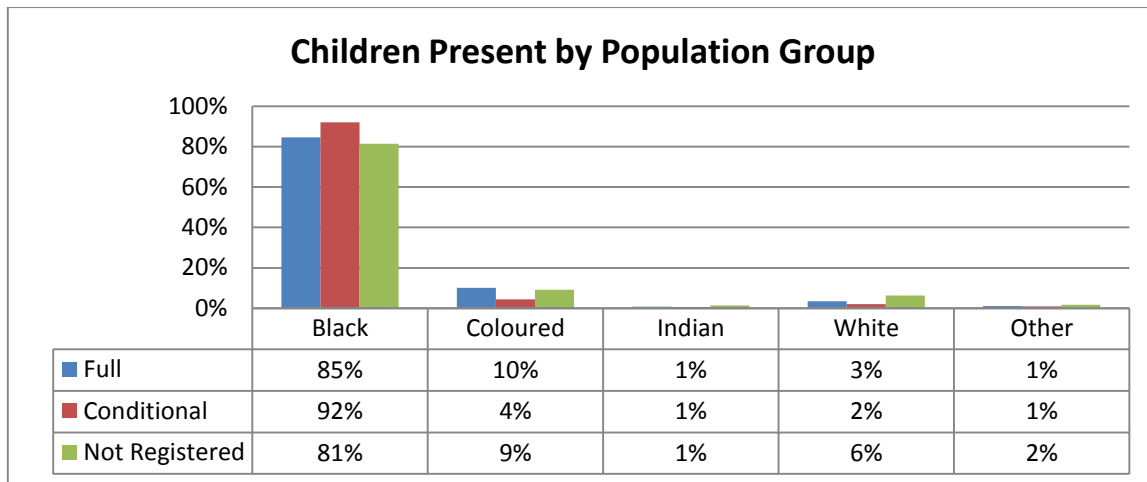


Figure 65: Children present by race in conditionally registered centres

The proportion of children present who are Black African across the nine provinces varies from 49% in the Western Cape to 96% in Limpopo and Mpumalanga. In both the Western Cape and the Northern Cape, Coloured children constitute a significant portion of the total number of children present at ECD centres on the day of the audit. The Western Cape along with Gauteng has the highest proportion of White children as well, while Indian/Asian children form the highest percentage of the total in KwaZulu-Natal forming 9% of children in unregistered centres yet only 1% in fully registered and practically non-existent in conditionally registered centres (0.3%). No other group shows such a large imbalance between registration statuses. White children are also disproportionately found in unregistered centres (6%) with nearly double the percentage of fully registered centres (4%) in most provinces. This implies that fully registered centres and unregistered centres may be fundamentally different in some aspects.

Birth certificates

Aside from questions related to the number of learners enrolled and present, ECD centres were also asked about other issues regarding the children at their centre such as whether ECD centres keep copies of the birth certificates of their learners. The birth certificates provide the correct age of the child and serves as one of the only legitimate sources of formal identification for a child.

A large number of ECD centres across all three registration statuses keep copies of birth certificates of their learners. The proportion of centres that keep such a document is highest in conditionally registered centres (96%) followed by fully registered centres (94%) with 84.5% of unregistered centres doing the same.

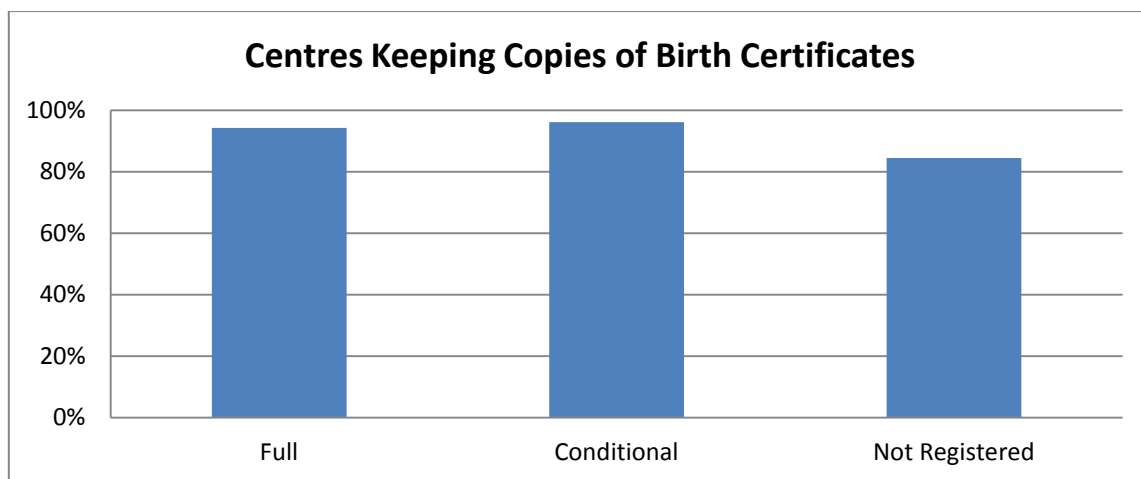


Figure 66: Birth certificates

Disaggregating this statistic across the provinces shows that the range of proportion of centres keeping their learners' birth certificate is between 89% in the Western Cape and 99% in Mpumalanga among fully registered centres; between 90% in the Western Cape and 98% in North West among conditionally registered centres; and between 74% in the Western Cape and 90% in the Northern Cape among unregistered centres. Centres in the Western Cape appear to have the lowest proclivity to keeping birth certificates of their learners; nevertheless, the proportion of centres keeping such a document even in the Western Cape is relatively high with the possible exception of unregistered centres.

Disability assessments and number of children with disabilities

ECD centres across the country were asked questions on disability assessments. In particular, they were queried on whether their learners were assessed for different types of disabilities or impairments by a professional and the total number of children with disabilities diagnosed with such impairments. Determining if children have disability is crucial for several reasons, with the most important being that children with disabilities require special care and potentially a specially formulated curriculum that accommodates their unique needs and allows them to develop to their full potential. Disability assessments are therefore critical in establishing the disability status of the learners, which in turn is critical in informing the type of curriculum and care that must be provided at centres. Caregivers may not have the resources available to have their child assessed independently.

Nine types of disability/impairments were asked about. These related to: learning, developmental delays, physical, visual, hearing, speech, and mental deficits, chronic illnesses, and behavioural challenges. ECD centres were also asked to provide information on the number of disabled learners they had within each of these specific disability categories. Some centres appear to have misunderstood the question and provided the number of children that were assessed. For example some centres had more than 30 children with visual disability/impairments. Because of this, centres where more than 10 children were diagnosed with a disability/impairment were excluded from these results.

The data collected indicates that the types of disabilities that are most commonly assessed at ECD centres are developmental delays and behavioural challenges. Developmental delays are

professionally assessed at 19% of fully registered centres and 16% of unregistered centres. Children are assessed for behavioural challenges at 20% of fully registered and 19% of unregistered centres. Mental disabilities are the least assessed type of disability among the surveyed centres though there may be some overlap with developmental delays; only 6%-7 % of the responding centres claim to have used a professional to assess their learners for mental disabilities. Most other disabilities are assessed for at 10%-15% of centres. It is difficult to say how often these disability/impairments are assessed or the quality of these assessments.

Disaggregating by registration status reveals that fully registered centres are generally slightly better at ensuring that their learners are assessed for disabilities by professionals though the difference is generally 3% or less.

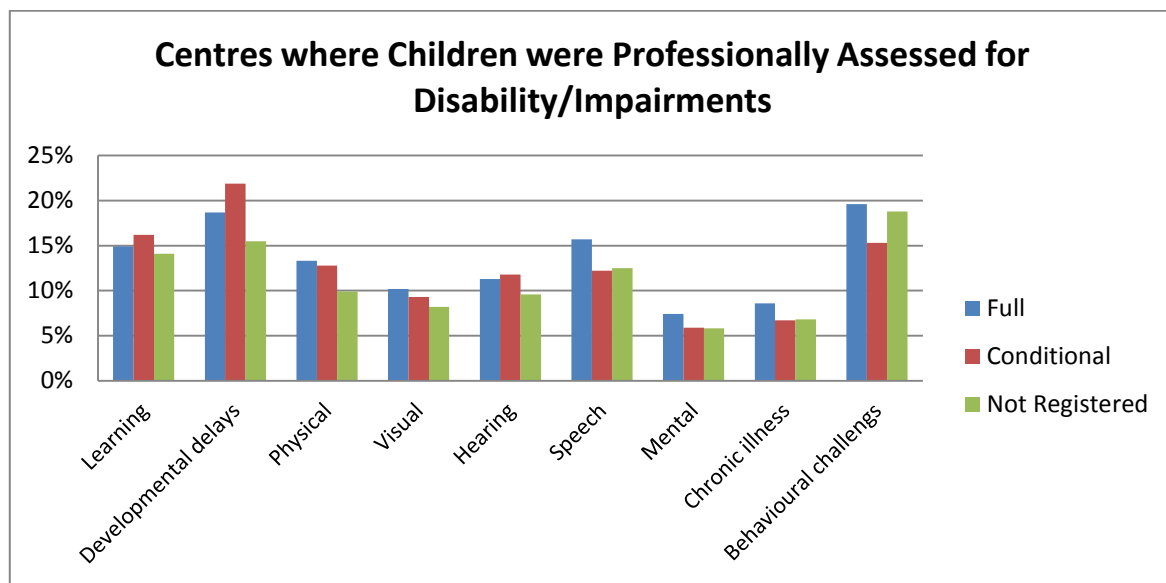


Figure 67: Disability assessment

A provincial level disaggregation of the data reveals certain trends as well. Fully registered centres in North West, for example, perform the poorest with regards to conducting assessments on learning disabilities, developmental delays, physical disabilities and speech-related disabilities. North West. Conversely, fully registered centres in Gauteng perform best in terms of conducting disability assessments. Centres in this province rank highest in terms of assessing for learning disabilities, hearing disabilities, speech-related disabilities, mental disabilities and chronic illnesses.

No one particular province appears to perform best in terms of disability assessments across a majority of the disability types at conditionally registered centres. As the figure below shows, conditionally registered centres in the Western Cape perform best with regards to assessing speech-related disabilities and chronic illness and conditionally registered centres in Gauteng perform best in terms of assessing visual and hearing disabilities. Across the remaining disability types different provinces appear to do better than others.

Like conditionally registered centres, unregistered centres in the Northern Cape perform poorest in disability assessments across a majority of the disability types on which questions were posed. Specifically, the Northern Cape have the lowest proportion of unregistered centres

conducting professional assessments for developmental delays, visual disabilities, hearing disabilities, speech-related disabilities and behavioural challenges.. Unregistered centres in Gauteng have the highest proportion of centres responding in the affirmative in four of the nine disability categories—visual disabilities, hearing disabilities, speech-related disabilities and mental disabilities—while unregistered centres in the Northern Cape perform best in terms of learning disabilities and chronic illness.

Behavioural challenges, developmental delays, and learning disabilities are the types of disabilities that are most commonly found in the ECD centres that were audited. As Figure 68 shows, there are over 2 000 learners across the nation in fully and unregistered centres that were diagnosed with behavioural challenges while over 1 000 learners in these categories of centres were diagnosed with learning disabilities and developmental delays. That the number of children with such types of disabilities is higher than the number of children with other disabilities is primarily a product of the fact that centres are more cognisant of conducting assessments for these disabilities than others. More generally, the number of children with disabilities with disabilities by type gleaned from the audit may not be reflective of the true number of children which such disabilities because of the paucity of disability assessments conducted by ECD centres across the nation. The severity of such disabilities can also not be accounted for by this audit. It is possible that visual disabilities include children who may need to wear corrective lenses (i.e. glasses).

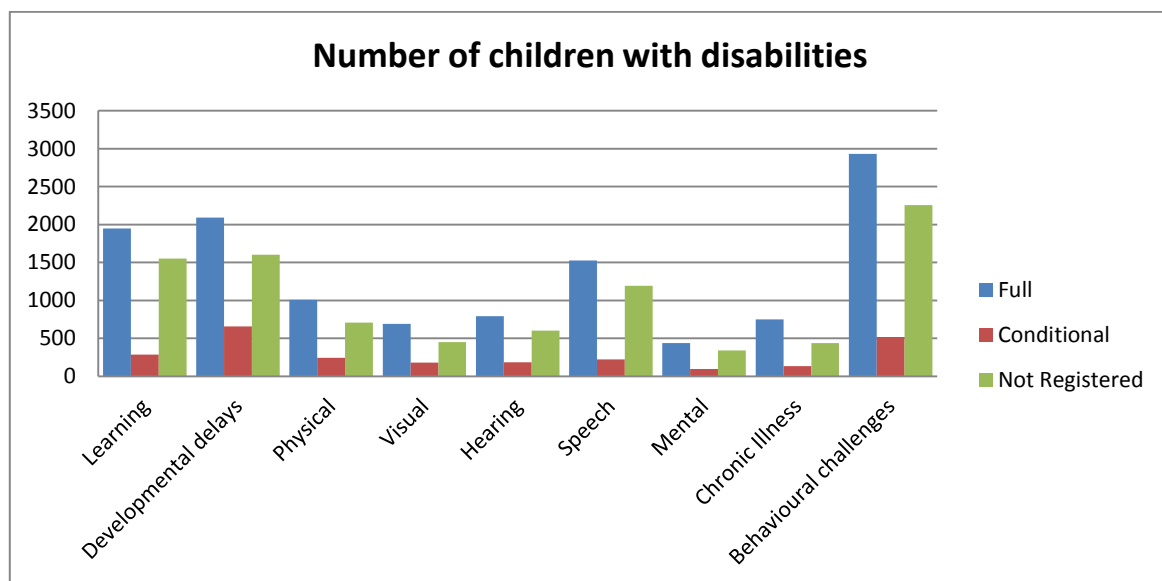


Figure 68: Children with disabilities

What is apparent from these results on disability assessment and number of children with disabilities is that ECD centres do not seem to emphasise assessing their learners for disabilities and this implies that the picture that the audit paints in terms of the number of children with disabilities by disability category is not complete. In no province across all nine disability types and registration statuses do more than half of centres claiming to have made use of the help of professionals to diagnose their children for disabilities. This may imply that there are children with undiagnosed disabilities, which implies that these children are not receiving the care they need. It must also be noted that disabilities can be assessed independently from the ECD

centres. This in turn could also imply that the curriculum and care have not been tailored to meet the special needs of some children.

Language

Aside from tailoring curriculums specific to the requirements of children with special needs, research shows that ECD care and education is more effective when the mother tongue or home language of the child is used for instruction. In terms of the Language in Education Policy (LiEP²¹) the use of home language should be maintained as the Language of Learning and Teaching (LOLT) especially in the early years, while providing access to an additional language(s). ECD centres were asked about the home language of their learners and the primary languages that are used for teaching purposes as well as for demographic purposes.

The distribution of the home language of learners at audited ECD centres across the nation roughly approximates the distribution of first language spoken at home by South Africans as per the 2011 census (Figure 69).²² Discrepancies between the two distributions—for example, with Afrikaans, IsiZulu, Sepedi or Sesotho—may be the product of difference in the sample size of ECD centres in the provinces. As the distribution of language is closely related to geographic factors no comparison across registration status or province is made in this report.

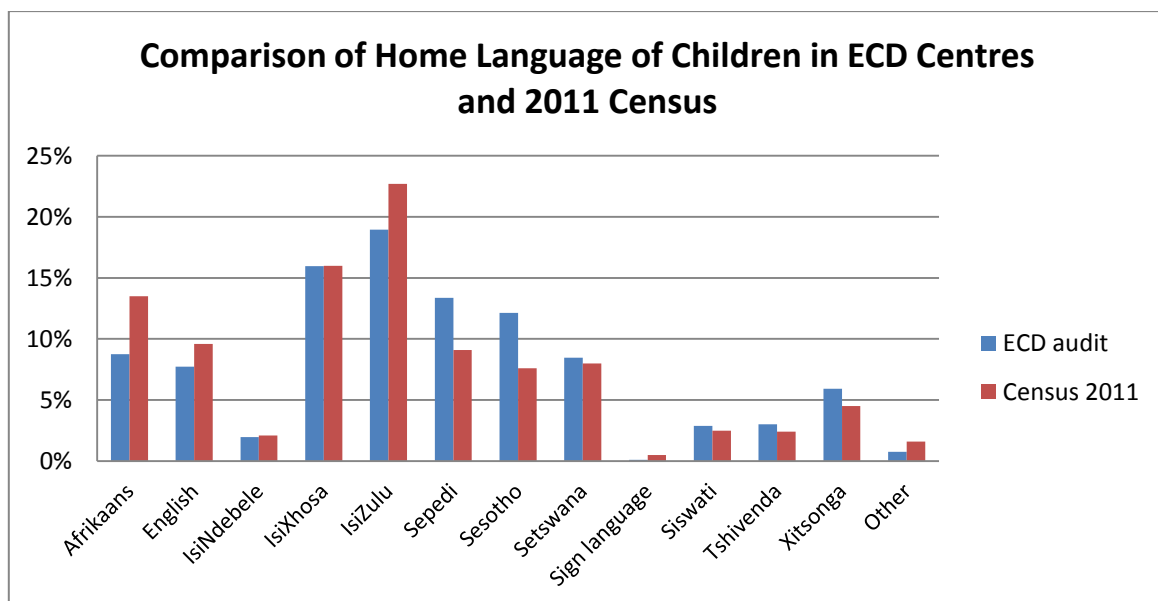


Figure 69: Home language

Analysis of the data on the home language of learners and the primary languages used for teaching at ECD centres across the nation suggests that centres seem to be cognisant of the importance of teaching in the mother tongue of the child. Centres likely also teach in the dominant language of the area as well as in English. The fact that English is used as one of the two main languages for teaching at ECD centres across the nation suggests that there is a great emphasis on ensuring that children learn English from a very young age. This could be because English is a cross-cutting language allowing people to communicate with other individuals from

²¹ <http://www.education.gov.za/LinkClick.aspx?fileticket=LlfRGMZxPRg%3d&tabid=422&mid=1261>

²² http://www.statssa.gov.za/Census2011/Products/Census_2011_Key_results.pdf

different linguistic backgrounds. It could also be because a command of English is seen as essential for actively participating in the South African and global economy.

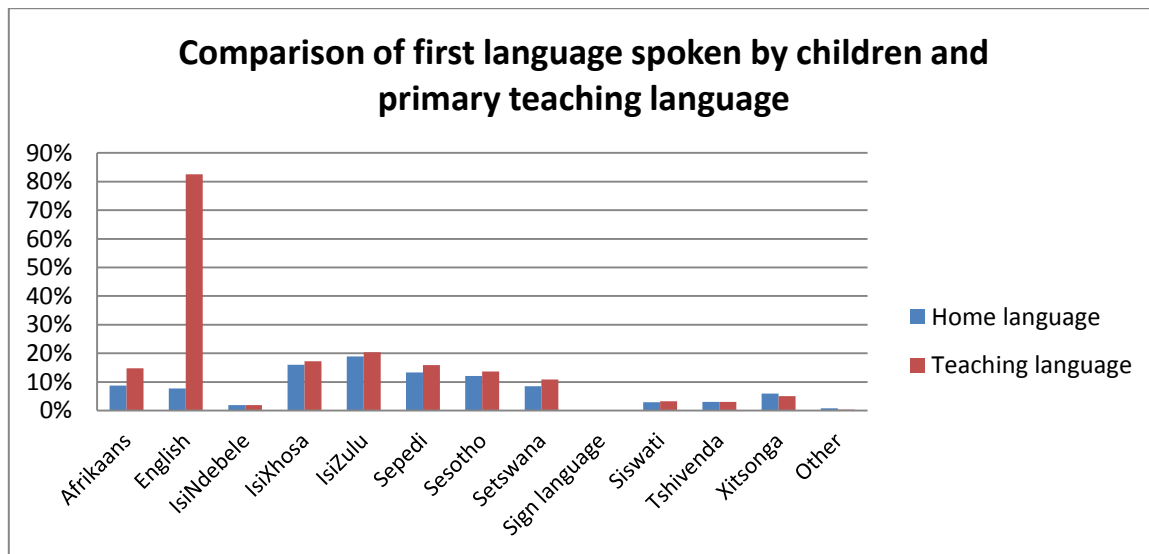


Figure 70: Home language and teaching language

4.4.2.2 Practitioners and Assistants

Practitioners and Assistant Practitioners play a crucial role in ensuring that children at ECD centres receive the necessary and appropriate care given their age, disability status, and other such characteristics. It is important to note, however, that it is not just the quality of teachers that determines type of care provided at a centre; the number of teachers available at any centre also plays a significant role in determining the quality of care provided to children at that facility. In order to investigate whether ECD centres have adequate teaching manpower available, questions were asked on the number of Practitioners and Assistant Practitioners available at the facility. Centres were also asked about the number of Practitioners and Assistant Practitioners present on the day of the audit.

Data collected during the audit shows that there are 66 759 practitioners and 21 983 assistant practitioners normally available at audited centres. Of these practitioners, 48% are based in centres that are fully registered; 11% are in centres that are conditionally registered; and 41% are in unregistered centres. Cumulatively, 59 857 practitioners were present at their ECD centres on the day of the audit. This implies that the absenteeism rate 10% ranging from 12% in unregistered centres to 8% in conditionally registered centres though it possible these positions are currently unfilled. School holidays during the audit may have also attendance rates.

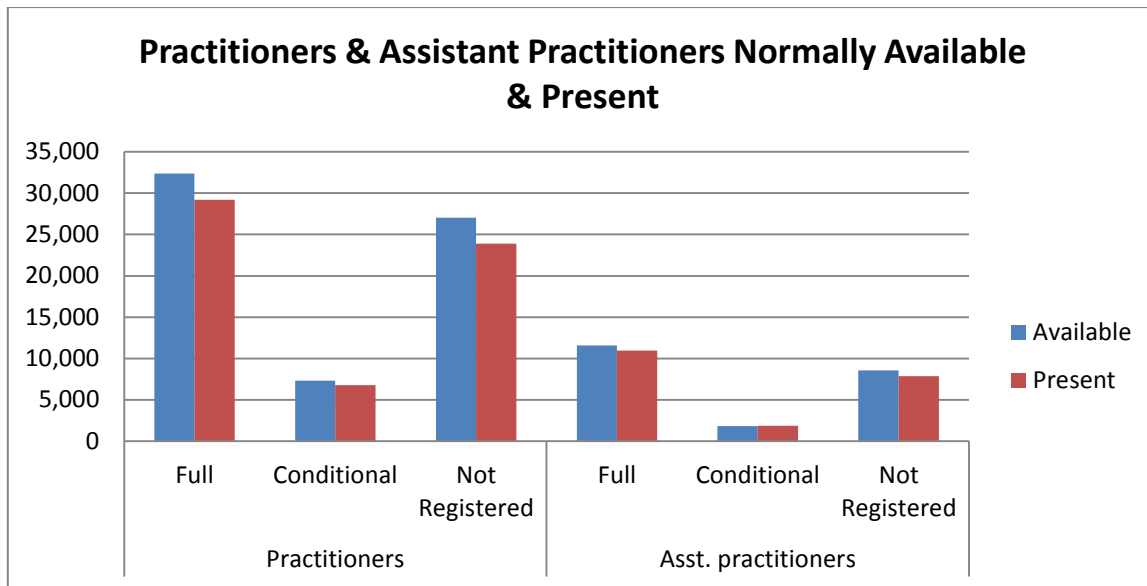


Figure 71: Presence and availability of teachers

Disaggregating the statistic by the age group of learners shows that the greatest number of teachers is available for children between the ages of 19 and 48 months accounting for 24% of each age group in all registration statuses. Approximately 20-22% of practitioners are responsible for the children under 18 months and between 49-60 months in all registration statuses. Grade R level practitioners account for 9-11% of total practitioners regardless of registration status likely due to a lower number of centres offering Grade R. It should be noted there may be some overlap in these figures with practitioners and or assistants being responsible for multiple age groups.

Snap-shot absenteeism rates computed at the provincial level suggest that among fully registered centres, Mpumalanga suffers from the highest rate of absenteeism (39%), whereas the Free State has the lowest rate (13%). Among centres that are conditionally registered, snap-shot absenteeism rates are highest in Mpumalanga as well (63%). Similar calculations on data collected from unregistered centres show that snap-shot absenteeism is highest in North West (40%) and lowest in the Free State (14%). It is unclear why absenteeism is so high in some areas. Determining the number of teachers present also helps in determining the children-to-teacher ratio which, as research shows, is a key determinant of the quality of care and education provided to children at ECD facilities as well as other educational institutions. To calculate the learner-practitioner ratios the number of children per age group on the day of the audit was divided by the number of practitioners and assistant practitioners present on the day of the audit. In general learner-practitioner ratios are lowest for 0-18 month olds and Grade R learners (over 60 months). They are also lower among unregistered centres. The learner-practitioner ratio is 7:1 learners to practitioner/assistant practitioner at both fully and conditionally registered centres and 6.5:1 among unregistered centres. For children 19-36 months, the ratio is 12:1 at registered centres and 10:1 at unregistered centres. For children 37-48 months and 49-60 months, it is 15:1 among fully registered centres for each respective age group. The corresponding ratios are and 12:1 at unregistered centres. For Grade R, the ratio is 8:1 at fully registered centres and 6:1 at unregistered centres.

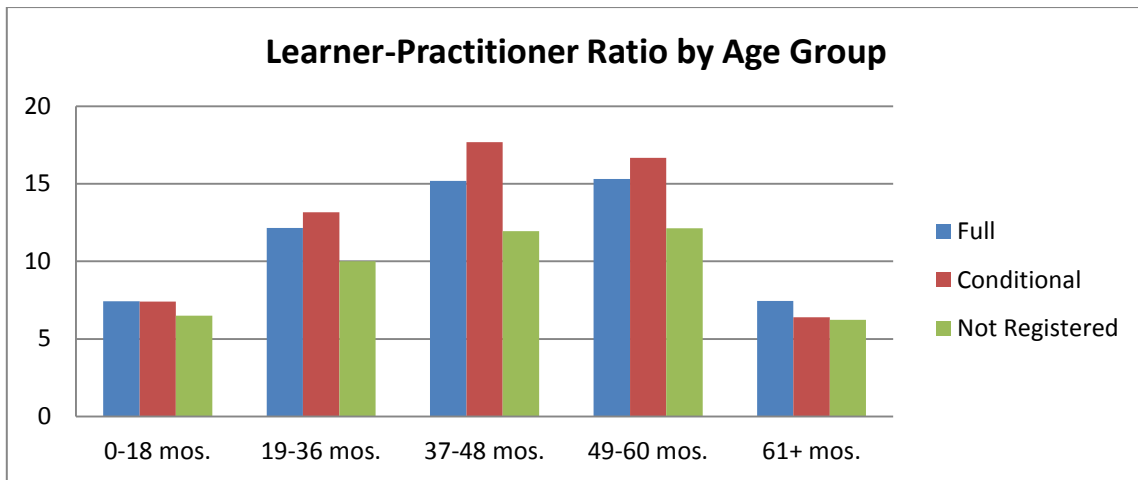


Figure 72: Learner-Practitioner ratio by age group

Computing the children-to-teacher ratio disaggregated by province shows that among the nine provinces, centres in the Eastern Cape boast the lowest average ratio (8:1) while centres in North West have the highest ratio (14:1). Aside from the Eastern Cape, three other provinces have overall children-to-teacher ratios that are below 10 children to a teacher; they are Gauteng, KwaZulu-Natal and the Western Cape.

Further disaggregation based on the registration status of ECD centres shows that centres that are not registered tend to have the lowest children-to-teacher ratios. There is, however, an exception to this: conditionally registered centres in the Eastern Cape, for example, have a lower children-to-teacher ratio than unregistered centres as well as fully registered centres. It is important to note that conditionally registered centres in Mpumalanga, North West, and the Northern Cape have relatively high children-to-teacher ratios. In such centres in Mpumalanga, there are 18 children for every one teacher; in North West, the same ratio is 16:1 while in the Northern Cape, the ratio is 18:1.

The map (Figure 73) shows children-to-teacher ratios for all provinces. It also demonstrates that the ratios vary substantially by district municipality, ranging from fewer than 5 to 65 per practitioner based on audit findings.

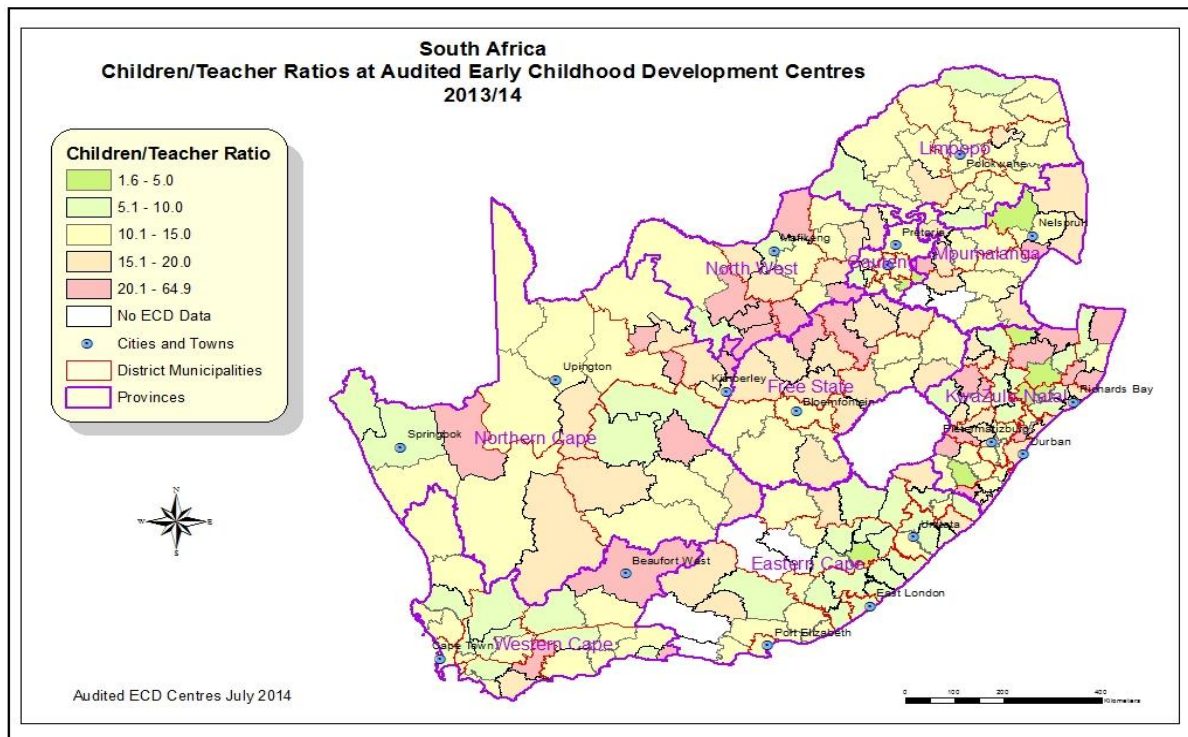


Figure 73: Average number of children per teacher at ECD centres

4.4.3 Concluding remarks

Of the results presented in this section, three are most significant. The first is that the number of children present on the day of the audit is just over 10% higher than the number of children enrolled at ECD centres. While the reasons for this phenomenon are not clear, the implication is: ECD centres likely have to overstretch their resources in order to provide care to children in their centres, despite fees and subsidies received. The consequence of this sort of overstretching of resources is that the quality of care and learning provided to children may be compromised, which in turn will negatively impact the growth and development of the learners.

The second significant result is that the number of centres where professional assessments of children for disability/impairments is relatively low across all disability types. This could be indicative of the fact that centres are not aware of the importance of conducting disability assessments or that they do not have the resources to arrange such assessments. Nonetheless, it is possible that such a lack of assessments may have a profound impact on the development of children with disabilities in centres for children whose disability/impairments remain undiagnosed. It is also possible that assessments are being done by a professional while children are with the caregiver. This puts the responsibility on the caregiver who may not regularly take the child for check-ups or being able to afford the expense of these.

The third significant result is that conditionally registered centres in Mpumalanga and North West have a relatively high children-to-teacher ratio. This could imply that the quality of care being provided at these centres is compromised and makes effective supervision of children more difficult. Further investigations would need to be done in order to determine the reason for the relatively high children-to-teacher ratio and what can be done in order to achieve and acceptable ratio. With regards to maintaining a low children-to-teacher ratio, it may also be

worth investigating what steps are being taken by centres in the Eastern Cape; this is because audited centres across all registration statuses in this province maintained a ratio between 5:1 and 8:1.

4.4.4 Recommendations: Children

Based on the results presented in this section, four recommendations are posited below in no particular order of priority.

1. The DSD may want to conduct further investigations into the reasons why ECD centres appear to provide care and learning to a greater number of children than are officially enrolled. Furthermore, the investigations must also look into the impact this is having in terms of resource overstretching at ECD centres and the effect of this on the quality of care and learning provided. One potential solution is providing subsidies to all children at the centre; alternatively, the DSD could potentially increase the current subsidy amount being provided to enrolled children.
2. In terms of the Language in Education Policy (LiEP), the use of home language should be maintained as the Language of Learning and Teaching (LOLT) especially in the early years, while providing access to an additional language(s). Younger should therefore preferably be educated in their home language. This place an obligation on ECD centres to determine the home language of every child and to promote language development. A guideline to ECD practitioners and parents/caregivers to better understand their role in laying a strong foundation for learning through the home language should be considered.
3. Further investigations must be conducted on the relatively high children-to-teacher ratios in conditionally registered centres in Mpumalanga, North West, and the Northern Cape. Measures must be put in place to ensure that the ratio of children to teachers is reduced in these centres. Downward pressure on the ratio must be applied across all ECD centres too, which means that policies need to be promulgated and programmes must be implemented to train more practitioners and assistants.
4. Rates of either absenteeism or unfilled position also need to be investigated to ensure that minimal positions are unfilled during operating hours. The reason for absences must also be investigated.

4.5 ECD Service Audit: ECD Programmes

4.5.1 Introductory remarks

In order to reduce inequalities within education, it is imperative that ECD programmes should provide teaching curricula and learning environments that adequately prepare all children for formal schooling. The audit on ECD programming aimed to determine the extent of the curricula and learning assessments used in pre-Grade R and Grade R learning programmes.

Several questions were asked regarding the quality and types of curriculum provided at both levels. Specifically, questions were asked on whether centres had a structured learning programme, whether they were following it on the day of the audit, whether they assessed their learners regularly, and if so, what methods of assessment they used. ECD centres were also asked about their interaction with their learners' parents and or guardians and if they had intervention programmes in place to assist children with disabilities. Furthermore, centres were asked about the variety, quality, and quantity of different types of learner teacher support materials available.

4.5.2 Audit Findings

Pre-grade R children

In order to determine the quality of the pre-Grade R curriculum, ECD centres were asked whether the curriculum and or learning programme have been registered and or approved by the Department of Basic Education (DBE). High levels of curriculum approval would be expected to be associated with a high quality of teaching at ECD centres. Of fully registered ECD centres, 62% have had their pre-Grade R curriculum approved by the DBE while conditionally registered centres have a slightly higher rate (68%). Unregistered centres have the lowest percentage of centres with pre-Grade R curricula approved by the DBE (42%).

In terms of fully registered centres, Limpopo (81%) has the highest proportion of centres with pre-Grade R curriculum approved by the DBE while the Northern Cape (42%) has the lowest percentage of ECD centres with approved curriculums. Limpopo also has the largest proportion of conditionally registered centres with curriculums approved by the DBE (83%) while it is considerably lower in KwaZulu-Natal (45%) and the Western Cape (46%). With regards to unregistered ECD centres, the Eastern Cape has the highest percentage of centres with approved curriculums at 50% with similar rates in Limpopo (48%), Gauteng (48%), and the Free State (48%). The Western Cape has the lowest percentage at 29% just below the Northern Cape (30%).

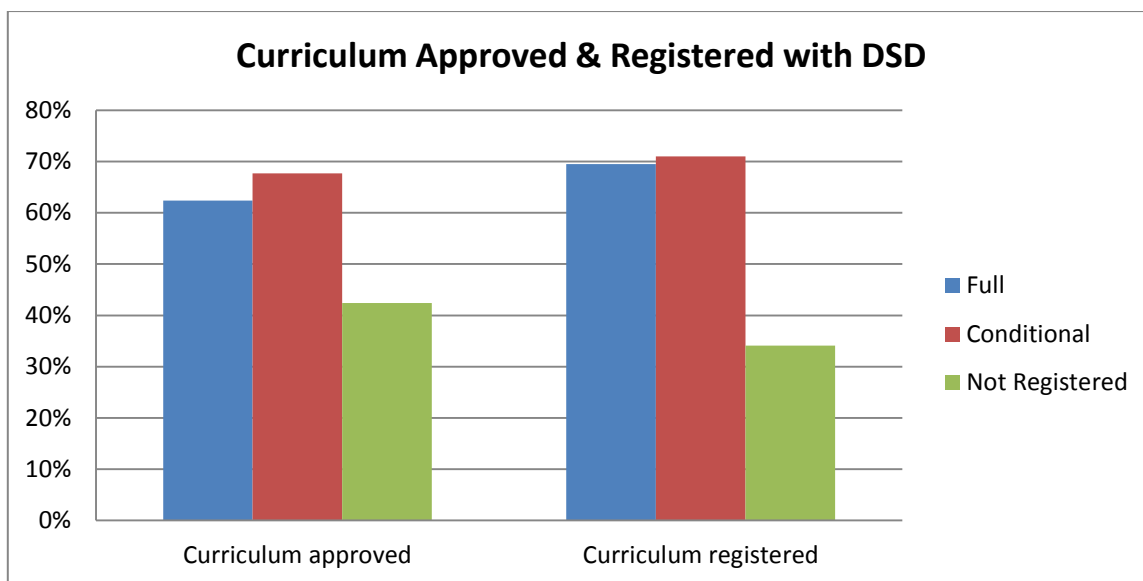


Figure 74: Pre-grade R curriculum approved by and registered with DBE

The question on the registration of pre-Grade R curriculum with the DSD in collaboration with the DBE is important to gain an understanding of the extent to which centres follow a specific curriculum and the prominence or selection of a specific curriculum by the ECD centres to educate its learners. This not only contributes to quality education but may also propel the ECD learning programmes towards standardisation. The pre-Grade R curriculum is registered in around 70% of both fully registered centres (70%) and conditionally registered centres (71%) while 34% of unregistered centres have registered their curriculum.

Limpopo performs the best in these curriculum-based indicators: not only do 81% of fully registered centres in the province have approved curriculums but 81% also have their teaching programme registered with the DSD. The Northern Cape has the lowest percentage of centres which have registered their learning programme (51%). Of conditionally registered centres, 82% in Limpopo have registered their curriculum while the rate is 45% in North West. The Eastern Cape has the largest proportion of unregistered centres with registered curricula (43%) in contrast to the Northern Cape which has the smallest proportion (22%).

Similar trends in curriculum approval and curriculum registration suggest a positive correlation between the two variables. Further exploration of this link could prove beneficial in improving rates of curriculum approval in ECD centres.

There are various types of pre-Grade R curriculum and learning programmes which can be provided by ECD centres. Centres were asked about the presence of the following learning programmes as they were believed to be the most popular: Montessori, Waldorf, and Reggio Emilia. Centres were also given an option for "Own" and "Other". Most ECD centres tend to use their own curriculum and programmes and this is reported in 71% of fully registered centres, 68% of conditionally registered centres, and 76% of unregistered centres. "Other" curricula show a high frequency of use in ECD centres with rates of 19% in fully registered centres, 22% in conditionally registered centres, and 16% in unregistered centres. These "Other" curricula may have been developed by other learning institutions not listed above or by NGOs.

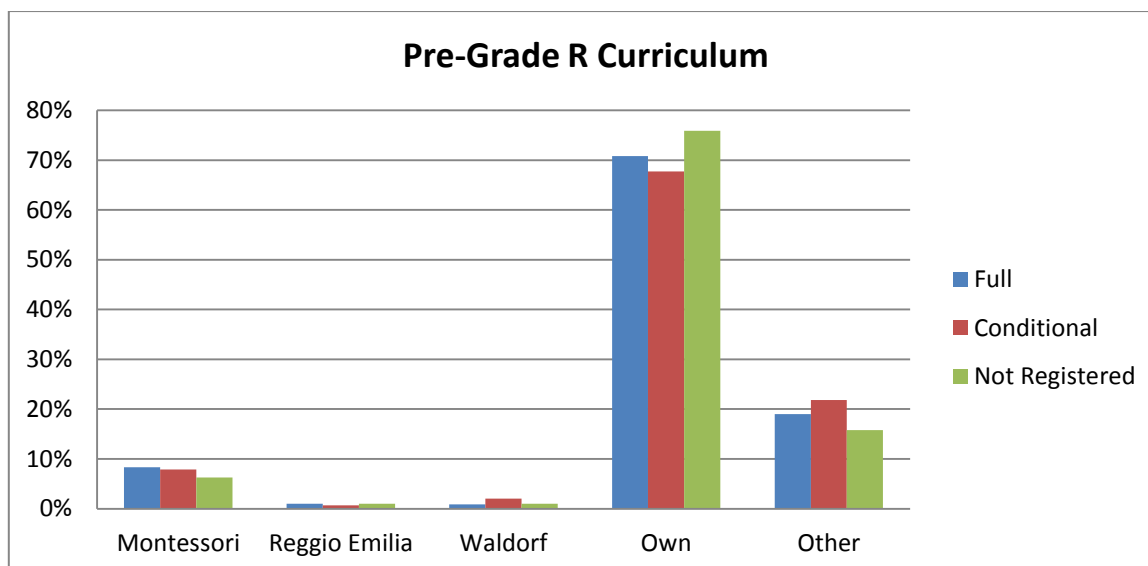


Figure 75: Pre-grade R type of curriculum

The Montessori curriculum is the third most prevalent answer given and the most popular of the listed programmes with its use ranging from 8% of fully and conditionally registered centres, and 6% of unregistered centres. The Waldorf curriculum has a low prevalence across all registration statuses with use in 1% of all centres though slightly higher in conditionally registered centres (2%). The Reggio Emilia curriculum is also relatively rare with use in 1% of all centres regardless of registration status.

The Northern Cape (80%) and the Eastern Cape (80%) have the highest proportion of fully registered centres that use their own curriculum with levels over 60% in all provinces. In terms of conditionally registered centres, the Eastern Cape has the highest rate (88%) with more than 60% of centres in all provinces apart from Mpumalanga (39%).²³ the Northern Cape has the highest rate among unregistered centres (89%) with a low of 69% in Mpumalanga,. The Montessori programme is most common in North West where 15% of fully registered centres and 14% of unregistered centres follow it though Gauteng has the highest rate among conditional registered centres (18%).²⁴ Regarding “Other” programmes, Gauteng (28%) has the highest proportion of fully registered centres using such curriculums while the Northern Cape has the largest proportion of centres in the same category among unregistered centres (89%).

This suggests there is a variety in the teaching curriculum even within registered ECD centres where most ECD centres following their “Own” or “Other” pre-Grade R curriculum. This makes it difficult to assess the quality of curricula and teaching within ECD centres as they were not asked to elaborate in detail on what their own curriculum entailed. Further research is needed to gauge the quality of “Own” and “Other” curricula in particular.

²³ The Northern Cape is also below (44.4%) though the limited number of conditional centres (9) does not merit its inclusion in the discussion.

²⁴ The Northern Cape has the highest rate (22.2%) though the limited number of conditional centres (9) does not merit its inclusion in the discussion.

One way to estimate the quality of the “Own” and “Other” curriculums is to investigate if centres are aware of and following the National Early Learning Development Standards (NELDS). The findings indicate that the NELDS is followed in 80% of both fully registered and conditionally registered ECD centres. Unregistered centres (61%) were less likely to follow NELDS.

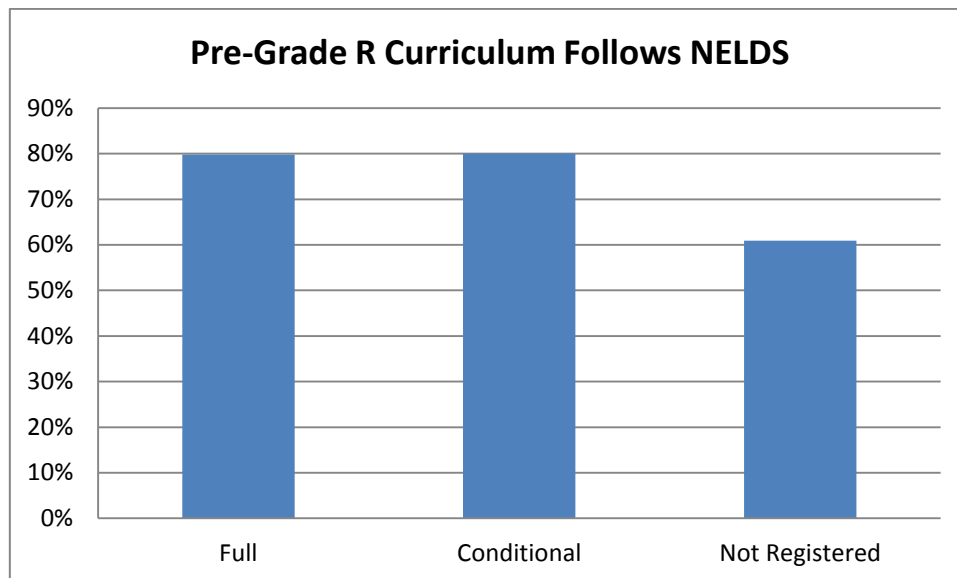


Figure 76: Pre-grade R curriculum follows NELDS

A total of 87% of fully registered centres in Gauteng follow NELDS; this is the highest rate for fully registered centres while the lowest is 65% in the Northern Cape. As far as conditionally registered centres are concerned, Limpopo has the highest prevalence of centres following NELDS (90%) while the North West has the lowest (60%). The Eastern Cape has the highest rate among the unregistered ECD centres (75%) and the Northern Cape has the lowest (43%).

Themes provide an integrated approach to teaching and learning that help improve the understanding of early learners.²⁵ It also allows children to learn about a variety of topics and sets a framework for future learning. The audit indicates that 91% of fully registered ECD centres follow themes in their pre-Grade R learning programmes. Conditionally registered centres have similar rates (90%) followed by unregistered centres (77%).

²⁵ Rollins Hurley, S. & S. Blake. “Animals and Occupations: Why Theme-Based Curricula Work.” Early Childhood News. [Accessed 2014-07-15]. Available: http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=112

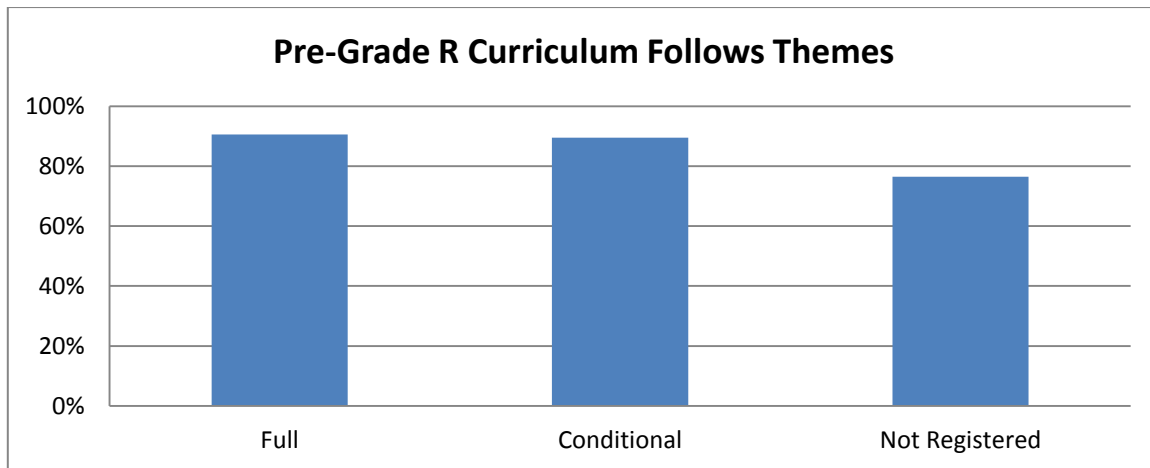


Figure 77: Pre-grade R curriculum follows themes

Structured learning programmes

ECD centres were asked to show evidence of a structured learning programme that provided for the holistic development of pre-Grade R children, either through it being displayed on a wall or in a book. In 84% of fully registered centres, evidence of a structured learning programme that provides for the holistic development of the pre-Grade R learners was seen. There is only a marginal difference compared to conditionally registered centres (83%) while 66% of unregistered centres have evidence of a structured learning programme.

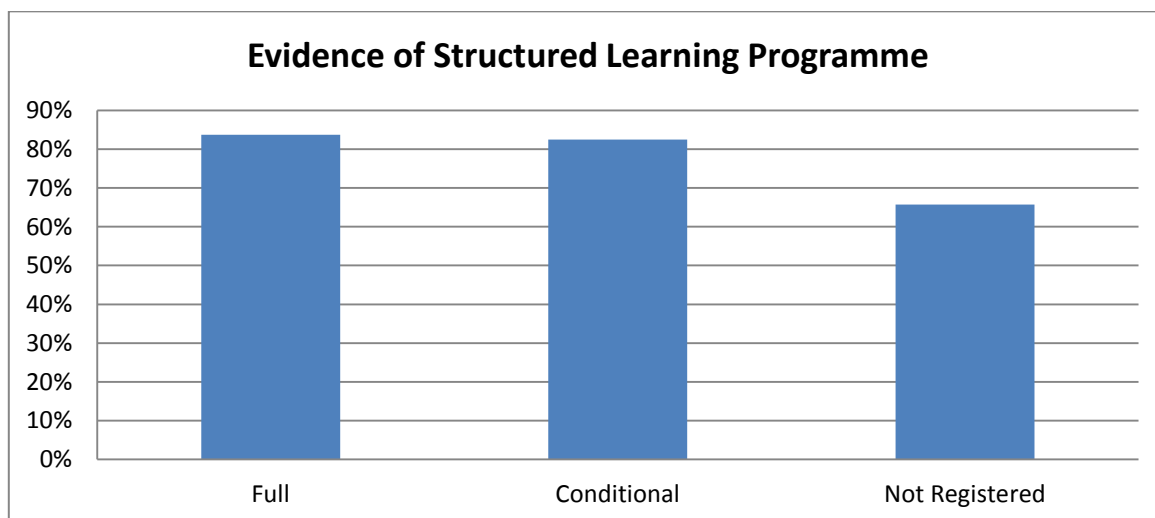


Figure 78: Pre-Grade R has structured learning programme

Evidence of a structured learning programme was most commonly seen among fully registered centres in Gauteng (89%), the Western Cape (87%), the Free State (86%), and the Eastern Cape (86%). Rates were lowest in the Northern Cape (74%) and North West (77%). The provinces with the lowest rates among conditionally registered centres are Gauteng (71%) and the Free State (74%) though they are the highest for fully registered centres suggesting inadequate curriculum may be preventing centres from achieving full registration in these provinces. The

highest rates for conditionally registered centres are in Limpopo (88%) and KwaZulu-Natal (85%). The lowest proportion of unregistered centres with evidence of a structured learning programme is found in the Northern Cape (47.5%). Limpopo (56.2%) and Mpumalanga (57.0%) also have rate well below the national average of 66%. Gauteng has the highest proportion of unregistered centres with evidence of a structured learning programme (76%) with other provinces within 5% of the national average.

Evidence of a structured weekly programme or book was found in 66% of fully registered centres being most prevalent in the Western Cape (78%) whilst KwaZulu-Natal had the highest proportion of centres without a weekly programme (35%). Among conditionally registered centres Limpopo (75%) has the largest proportion of centres that were able to provide evidence for their structured weekly programme. Just over half of unregistered centres in Gauteng (55%) have evidence of a weekly programme or book whilst a similar amount in Limpopo (54%) did not follow a weekly programme. The display of a daily programme was more common than the presence of a weekly programme or book and found in 85% of registered centres, 86% of conditionally registered centres, and 64% of unregistered centres. This may suggest that the programme may be relatively informal and lessons are prepared shortly in advance.

To determine if centres actually implement the programmes, enumerators were asked to record if a structured programme was being followed on the day of the audit. Evidence of programmes followed on the day of the audit for fully registered centres was found in the greatest proportion of those in Gauteng (85%), the Free State (85%), and the Western Cape (81%). The percentage of centres where the programme was not followed was highest in the Eastern Cape (19%), Mpumalanga (19%), and the Northern Cape (18%). Among conditionally registered centres, the Western Cape (82%) and Limpopo (79%) have the highest rates with the lowest rates in Mpumalanga (57%).

Evidence of following the learning programme on the day of the audit was less common at unregistered centres (57%) with Gauteng (65%) and the Western Cape (64%) having the highest rates. This was as low as 46% among unregistered centres in Limpopo. It is important to note that approximately 10% of centres claimed to be following the programme but no evidence was seen. These "Yes (no evidence)" responses were included in the results but omitted from the discussion. It is important to note that on the day of the audit, the programme may have been modified to accommodate the presence of the enumerator. It may therefore not represent the actual adherence rates to the learning programme. This may be especially true at smaller centres.

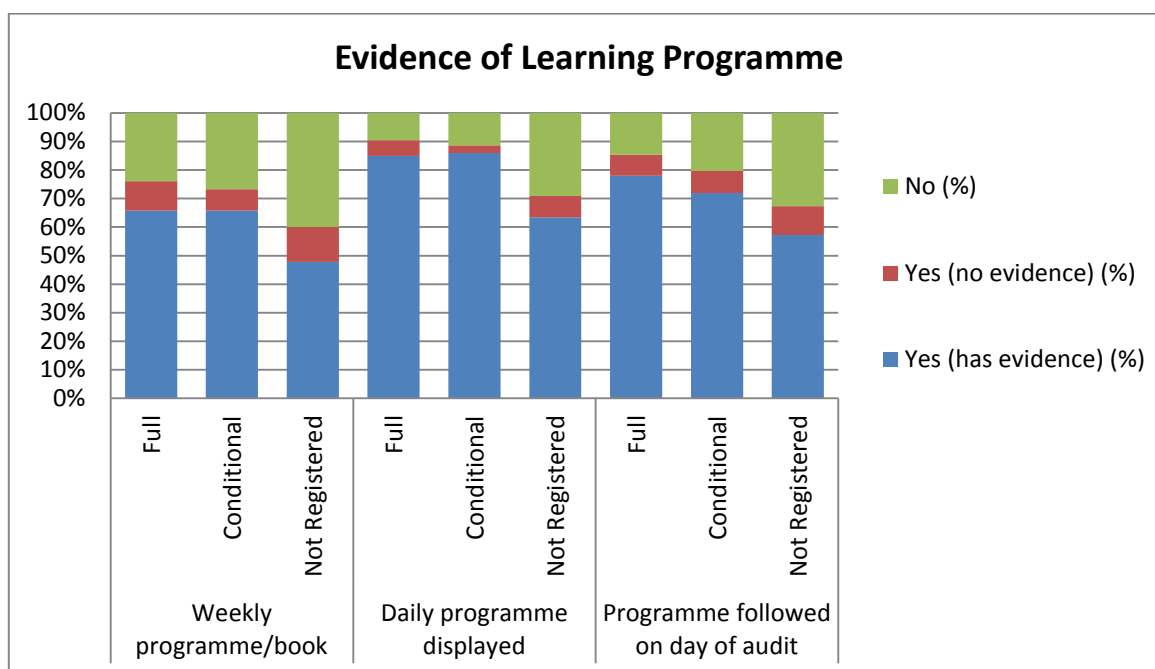


Figure 79: Pre-grade R: Programme

Most registered centres were able to provide evidence of daily programmes and programmes which were being followed the day of audit. However, these results should not be taken at face value as centres may have altered their daily programmes to accommodate the audit and so some results may not be a true reflection of centres' normal activities.

Assessment of learners in pre-Grade R

The audit also assessed the methods which are used by ECD centres to assess learning in pre-Grade R children. These methods are classified as: written, oral, observation, other methods and none. The various child assessments employed in ECD centres are necessary to ensure that children are learning and properly socialised. Centres were allowed to choose multiple assessment methods.

In terms of written assessments, 68% of ECD centres with full registration use written methods to assess pre-Grade R children. A slightly higher proportion of conditionally registered centres (71%) use written assessment methods. Unregistered centres are less inclined to perform written assessments with only 59% making use of this method of assessment.

Limpopo (72%), the Eastern Cape (72%), and Gauteng (72%) have the highest rate of fully registered centres which use written assessment methods and the Northern Cape (56%) and North West (57%) have the lowest rates. Three quarters of conditionally registered centres in Limpopo (75%) use written assessment methods and just under half in North West (47%). The province with the largest share of unregistered centres using written assessment methods is Gauteng (68%) while the Northern Cape (41%) has the lowest prevalence.

With regard to oral assessment methods, 68% of ECD centres with full registration and 69% of centres with conditional registration assess learning through oral methods. The prevalence of this assessment method in unregistered centres is slightly lower at 63%.

The Eastern Cape has the highest rate of fully registered centres which use oral assessment methods (79%) while the Northern Cape (55%) has the lowest proportion. KwaZulu-Natal (90%) has the highest proportion of conditionally registered centres using oral assessment methods; conversely, the Free State at 44% has the lowest share. The province with the highest rate of unregistered centres using oral assessment methods is the Eastern Cape (74) while the lowest rate is in the Northern Cape (47%)

With regard to assessing learning through observation, 72% of ECD centres with full registration and 74% with conditional registration assess pre-Grade R children learning through observation. Unregistered centres (62%) use observation to a lesser extent. Nationally, observational methods are most commonly used to assess pre-Grade R children.

Gauteng has the highest rate of fully registered centres which use observational assessment methods (79%) with no province being significantly below average. KwaZulu-Natal (85%) has the largest proportion of conditionally registered centres using observational assessment methods and the Eastern Cape (58%) has the lowest. The province with the highest proportion of unregistered centres using observational assessment methods is Gauteng (71%) and the province with the lowest is Limpopo (56%).

In 6% of ECD centres with full registration, 6% of with conditional registration and 13% unregistered centres no assessment of pre-Grade R learner's takes place.

Of fully registered centres, 10% in Mpumalanga do not use any method for assessment and with rates of less than 5% in the Eastern Cape (4%) and the North West (4%). Among conditionally registered centres, those in Gauteng are most likely to not assess learning (20%) while the Western Cape (4%) has the lowest percentage of centres with no assessment methods. The province with the largest proportion of unregistered centres not using any assessment methods is Mpumalanga (22%) and the lowest is the Eastern Cape (7%). The result that approximately 10% of fully registered centres in Mpumalanga do not perform any kind of learning assessments on pre-Grade R children is concerning.

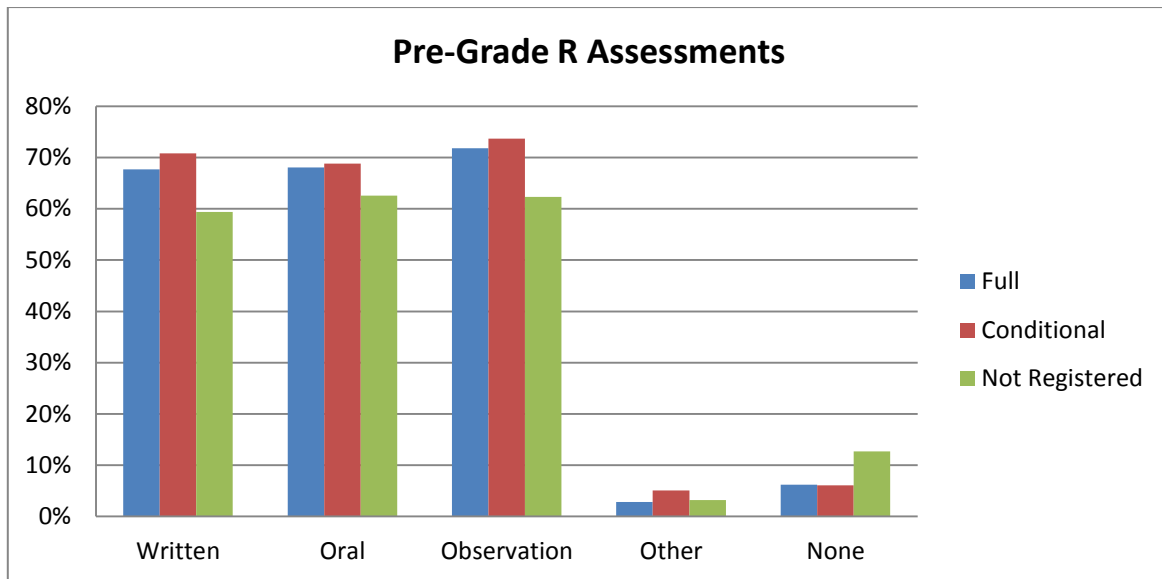


Figure 80: Pre-Grade R assessment types

The audit asked about the regularity of assessment of pre-Grade R learners. Centres were given the following options: daily, weekly, monthly, quarterly, annually, never, and at “other” intervals. Daily pre-Grade R assessments are carried out in 52% of fully registered centres, 34% of conditionally registered centres, and 49% of unregistered centres. The Northern Cape has the highest proportion of centres which carry out daily pre-Grade R assessments in both fully registered centres (79%) and unregistered centres (81%).

Weekly pre-Grade R assessments are carried out in 19% of centres regardless of registration status. The Eastern Cape (23%) has the highest proportion of centres which carry out weekly pre-Grade R assessments for fully registered centres and while it highest among conditionally registered centres in Mpumalanga (25%). A fifth of unregistered centres in Gauteng (21%) and KwaZulu-Natal (20%) carry out weekly assessments.

Monthly pre-Grade R assessments are carried out in 11% of fully registered centres, 10% of conditionally registered centres, and 9% of unregistered centres. The Western Cape (15%) has the largest share of centres which carry out monthly assessments for fully registered centres. The highest rates among conditionally registered and unregistered centres were the Eastern Cape (18%) and KwaZulu-Natal respectively.

Quarterly assessments at the pre-Grade R level are conducted by 11% of fully registered centres, 13% of conditionally registered centres, and 10% of unregistered centres. The Western Cape has the largest share of centres which carry out quarterly Pre-grade R assessments for all three registration statuses: fully registered centres (20%), conditionally registered centres (14%) and unregistered centres (20%).

Assessments are conducted annually in few centres: 1% of both fully and conditionally registered centres 2% of unregistered centres. Among fully registered centres, North West (3%) has the highest proportion of centres which carry out annual assessments. North West also has

the highest number of conditionally registered centres (5%) and unregistered centres (6%) which have only have annual assessments.

A total of 5% of both fully and conditionally registered centres and 2% of unregistered centres never perform any assessments of pre-Grade R learners. This is slightly less than the percentage of centres that report that they have no assessment method. Mpumalanga (6%), KwaZulu-Natal (6%), and North West (6%) have the highest proportion of centres with full registration which do not perform pre-Grade R assessments while North West also leads among unregistered centres (6%).

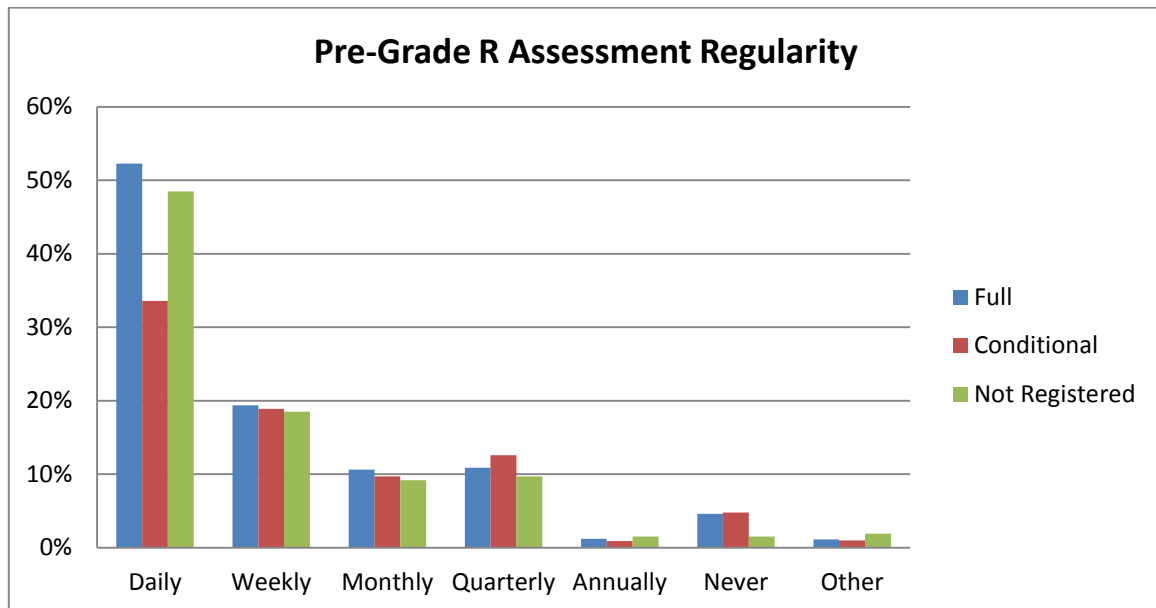


Figure 81: Pre-grade R assessment regularity

The majority of ECD centres have daily pre-Grade R assessments; this is followed by closely by monthly pre-Grade R assessments. The frequency of assessments in ECD centres is therefore relatively high, although the more frequently formal assessments are carried out, the less detail-oriented the assessments are likely to be.

Centres were asked whether the following assessment records were available: written observations, checklists, reports, children’s work, and profiles. Additional options were given for “other”, and “none”.

Written observations are kept by 62% of fully registered, 65% of conditionally registered, and 54% of unregistered centres. The Free State (71%) stands out as the province with the highest proportion of centres that keep written observations among fully registered centres with similarly high rates among conditionally registered centres in Limpopo (75%). The highest among unregistered centres is 66% in Gauteng. North West has the lowest proportion of centres keeping written observations across all registration statuses: 52%, of fully registered, 43% of conditionally registered, and 41% of unregistered centres keep such records.

Checklists showing proficiency in various skills are kept by 39% of fully registered, 40% of conditionally registered and 34% of unregistered centres. The Northern Cape (50%) has the

highest proportion of fully registered centres keeping check lists followed by Mpumalanga (48%), the Western Cape (48%), and Gauteng (47%). Rates are generally between 35-45% for other provinces and registrations statuses but are as low as 20% among unregistered centres in KwaZulu-Natal and registered centres in the Eastern Cape (22%). The Eastern Cape also has the poorest rate among conditionally registered centres (25%). Conditionally registered centres tend to have higher proportions of centres that keep checklists than unregistered centres with some exceptions.

Reports are kept by 53% of fully registered, 49% of conditionally registered and 43% of unregistered centres. More than 40% of all provinces have fully registered centres keeping reports with Gauteng having the highest rates in fully (66%) and conditionally (60%) registered centres, as well as unregistered centres (55%) the only province where more than half of unregistered centres do. The lowest rates among fully registered centres are found in the Eastern Cape (41%) and North West (41%). They are lowest in conditionally registered centres in the Eastern Cape (25%) followed by the Free State (38%) and Mpumalanga (39%) while Limpopo (33%) has this distinction among unregistered centres.

Profiles are kept by 47% of fully registered centres with a high of 54% in the Northern Cape, followed closely by Gauteng (53%), and the Western Cape (53%) while North West has the lowest rate (37%). Among conditionally registered centres, the national average is 46% led by Gauteng (53%) while Mpumalanga (32%) and the Eastern Cape (35%) are the only provinces with rates of less than 40%. Unregistered centres keep profiles in 36% of cases with a maximum of 44% in Gauteng while less than 30% of unregistered centres keep profiles in Limpopo (29%) and North West (29%).

Children's work is kept by 68% of fully registered centres with a maximum of 77% in North West and the Eastern Cape (77%). Those in Mpumalanga are least likely to keep children's work (58%). Among conditionally registered centres, 67% keep children's work with a significant range from 80% in KwaZulu-Natal to 47% in Mpumalanga. Of unregistered centres, 58% keep children's work with the highest rates in the Eastern Cape (66%) and the lowest rates seen in Mpumalanga (45%).

There are some centres that do not keep any assessment records. This is true of 7% of registered and 8% of conditionally registered centres with higher rates among unregistered centres (15%). Provinces with the highest rates of fully registered centres keeping no records are Mpumalanga (11%) and KwaZulu-Natal (10%). Other provinces ranges between 5-9% though North West is slightly lower (4%). Gauteng (19%) and the Free State (14%) are the only provinces with rates over 10% among conditionally registered centres with the Western Cape just under 5%. Unregistered centres keeping no assessment records are nearly double with every province above 10% with Mpumalanga (25%) and the Northern Cape (22%) more than twice that of Gauteng (10%) and North West (11%).

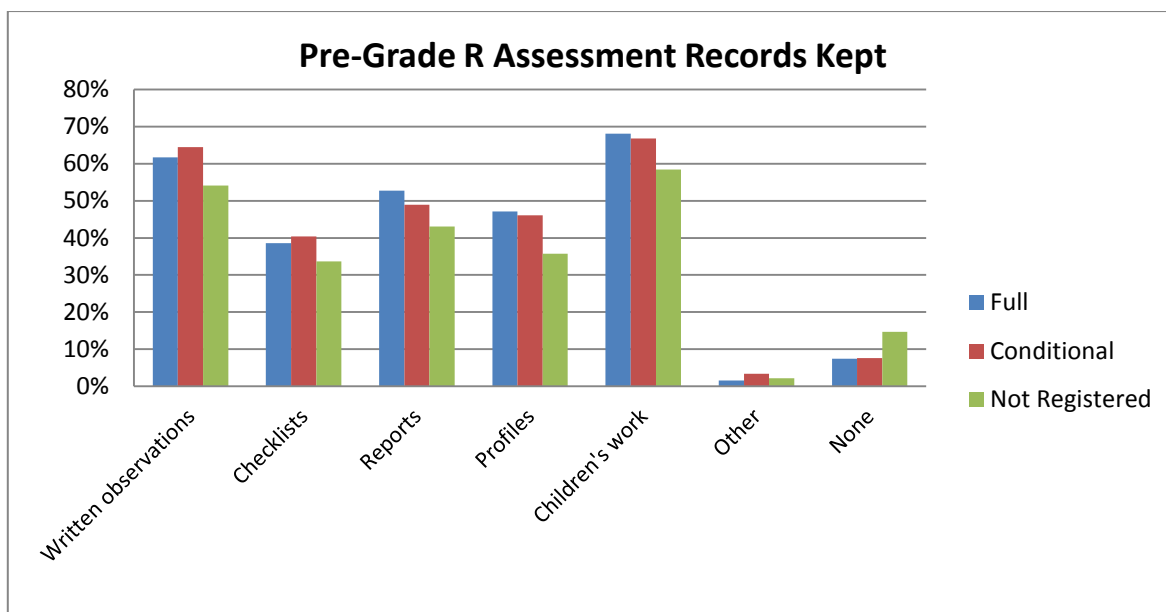


Figure 82: Pre-grade R type of assessment record kept

Grade R children

Audited centres were asked if they offered Grade R to learners in ECD centres. Grade R classes are offered in 39% of fully registered centres compared to 26% of conditionally registered centres, and 28% of unregistered centres (Figure 83). The following information excludes those ECD centres that do not have offer Grade R.

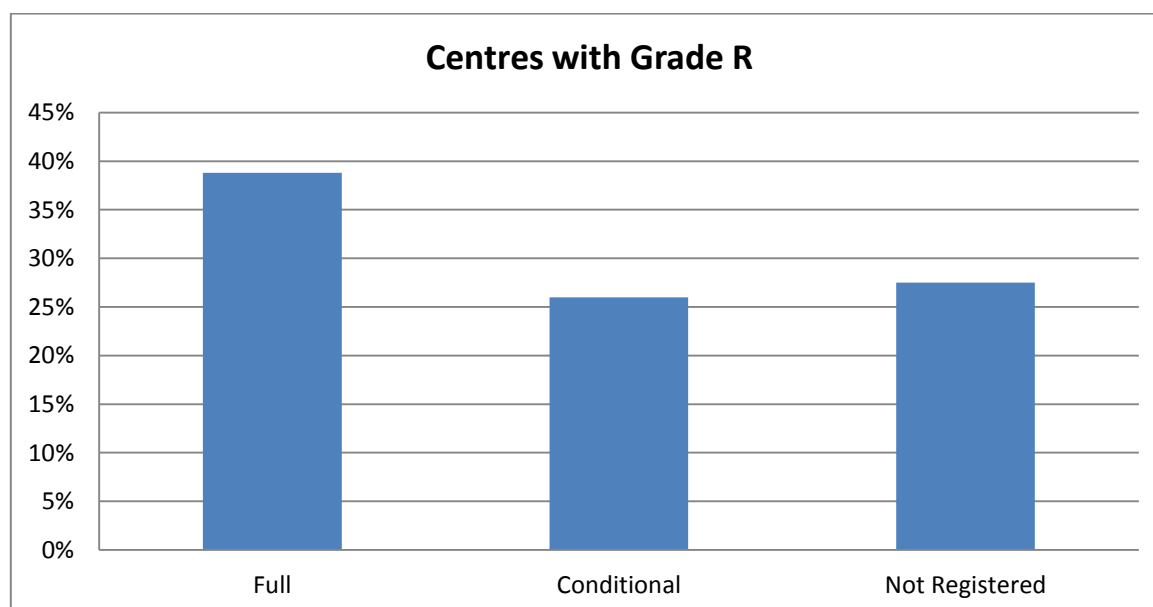


Figure 83: Has Grade R

The Free State has the highest proportion of fully registered centres that offer Grade R (65%) followed by Gauteng (61%). The Eastern Cape (12%) has the lowest proportion of fully

registered centres that have Grade R. Mpumalanga (61%) has the highest proportion of conditionally registered centres that offer Grade R whilst the lowest proportion is again in the Eastern Cape (11%). Gauteng has the largest proportion of unregistered centres with Grade R (44%) and Limpopo (9%) has the smallest proportion.

The numbers show that less than half of audited ECD centres offer Grade R. It is beneficial to children in ECD centres to enrol for Grade R in preparation for primary school education. It appears many children are attending Grade R in primary schools though it is possible that Grade R has poor coverage in some areas. This audit made no attempt to audit ECD centres that offered only Grade R and did not have any pre-Grade R aged children. Primary schools are therefore excluded from these results.

The audit investigated whether the ECD centres followed the National Curriculum Statement (NCS) or another curriculum (Figure 84). Most ECD centres use the NCS with 77% of cases in fully registered centres, 85% of conditionally registered centres, and 74% in unregistered centres.

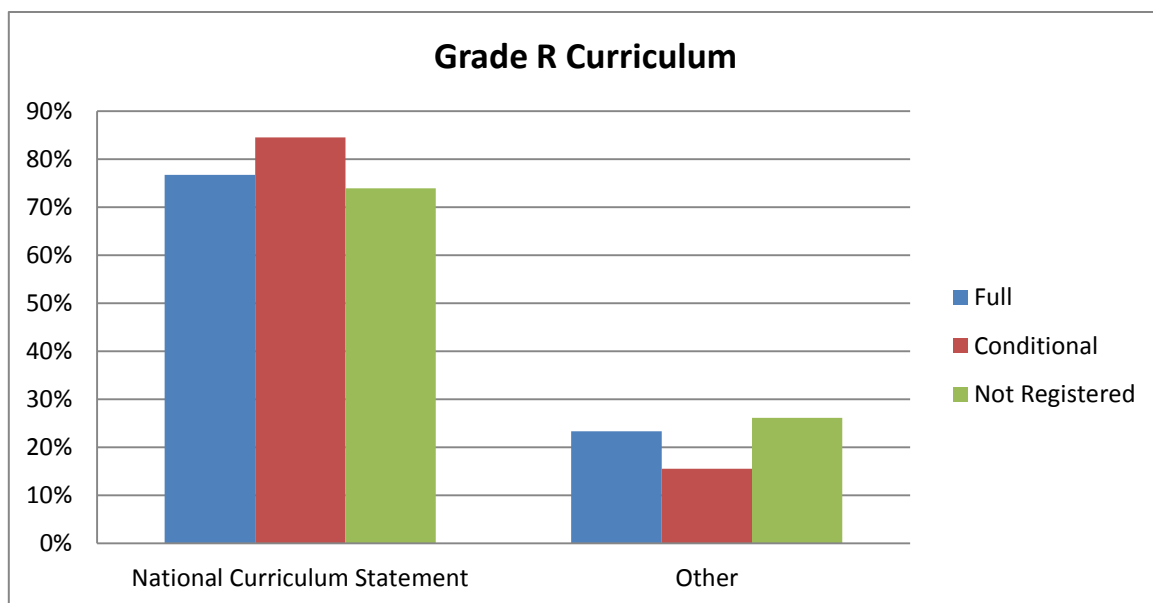


Figure 84: Grade R curriculum

Mpumalanga (85%) has the highest rate of fully registered centres providing Grade R that follow the NCS whilst Gauteng (67%) has the lowest rate. Among conditionally registered centres, Limpopo (95%) has the largest proportion of centres using the NCS and KwaZulu-Natal has the lowest (60%). In terms of unregistered centres, the Northern Cape (88%) has the highest proportion of centres using the NCS and KwaZulu-Natal has the lowest (64%).

From the results it can be seen that most centres follow the NCS where Grade R is provided. More should be done to ensure that all ECD centres offering Grade R use the National Curriculum Statement so that all young learners can be guaranteed to follow a curriculum designed to prepare them and give them the necessary skills and background for formal education in primary school. .

ECD centres with Grade R were asked to provide evidence of a structured learning programme that provides for the holistic development of Grade R learners. Specifically, they were asked whether there was a weekly programme/book and whether a daily programme was displayed. 92% of fully and conditionally registered centres have evidence of a structured learning programme (Figure 85).] The proportion of unregistered centres with such programmes or books is not much lower (84%).

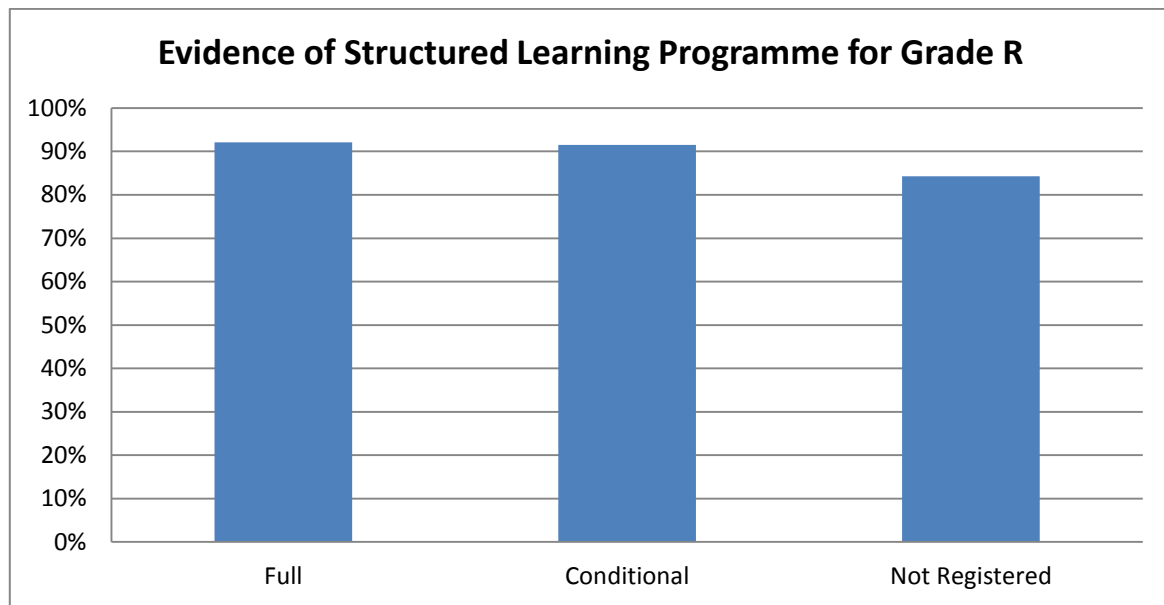


Figure 85: Grade R: Evidence of structured learning programme

Evidence of structured learning programmes in fully registered and conditionally registered centres were mostly seen in the Western Cape (Full 96%; Conditional 97%). Gauteng has the highest proportion of unregistered centres which have evidence of a structured learning programme (87%). The Eastern Cape (84%) has the lowest rate of fully registered centres with evidence of a structured learning programme whilst the Northern Cape (69%) has the lowest rate for unregistered centres.

Evidence of weekly programmes/books was relatively common and found in 76% of fully registered and 77% of conditionally registered centres and less common in unregistered centres (64%). Rates exceed 80% among fully registered centres in North West (85%) and the Western Cape (85%) and blow 70% only in KwaZulu-Natal (68%). Among unregistered centres, this ranged from a low of 53% in KwaZulu-Natal to a high of 68% in Gauteng, equal to the lowest rate found in registered centres.

Daily programmes are displayed in 88% of fully registered centres, 87% of conditionally registered centres, and 75% of unregistered centres with Grade R. Given that daily programme on display should be seen, evidence should exist. Centres claiming that the daily programme is on display without evidence are suspect although it is possible that the daily programme is usually on display but not on the day of the audit. North West has the highest proportion of fully registered centres with a daily programme displayed (92%) with very similar rates in the Free State (91%). Displayed daily programmes were in over 80% of registered centres in other

provinces. Among conditionally registered centres, near universal rates are found in KwaZulu-Natal (98%) while only half of conditionally registered centres in the Eastern Cape (54%) though it over 80% in most other provinces. Among unregistered centres, North West (87%) has the highest rate while the Eastern Cape (63%) has the lowest with Limpopo (68%), and the Northern Cape (69%) also below 70%.

The audit looked at whether these programmes were followed on the day of the audit and found that most centres, irrespective of their registration status were seen to be following the structured programme set for that day. Evidence was seen in 84% of fully registered centres, 78% of conditionally registered centres, and 71% of unregistered centres.

Evidence of programmes being followed on the day of the audit for fully registered centres was predominantly seen in the Free State (88%) and Gauteng (88%) which had the highest proportion of centres following the learning programme while rates were lowest in the Eastern Cape (67%), the Northern Cape (73%), and Limpopo (75%) with other provinces above 80%. Among conditionally registered centres, rates were highest in the Western Cape (93%) and KwaZulu-Natal (90%) while rates in Mpumalanga (50%) were lowest. In terms of unregistered centres, Gauteng (77%) has the highest percentage of centres following the programme on the day of the audit while the Eastern Cape (53%) and Limpopo (54%) have the lowest. It should be noted that the presence of the enumerator may have affected the activities of the centre. As this would have affected all centres, though perhaps smaller centres disproportionately, it shows that some centres likely do not always follow the programme or that programmes do not exist.

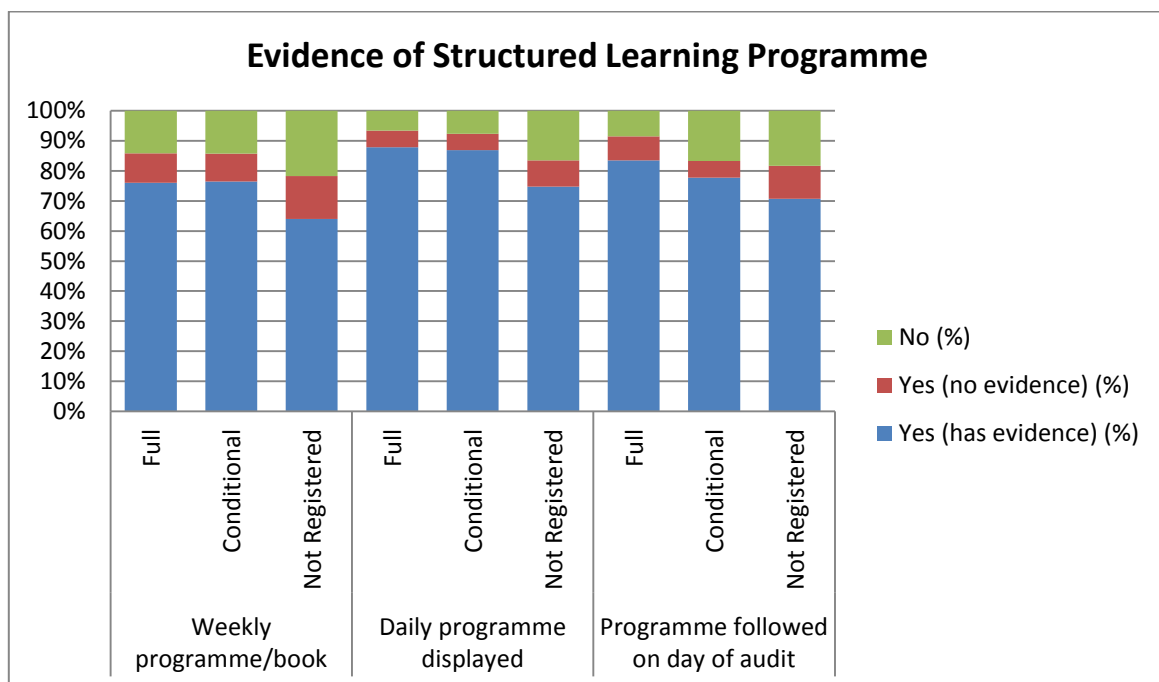


Figure 86: Grade R: Structured learning programme

Assessment of learners in Grade R

Audited ECD centres were also asked about the regularity of learning assessments of Grade R learners. Centres were given the following options for the regularity of assessments: daily, weekly, monthly, quarterly, annually, “never” or “other” (Figure 87). Most centres (over 55%) whether fully registered (57%), conditionally registered (60%), or unregistered (56%) carry out daily assessments in some form. Weekly assessments are conducted by 21% of fully registered centres, 20% of conditionally registered centres, and 21% of unregistered centres showing little variation across registration status. Fewer than 10% of fully registered (9%), conditionally registered (8%), or unregistered (10%) centres carry out monthly assessments as the most frequent interval. Quarterly assessments were conducted by 11% of centres in all registration status. A very small proportion of centres (less than 1% in most cases) reported that they assessed their learners annually or did not assess them at all.

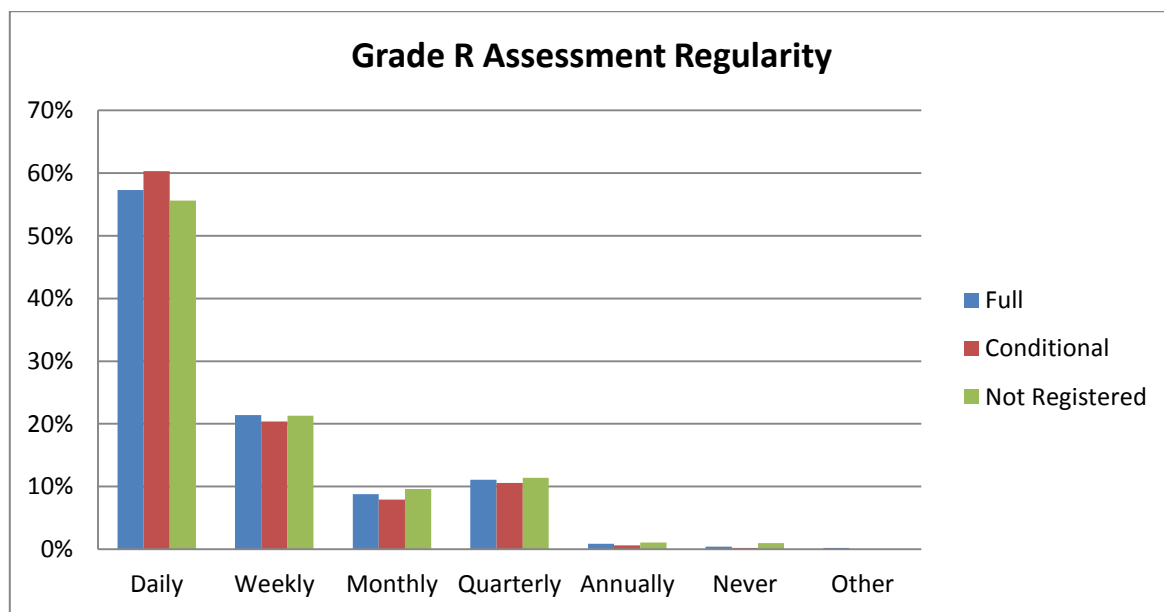


Figure 87: Grade R: Assessment regularity

The highest proportion of centres that carry out daily Grade R assessments is the Northern Cape (90%) with respect to fully registered centres, North West (75%) for conditionally registered centres, and the Northern Cape (95%) for unregistered centres.

The largest share of centres that carry out weekly Grade R assessments with respect to fully registered centres is in the Eastern Cape (28%), conditionally registered centres in Mpumalanga (27%), and unregistered centres in the Free State (24%) and North West (24%). Fully registered centres in North West have the highest proportion of centres conducting monthly assessments (14%). With regards to conditionally registered and unregistered centres, the proportions are highest in the Eastern Cape (31%) and KwaZulu-Natal (18%) respectively. Centres across all registration statuses in the Western Cape have the highest proportion of facilities that conduct quarterly assessments: 20% of fully registered centres, 21% of conditionally registered centres, and 21% of unregistered centres in the province assess their Grade R learners quarterly. The percentage of centres that report assessing Grade R learners only annually is 1% or above in

the KwaZulu-Natal (3%) and the Western Cape (1%) for fully registered centres, the Free State (2%) and North West (3%) for conditionally registered centres, and relatively high rates in North West (5%) and the Western Cape (2%) for unregistered centres. Assessments must be conducted regularly, especially at the Grade R level, as learners may easily fall behind others leading to a learning gap when entering primary school. No steps can be taken to improve learning during the year if learners are only assessed at the end.

Among fully and conditionally registered ECD centres, less than 1% conducts any learning assessment for Grade R learners. The rate is higher for unregistered centres (1%) with rates also above 1% in KwaZulu-Natal (2%), Limpopo (2%), North West (2%), the Free State (1%), and Mpumalanga (1%). There is a potential risk that centres are not properly assessing learning or potentially are not teaching the proper curriculum. Centres may potential only offer Grade R to offset costs of pre-Grade R learning due to higher subsidies or fees for Grade R learners. This may adversely affect learning for those enrolled in Grade R classes at these centres should this be the case.

A majority of ECD centres across the country assess their Grade R learners on a daily basis. This is encouraging and shows that the practitioners want to ensure that their children are on the learning properly and on the right developmental track. The fact that weekly and monthly assessments are the next most popular timeframe for conducting assessments further strengthens this argument. However, all efforts must be made to ensure that centres conducting Grade R assessments on a quarterly or yearly basis should conduct more frequent assessments so interventions can be made. Further research must also be done on the quality of the assessment itself and the type of interventions that are put in place in order to ensure that any trouble experienced by children are found during the assessment so they are able to benefit from potential recommendations.

The ECD audit also asked centres about the methods they most commonly use to assess Grade R learners. These assessment options given were: written, oral, observation, other, and none. . 74% of fully registered centres, 77% of conditionally registered centres, and 71% of unregistered centres use written methods to assess learners. Oral methods of assessment are used by 68% of fully registered centres, 61% of conditionally registered centres, and 69% of unregistered centres. Conditionally registered centres (77%) have the highest proportion of centres that use observation methods to assess learners, followed by fully registered centres (74%) and unregistered centres (71%). The proportion of centres that do not use any method to assess student learning is quite small across all registration statuses being only higher than 1% among unregistered centres. The fact that the percentage of centres listing "None" here is lower than those reporting that assessments are never conducted is somewhat inconsistent. ECD centres may conduct a more informal assessment or observational assessments may not have been included when the question about the regularity of assessments was asked. It is also possible that practitioners make note of struggles during learning and offer increased assistance to those with difficulty learning in the absence of a formal assessment (Figure 88).

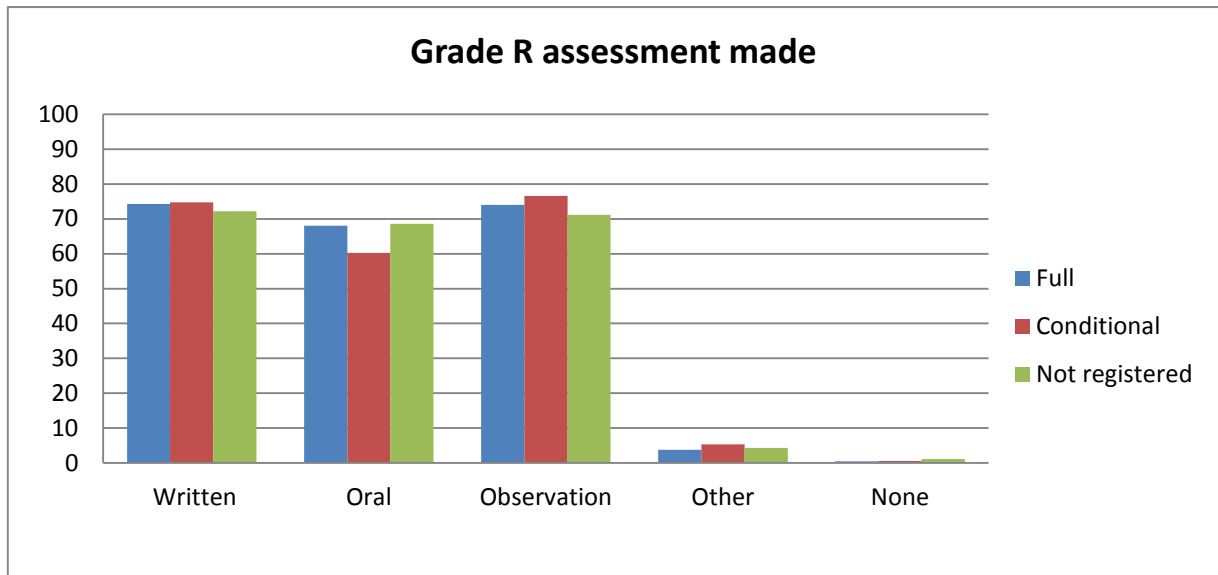


Figure 88: Grade R assessment made

Mpumalanga (90%) has the highest rate of fully registered centres which use written assessment methods and North West (47%) has the lowest percentage. Among conditionally registered centres, the proportion is highest in Limpopo (91%) and lowest in North West (44%). The province with the highest proportion of unregistered centres using written assessment methods is Gauteng (84%) while North West (37%) is again the lowest.

The highest rate of fully registered centres that use oral assessment methods is found in Mpumalanga (90%) while the lowest proportion is in the Eastern Cape (48%). Among conditionally registered centres, the rate is highest in KwaZulu-Natal (88%) and Gauteng (88%) and lowest in Limpopo (45%). Limpopo also has the lowest rate among unregistered centres that use oral assessment methods (50%) while Gauteng (80%) has the highest.

Mpumalanga (90%) has the highest rate of fully registered centres which use observational assessment methods while the North West (53%) has the lowest. The province with the highest rate among conditionally registered centres is Gauteng (98%) and lowest in the Eastern Cape (53%). Gauteng also has the highest proportion of unregistered centres that use observation as a means of assessing Grade R learners (83%). Unregistered centres in the Western Cape have the lowest proportion (50%) followed closely by North West (53%). The proportion of fully registered centres that do not conduct any form assessment with Grade R learners is generally less than 1% though higher in fully registered centres in the Eastern Cape (2%) and Mpumalanga (2%), in conditionally registered centres in the Eastern Cape (6%) and North West (3%). The Free State (2%), Limpopo (2%), and North West (2%) have the highest proportion of unregistered centres that do not assess their Grade R learners while it is 1% or less in other provinces.

While none of the proportions appear to be exceedingly high, the fact that there are centres that do not formally assess learning at the Grade R level is a cause for concern. It is important to have some form of Grade R assessments in preparation for their next level of education. Therefore centres that conduct no assessments at all must be encouraged to adopt some form of

assessment. At the same time, greater stress must be placed on written and oral methods of assessments as these are key skills that will be required by every child in higher stages of education.

The following shows how ECD centres with Grade R perform when it comes to keeping records of assessments in the form of written observations, checklists, reports, profiles, children’s work, and rubrics. Assessment records in the form of written observations are kept by 67% of fully registered centres, 69% of conditionally registered centres, and by 65% of unregistered centres. Check lists are kept by 46% of fully registered centres, 46% of conditionally registered centres, and by 45% of unregistered centres. Furthermore, 65% of fully registered centres, 57% of conditionally registered centres, and 62% of unregistered centres keep reports of the assessments they have made and 52% of fully registered centres, 55% of conditionally registered centres, and 46% of unregistered centres keep learner profiles. Children’s work is kept by close to two-thirds of centres across all three registration statuses: 67% of fully registered, 64% of conditionally registered and 66% of unregistered centres. Rubrics are, however, the least popular method of record keeping among centres: 18% of both fully and conditionally registered centres and 16% of unregistered centres. Centres reporting that they keep no assessment records are below 1% in fully and conditionally registered centres though 1.5% of unregistered centres do not keep assessment records for Grade R learners (Figure 89).

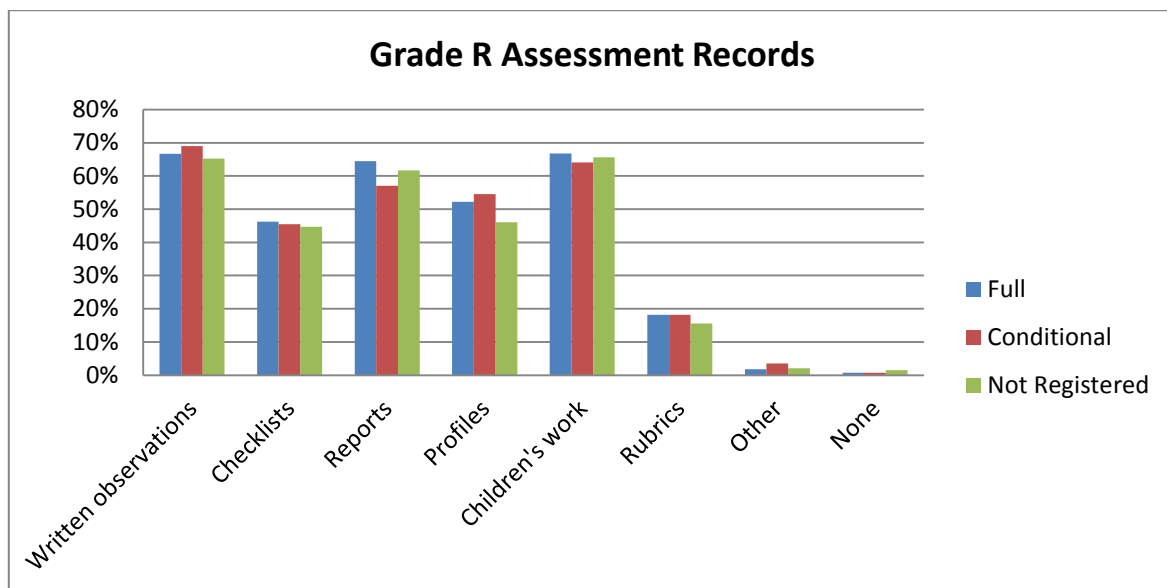


Figure 89: Assessment records kept

Gauteng (82%) stands out as the province with the highest proportion of fully registered centres that keep written records of assessments of Grade R learners and North West has the lowest (40%). Gauteng also has the highest proportion of unregistered centres that keeps written records of assessments (80%); the proportion is lowest among unregistered centres in North West (32%). Analysing the statistic among conditionally registered centres shows that Limpopo (91%) has the highest proportion of centres that keep written assessment records. This stands in stark contrast to North West where 29% of conditionally registered centres keep such records.

Fully registered centres in Mpumalanga have the highest proportion when it comes to ECD centres that keep checklists as assessment records (66%) in contrast to the Eastern Cape (28%) where less than half of this rate keeps checklists. Among conditionally registered centres, the proportion of those that keep checklists ranges from a high of 71% in Gauteng to a low of 18% in the Eastern Cape while among unregistered centres, the range goes from a high of 56% in the Northern Cape to 26% in KwaZulu-Natal.

More than 40% of fully registered centres in all provinces keep reports as assessment records with Mpumalanga having the highest proportion (81%) and the Eastern Cape the lowest (42%). Gauteng has the highest rate among both conditionally (81%) registered and unregistered (73%) centres while the Eastern Cape has the lowest for conditionally registered centres (35%) and the Western Cape for unregistered centres (45%). The proportion of ECD centres keeping profiles as assessment records for their Grade R learners among fully registered ranges from a high of 62% in Mpumalanga to a low of 26% in North West. Similarly, the range for conditionally registered centres goes from a high of 76% in Gauteng to a low of 18% in the Eastern Cape. Gauteng also has the highest proportion of unregistered centres that keep profiles as assessment records (55%) while North West is again the lowest (34%).

The highest proportion of fully registered centres that keep children's work as assessment records is in the Free State (79%) while the lowest is in the Eastern Cape (47%). Conditionally registered centres in the Eastern Cape also have the smallest percentage of centres that keep children's work (41%) after Mpumalanga (40%). In contrast, 90% of conditionally registered centres in KwaZulu-Natal keep such work. Unregistered centres in Gauteng have the highest proportion of centres which keep their children's work (79%) while less than half of such centres do in North West (48%) and the Western Cape (48%).

Rubrics are not a very popular form of assessment record kept among centres across all registration statuses. The range of fully registered centres that keep rubrics goes from a high of 25% in Gauteng to a low of 7% in Limpopo. Similarly, among unregistered centres, the range is from 27% in the Northern Cape to 9% in North West. Conditionally registered centres have the widest range in terms of the proportion of centres keeping rubrics: 6% of such centres in KwaZulu-Natal keep rubrics as records while 5.9% of such centres in the Eastern Cape do the same.

A similarly low proportion of centres keep no type of assessment records. Among fully registered centres, the Eastern Cape stands out with 4% of centres keeping no records and 1% in both the Free State and Mpumalanga with no other province with rates above 1%. Among conditionally registered centres, all provinces apart from KwaZulu-Natal (2%) have less than 1% of centres that do not keep any assessment records. The proportions are higher on average among unregistered centres, although they range from over 3% in Limpopo. Most provinces have rates close to 1% though higher in the Free State (3%) and KwaZulu-Natal (3%). It is important to note that this does not necessarily imply that no assessments are made (though these centres would be included) but only that records are not kept. Monitoring the progress of learners over time is an important factor in education especially at such.

Feedback to Parents

Questions related to parent practitioner meetings and feedback is aimed at establishing how centres inform parents or guardians on the learning, health, social interaction, and general well-being of children. Furthermore, interactions with parents also serve as a means of ensuring accountability of the ECD centre.

Reports issued to parents

Reports enable parents and guardians to monitor learner progress. Over 70% of all centres audited provide reports to parents and guardians. They are issued in 85% of fully registered centres, 78% of conditionally registered centres, and 71% of unregistered centres.

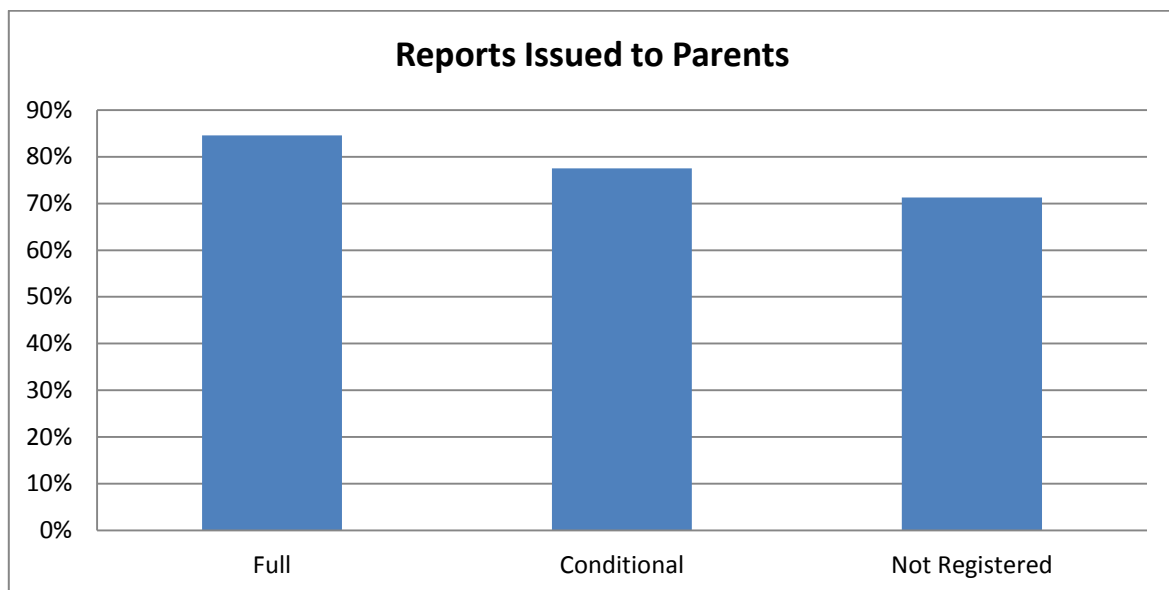


Figure 90: Reports issued to parents

At a provincial level, Gauteng has the highest proportion of centres that issue reports among fully registered (92%) and unregistered centres (80%). The province with the lowest proportion of fully registered centres issuing out reports is the Eastern Cape (68%) while Limpopo (60%) has the lowest proportion among unregistered centres. Mpumalanga has the largest percentage of conditionally registered centres that issue reports (88%) while it is lowest in North West (72%).

The number of times reports are provided to parents over the course of a year gives an indication of the involvement of parents in their children's development within the ECD context. Quarterly reports are issued in more than half of fully registered (56%) and conditionally registered (55%) centres and slightly less in unregistered centres (48%). Monthly reports are issued in 10%-15% of all centres with a similar proportion for mid-year reports. End of year reports are the second most common interval and account for 22% of fully registered, 27% of conditionally registered, and 26% of unregistered reports (Figure 91).

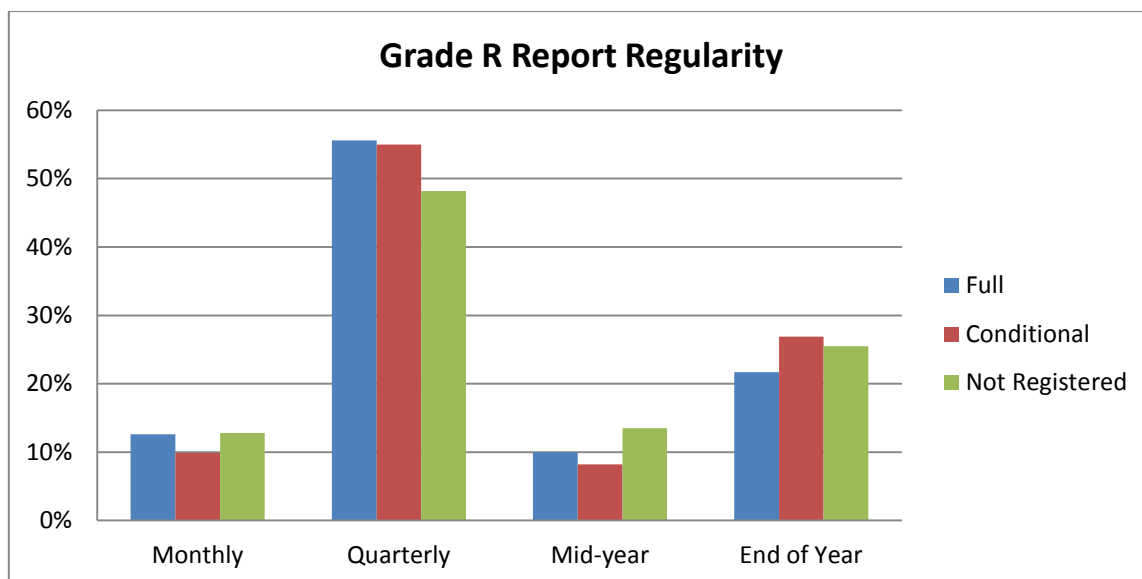


Figure 91: Regularity of reports issued to parents

The Eastern Cape has the highest proportion of centres which issue monthly reports for fully (23%) and conditionally (37%) registered centres. The Northern Cape has the highest rate among unregistered centres (32%).

The Free State has the highest proportion of fully registered centres which issue reports to parents on a quarterly basis (68%). Among unregistered centres, the Free State also has the highest proportion of centres that issue quarterly reports to parents (61%). The Free State (72.2%) has the highest proportion of centres that issue quarterly reports across all registration statuses (Full 68%; Conditional 72%; Unregistered 61%).

Gauteng (17.7%) has the highest proportion of centres that issue mid-year reports to parents for fully registered centres (18%) and unregistered centres (19%) while Mpumalanga (18%) has the highest rate among the conditionally registered centres. Of centres issuing reports at the end of the year, the North West (32%) has the highest proportion of centres issuing such reports among fully registered centres. Among conditionally registered (66%) and unregistered centres (40%), KwaZulu-Natal has the highest proportion of centres issuing reports no more than once a year. If reports are provided only annually, opportunities for parental or guardian involvement are limited especially in the absence of regular meetings between guardians and practitioners.

Children's portfolios

The audit investigated the items in children's portfolios issued to parents. Children's work is the most commonly found item in children's portfolios among fully registered centres (76%), conditionally registered (74%), and unregistered centres (60%). These proportions of ECD centres audited include 15%-25% that could not provide evidence regardless of registration statuses. Similarly, the range of centres that do not include children's work in portfolios goes from 8% to 16% among centres across all three registration statuses.

65% of both fully registered and conditionally registered centres have evidence of including assessments in children’s portfolios. 50% of unregistered centres include assessments in children’s portfolios with evidence. Roughly 20% of centres that claim to include assessments in portfolios but were unable to provide evidence on the day of the audit.

Report cards and parents’ signatures are not as popular as children’s work or assessments. Fully registered centres (60%) have the highest rate of centres that include report cards in portfolios followed by conditionally registered centres (56%) and unregistered centres (47%). These proportions reflect the percentage of centres that were able to provide evidence to enumerators on the day of the audit. In the case of parents’ signatures, 52% of fully registered, 51% of conditionally registered centres, and 42% of unregistered had evidence.

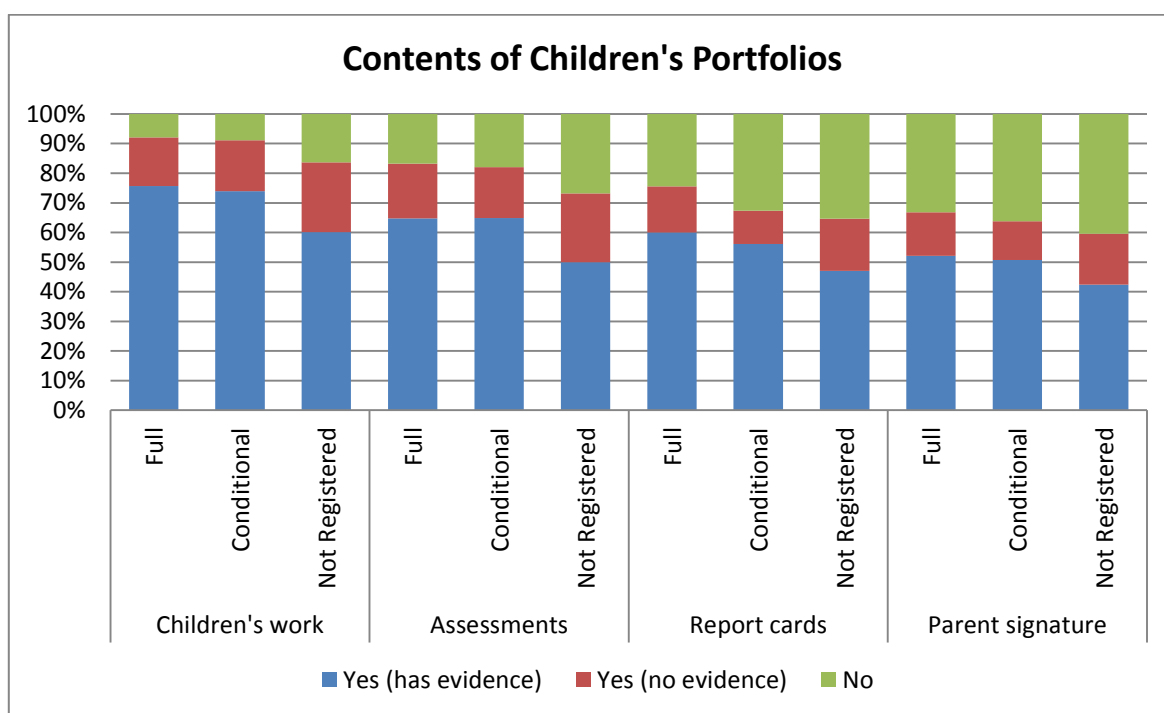


Figure 92: Children's portfolio content

The ECD audit found that evidence of the inclusion of children’s work in learner’s portfolios among fully registered centres is highest in Limpopo (88%) and lowest in KwaZulu-Natal (65%). Among conditionally registered centres, North West (85%) has the highest proportion of centres with children’s work in portfolios while KwaZulu-Natal has the lowest (51%). The largest proportion of unregistered centres that includes children’s work in portfolios is in Gauteng (67%) and Limpopo the smallest (21%).

Evidence of assessments in learner portfolios among fully registered centres is most commonly seen in Limpopo (82%). Limpopo also has the largest proportion of conditionally registered centres that include assessments in portfolios (75%) and who were able to provide evidence to enumerators of this practice. In terms of the unregistered centres, Gauteng (60%) has the highest proportion.

Evidence of the inclusion of report cards in portfolios among fully registered centres is highest in Gauteng (73%) and less than half only in the Eastern Cape (38%). Similarly, unregistered centres in Gauteng also have the highest proportion of centres that include report cards in children’s portfolios (59%) it is below 40% in KwaZulu-Natal (38.4%). Among conditionally registered centres, Mpumalanga (69%) has the highest proportion with regards to centres that keep report cards in children’s portfolios with more than half of centres in the Eastern Cape reporting that they did not include report cards (52%).

Parent signatures on portfolios – which are indicative of whether parents have seen the portfolio –can be found in 65% and of fully registered and 54% of unregistered centres in Gauteng as well as 68% of conditionally registered centres in Mpumalanga. Proportions of centres that have parent signatures on portfolios are lowest in the Eastern Cape among fully registered (35%) and conditionally registered (31%) centres. KwaZulu-Natal (29%) has the lowest rate among unregistered centres.

Given the importance of having parents and guardians involved in their children’s intellectual growth and education, the audit asked ECD centres whether feedback is provided at practitioner/parent meetings. Practitioner/parent meetings are held by 94% of fully registered and conditionally registered centres, and 87% of unregistered centres (Figure 93). Evidence of feedback could be provided at 74% of fully registered centres, 75% of conditionally registered centres, and 66% of unregistered centres where these meetings are held (Figure 94).

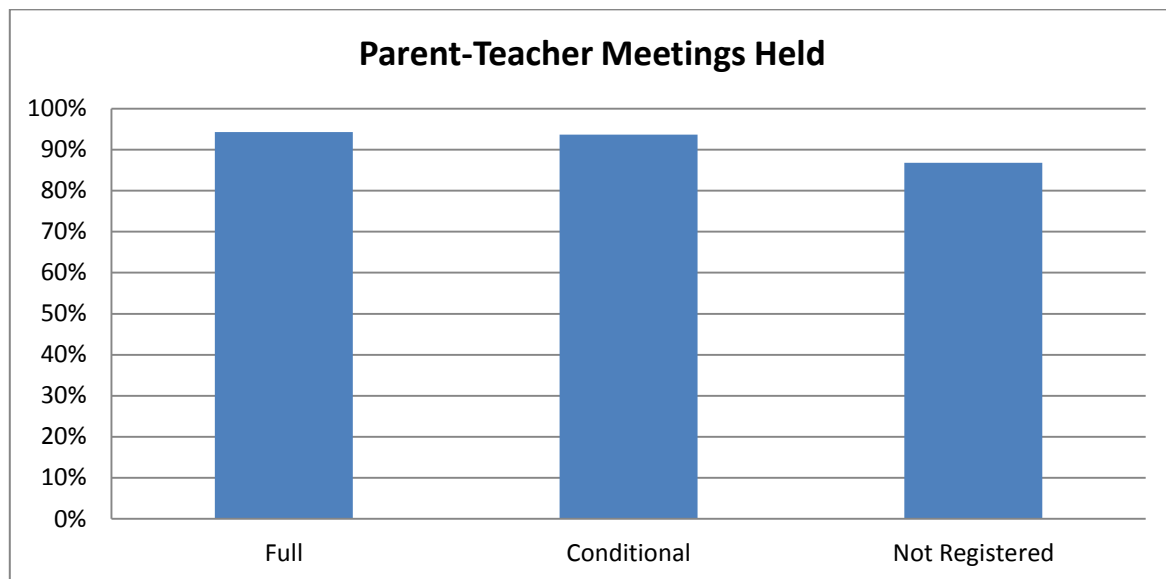


Figure 93: Parent- teacher meetings

A provincial level disaggregation shows that over 90% of fully registered and conditionally registered centres across all provinces hold parent-teacher meetings with the exception of conditionally registered centres in Gauteng (83%). The proportion of unregistered centres that hold such meetings ranges from 82% in the Western Cape to 90% in KwaZulu-Natal. The proportion of centres that provide feedback to parents during these meetings, however, is lower across all registration statuses in all the provinces. Among fully registered centres, the range of

centres that provide feedback is between 64% in KwaZulu-Natal and 88% in Limpopo. Similarly, among conditionally registered centres, the range is from 54% in the Western Cape to 86% in Limpopo while among unregistered centres, the range is from 52% in the Northern Cape to 79% in North West. It should be noted that less than 3% of registered centres and 5% of unregistered centres at the national level claim that no feedback is provided. This implies that in over 20% of centres there was no evidence of agendas, minutes, or reports and that the feedback may be relatively informal in nature.

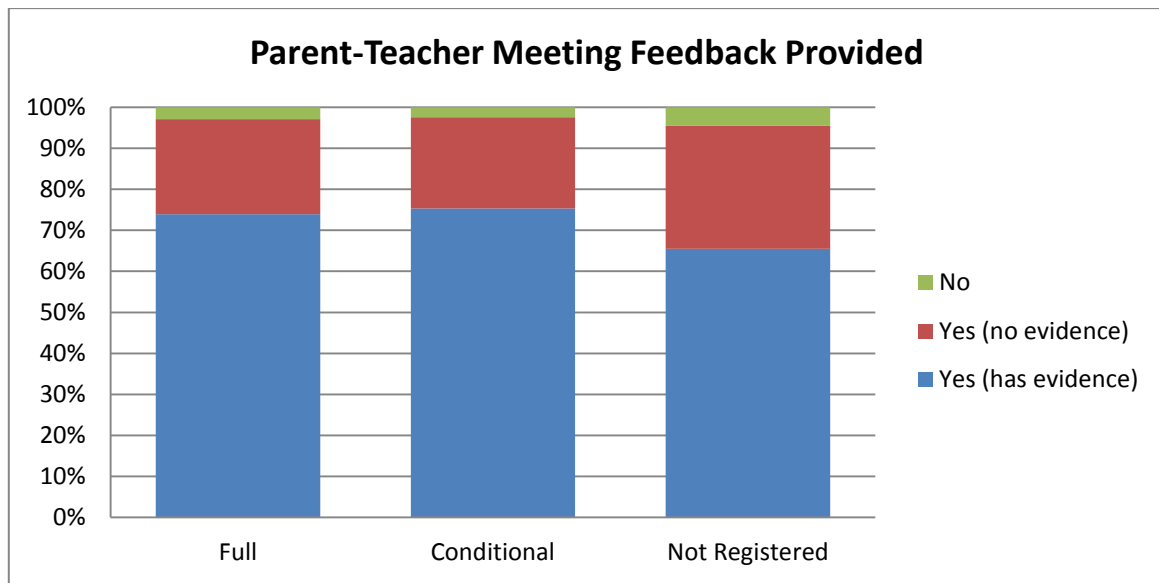


Figure 94: Parent- teacher meeting feedback

Intervention Programmes

Centres were asked whether there were any specific intervention programmes to support children with the following types of disabilities or impairment: learning disabilities, developmental delays, physical, visual, hearing, speech, and mental disabilities/impairments, as well as chronic illnesses and behavioural challenges. The results from the audit show that the proportion of centres that have any interventions is low across all registration statuses and particularly low for specific types of disabilities.

The most commonly found intervention programmes to support disabilities across registration statuses tend to focus on behavioural challenges, learning disabilities and developmental delays. 30% of fully registered centres, 28% of conditionally registered centres, and 33% of unregistered centres have specific programme interventions in place to support behavioural challenges among learners. Similarly, 28% of fully registered, 32% of conditionally registered, and 27% of unregistered centres have interventions for developmental delays. Intervention programmes for learning disabilities are in place in 22% of fully registered centres, 24% of conditionally registered centres, and 20% of unregistered centres at the national level (Figure 95).

Disability specific interventions are least prevalent for mental disabilities and chronic illnesses. Only 6% of fully registered, 4% of conditionally registered, and 5% of unregistered centres have interventions to support mental disabilities, while 8% of fully registered, 4% of conditionally registered and 7% of unregistered centres have intervention programmes focusing on chronic illnesses.

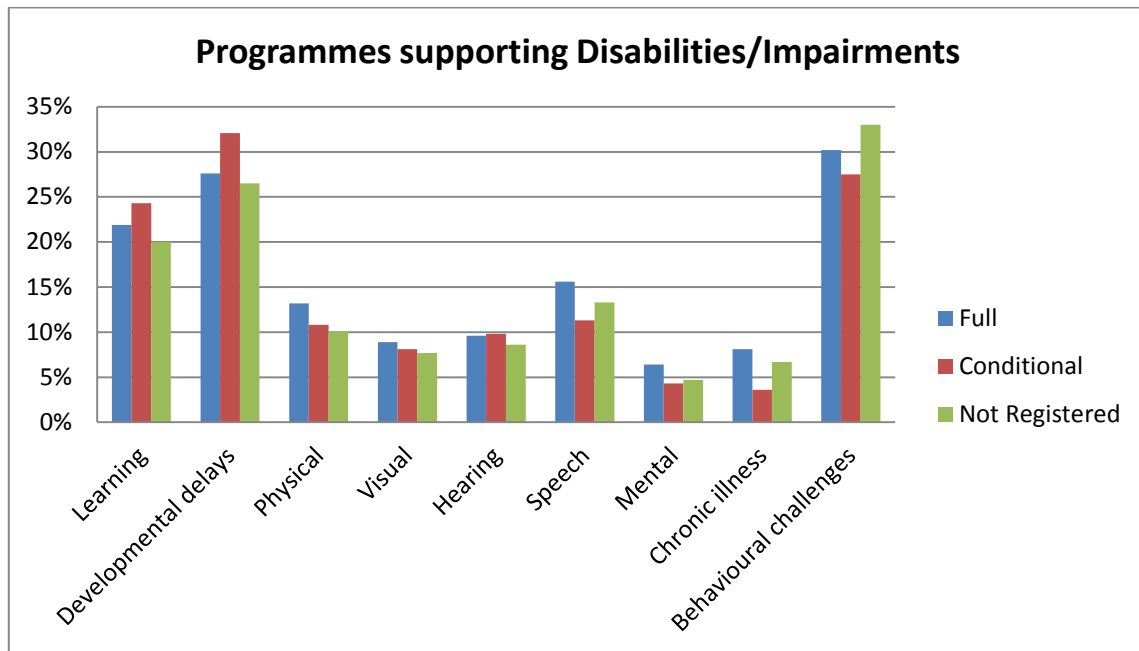


Figure 95: Programmes to support disabilities/impairments

Disaggregating these statistics by province shows that Gauteng has the highest proportion of fully (43 %) and conditionally (40%) registered centres that have programmatic interventions specific to behavioural challenges. Among unregistered centres, the proportion is highest in the Free State (45%). Conversely, the Western Cape (20%), Mpumalanga (16%) and the Northern Cape (11%) have the lowest proportion of centres that implement behavioural challenges specific interventions for each registration status.

Fully registered centres in Gauteng also have the highest proportion of centres that implement developmental delays specific interventions (40%), while conditionally registered centres in the Free State (42%) and unregistered centres in Mpumalanga (35%) have the highest proportions in their respective registration status categories. The smallest proportion of centres implementing specific interventions for developmental delays is in the Northern Cape among fully registered centres (13%) as well as unregistered centres (15%), and the Eastern Cape (20%) among conditionally registered centres.

The highest proportions of centres with specific interventions for learning disabilities/impairments are found in Gauteng among fully registered centres (31%), Mpumalanga among conditionally registered centres (50%), and North West among unregistered centres (29%). Conversely, the proportions are lowest in the Northern Cape among fully registered (12%), KwaZulu-Natal (5%) among conditionally registered centres, and the Eastern Cape (14%) among unregistered centres.

Fully registered centres in Gauteng (10%), conditionally registered centres in the Free State (9%), and unregistered centres in Limpopo (7%) have the highest proportion of centres with specific interventions for mental disabilities/impairments. North West has the lowest proportion of centres that implement mental disability specific interventions across all three registration statuses: 1% of centres of any registration status.

Gauteng has the highest proportion of fully registered centres that implement programmes aimed at chronic illnesses (13%). The proportion is highest in Mpumalanga among conditionally registered centres (9%) and Gauteng and the Northern Cape among unregistered centres (both 10%). Proportions are lowest among fully registered centres in North West (3%), conditionally registered centres Limpopo (2%) and the Western Cape (2%), and unregistered centres in the Western Cape (4%).

The low proportion of centres implementing disability specific interventions is a cause for concern; however, this is likely related to the low levels of disability assessment. This shows either a lack of awareness or capacity towards the special needs of learners with disabilities. The first priority of the Department must be to increase awareness among ECD practitioners, supervisors, and principals about the unique educational and care-related needs of children with disabilities. Increasing the awareness should be coupled with access to curricula and interventions that address the special needs of some learners. The quality of these intervention programmes was not assessed.

Learner Teacher Support Material

Learner Teacher Support Materials (LTSM's) were assessed in terms of their presence, condition, and availability. This was done to assess suitable materials which could support and stimulate a children's development holistically, namely arts and craft, music and movement, educational games, manipulation and construction, puzzles, books and posters, fantasy and make-believe, and outdoor and active play.

Enumerators evaluated the extent to which arts and craft materials were present. These items included: paper, paint, paintbrushes, play dough, crayons, scissors, glue, strings, sticks, and seeds. "Most" or "All" of these items were seen in 65% of fully registered, 55% of conditionally registered centres. "None" were seen in 16% of unregistered centres with rates over 20% in Limpopo (25%), North West (25%), Mpumalanga (23%), and KwaZulu-Natal (21%). Of materials that do exist, nearly 90% of centres had items in "Good" or "Fair" condition for fully (89%) and conditionally (87%) registered centres but 22% of unregistered centres had items in "Poor" condition with the highest rates in the Northern Cape (35%) and KwaZulu-Natal (33%) with only Gauteng (14%) and the Western Cape (13%) with rates below 20%. Fully registered centres in the Northern Cape (23%), North West (19%), the Eastern Cape (18%), and KwaZulu-Natal also have rates of materials in poor condition above 15%. Less than half of centres had arts and crafts materials in sufficient quantity with 46% of fully registered, 38% of conditionally registered, and 32% of unregistered centres reporting they had enough. Of fully registered centres, North West (49%), Limpopo (35%), KwaZulu-Natal (34%), the Eastern Cape (30%) have the largest proportion of centres without enough music and movement materials in sufficient quantities. Of unregistered centres, rates are over 50% in Limpopo (58%), Mpumalanga (52%), and North West (52%) and no lower than 25% in the Western Cape.

ECD centres were evaluated on the availability of suitable music and movement instruments which include: drums, tambourines, triangles, cymbals, maracas, castanets, bells, shakers, songs, and rhymes. Less than half of centres have most or all of these items: 45% of fully registered, 30% of conditionally registered and 29% of unregistered centres. Over 25% of fully registered centres have “None” of these items in North West (35%), the Eastern Cape (29%), and KwaZulu-Natal (26%) with a national rate of 19%. Rates are highest among unregistered centres (35%) being over 40% in KwaZulu-Natal (49%), Limpopo (42%), Mpumalanga (41%), and North West (40%). The condition of these materials is “Good” or “Fair” in 78% of fully registered, 72% of conditionally registered and 65% of unregistered centres. The condition is “Poor” are over a third of fully registered centres in North West (37%), the Northern Cape (37%), and the Eastern Cape (36%) with a national rate of 22%. Nearly half of unregistered centres have poor quality music and movement material in KwaZulu-Natal (47%), the Northern Cape (46%), substantially higher than 35% of unregistered centres nationally. Music and movement materials do not seem to be present in sufficient quantities: 37% of fully registered, 46% of unregistered centres, and 50% of unregistered centres report they do not have enough materials. Rates are over 50% of fully registered centres in North West (59%) and the Eastern Cape (50%) and more than 60% of unregistered centres in Limpopo (70%) and Mpumalanga (63%).

Evidence of educational games included items related to numbers, shapes, colours, and sizes. “All” or “Most” of these types of games were found in over half of fully (62%) and conditionally (50%) registered centres though less in unregistered centres (43%). Less than 10% of fully (7%) and conditionally (9%) registered centres have “None” of these with higher rates in North West (18%), KwaZulu-Natal (12%), and the Northern Cape (10%) among fully registered centres. 10% of more of unregistered centres in all provinces have no educational games and over 25% in North West (33%) and KwaZulu-Natal (27%) with a national rate of 19%. The condition of educational games is generally “Good” or “Fair” in most cases though 12% of fully registered, 13% of conditionally registered, and 23% of unregistered centres have “Poor” quality material. Poor rates are over 20% in the Northern Cape (25%) and North West (21%) among fully registered centres and over 30% in unregistered centres in the Northern Cape (39%), North West (37%), and KwaZulu-Natal (35%). Over a quarter of centres do not have enough materials across all registration statuses: 26% of fully registered, 31% of conditionally registered and 41% of unregistered centres. Among fully registered centres, rates are especially high in North West (53%) followed by KwaZulu-Natal (36%). Over half of unregistered centres in Limpopo (59%), North West (56%), and Mpumalanga (52%) do not have enough educational games. Rates are even higher when the number of centres with no educational games is included.

Manipulative and construction sets are considered to be items such as: mathematical wooden blocks, interlocking cubes and discs, threading beads and laces, pegboards, and shape-sorter buckets. These resources are important to develop fine motor skills and creativity and problem solving. Approximately half of fully registered centres (51%) and a third of conditionally registered (34%) and unregistered (32%) centres have all or most of these items. The percentage of fully registered centres with none of these items is over 20% in North West (24%) and KwaZulu-Natal (21%), nearly double the nationally rate of 13%. The national rate among unregistered centres is 29% with the highest rates in Limpopo (40%), North West (40%), KwaZulu-Natal (37%) and Mpumalanga (37%) but below 30% elsewhere. The condition is generally “Good” or “Fair” but classified as “Poor” in 17% of fully registered centres with

above average rates in the Northern Cape (30%), North West (28%), the Eastern Cape (26%), and KwaZulu-Natal (25%) among others. 22% of conditionally registered centres have poor quality manipulative and construction sets. It is higher in unregistered centres (31%) and over 40% in KwaZulu-Natal (43%), Limpopo (41%), the Northern Cape (41%), and North West (41%). Many centres do not have adequate materials for the number of children with 32% of fully registered and 40% of conditionally registered centres not having enough. Among fully registered centres, rates are over 40% in North West (55%), KwaZulu-Natal (44%), Limpopo (42%), and the Eastern Cape (41%). Nearly half of unregistered centres do not have adequate manipulative and construction sets (47%) and over half in Limpopo (67%), Mpumalanga (59%), North West (58%), and KwaZulu-Natal (53%).

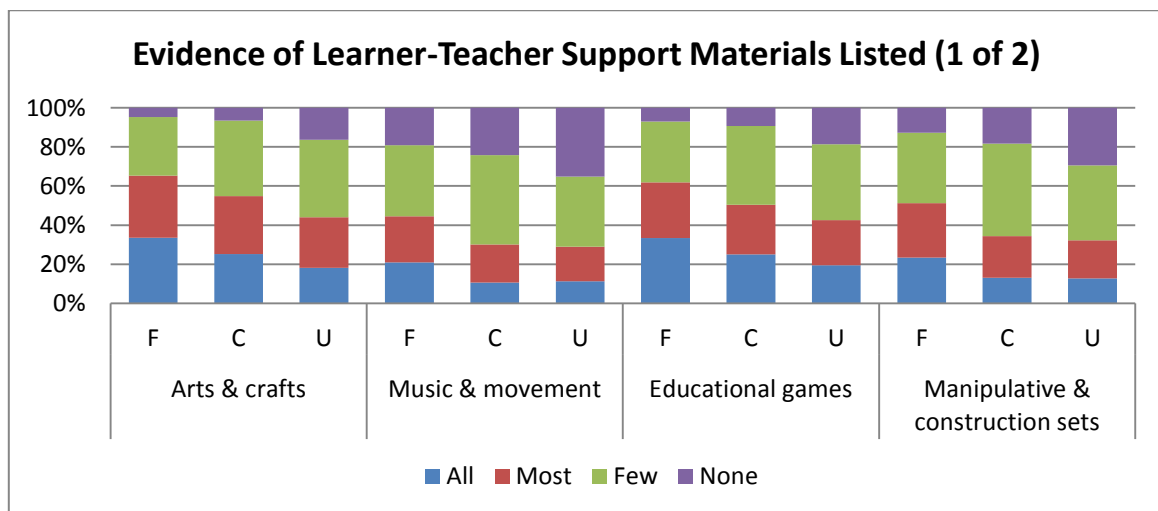


Figure 96: Variety of Learner-Teacher Support Materials (1 of 2)

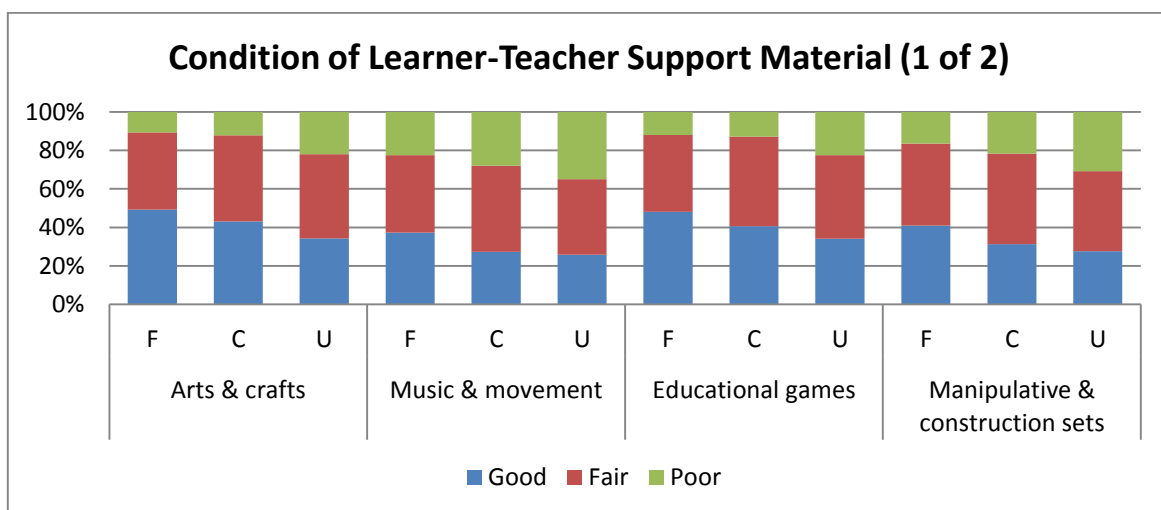


Figure 97: Condition of Learner-Teacher Support Materials (1 of 2)

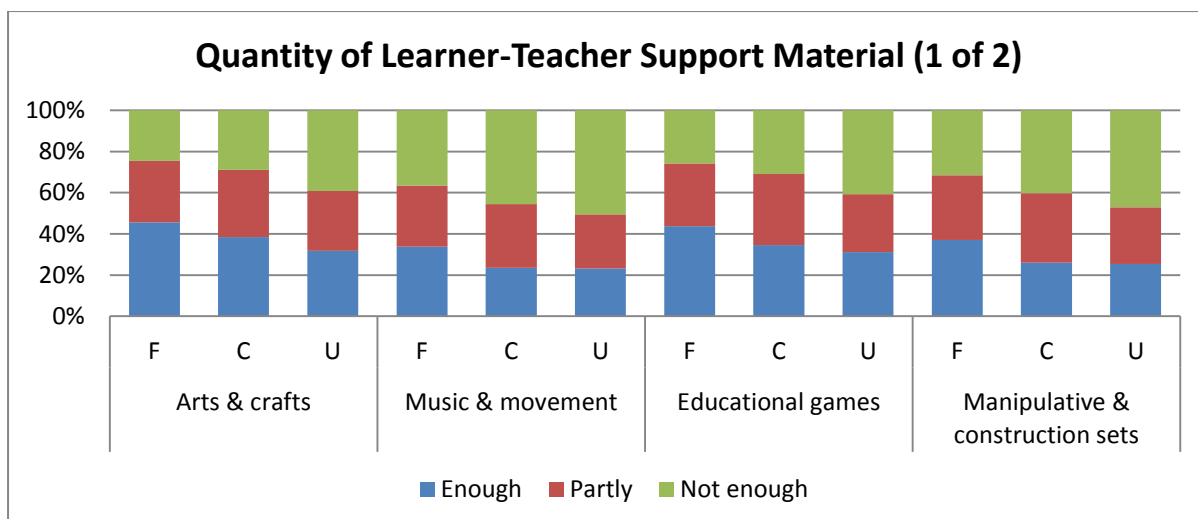


Figure 98: Quantity of Learner-Teacher Support Materials (1 of 2)

The category of puzzles, books, and posters include: wooden, plastic, board and puzzles, fiction/story books, nonfiction/factual books, multilingual alphabet posters, and life-skills posters. The resources are good for visual stimulation and for early reading and early maths skills. “All” or “Most” of these items are found in 60% of fully registered centres with lower rates in conditionally registered (44%) and unregistered centres (40%). Fully registered centres with “None” of these are relatively rare (6%) though centres in North West (17%) are twice as likely not to have these compared to other provinces (11%). Rates are higher in conditionally registered (10%) and unregistered (19%) centres. More than a quarter of unregistered centres are without puzzles, books, and posters in North West (30%), Limpopo (27%), and Mpumalanga (26%). The condition of these items is generally “Good” or “Fair” though they are in “Poor” condition in 12% of fully registered centres, 14% of conditionally registered centres, and 23% of unregistered centres. Fully registered centres in the Northern Cape (26%) and North West (21%), as well as unregistered centres in the Northern Cape (39%), KwaZulu-Natal (33%), North West (33%), and Limpopo (32%) are significantly above the national rate. Supplies are considered to be insufficient in 26% of fully registered with those in North West (51%), KwaZulu-Natal (38%), and Limpopo (36%) most lacking. Conditionally registered centres do not have enough puzzles, books, and posters in 35% of centres and a higher rate among unregistered centres (42%). Over half of unregistered centres in Limpopo (62%), Mpumalanga (56%), and North West (56%) do not have enough for the number of children enrolled.

Fantasy and make-believe materials include: child-size furniture, old clothes and shoes, soap/tea boxes, puppets, black dolls and white dolls (boys and girls), prams, pot-and-pan sets, play-food, plastic animals, train sets, cars, and airplanes. These resources are particularly useful for imaginary play and stimulating and promoting positive life skills. Only in fully registered centres do more than half of centres have “All” or “Most” of these items (51%) with a significantly reduced proportion of conditionally registered (36%) and unregistered centres (33%) found to have the same. 12% of fully registered do not have any fantasy or make-believe materials with rates as high as 18% in the Northern Cape and 16% in KwaZulu-Natal. 18% of conditionally registered do have these items either. The rate is much higher among unregistered centres (28%) where over a third of centres in Mpumalanga (36%), North West (36%), the

Northern Cape (36%), and Limpopo (35%) have “None” of these items. Where they exist, a relatively high proportion is in “Poor” condition: 17% of fully registered, 22% of conditionally registered and 30% of unregistered centres. Among fully registered centres, those in the Northern Cape (34%), North West (31%), the Eastern Cape (24%), and KwaZulu-Natal (24%) are more likely to have poor quality items. Unregistered centres have rates above 35% in the Northern Cape (46%), Mpumalanga (39%), North West (38%), KwaZulu-Natal (38%), and the Eastern Cape (36%). Only in the Western Cape (20%) do 20% or less of centres have fantasy and make-believe materials that are not in “Good” or “Fair” condition. Not only are these materials more likely to be in poor condition but they do not exist in sufficient supply at many centres. Nearly a third of fully registered centres (32%) do not have enough fantasy and make-believe materials for the number of children in their centres and much higher levels in North West (57%), KwaZulu-Natal (42%), and Limpopo (40%). Conditionally registered centres (41%) have a rate nearly 10% above fully registered centres while it is over 15% higher at unregistered centres. Over half of centres in Limpopo (65%), Mpumalanga (61%), and North West (57%) do not have enough materials, in addition to those that do not have any such materials.

Outdoor and active play materials are important since they encourage children to develop physically and to adopt active life styles and increase participation in sport and team play. Outdoor and active play materials include: jungle gyms, sandpits, buckets and spade, sand moulds, water play, skipping ropes, balls, hula hoops, steering wheels, and scooters. As with other categories, there was a clear distinction between fully registered centres where 51% of centres have “All” or “Most” of these items and conditionally registered (35%) and unregistered centres (30%). Fully registered centres in North West (23%), KwaZulu-Natal (18%), the Northern Cape (16%), and the Eastern Cape (16%) were more likely to have “None” of these compared to the national average of 12%. Rates were higher among conditionally registered centres (18%) and over 2.5x this rate among unregistered centres (32%) with especially high levels in KwaZulu-Natal (45%), Limpopo (41%), and Mpumalanga (40%). The condition of these items was poor in 18% of fully registered, 22% of conditionally registered centres, and 33.1% of unregistered centres where they were found to exist. Rates were above 25% among fully registered centres in the Northern Cape (33%), North West (30%), and KwaZulu-Natal (27%) and unregistered centres in all provinces outside of the Free State (23%). Rates were above 40% among unregistered centres in the Northern Cape (52%), KwaZulu-Natal (48%), and Limpopo (43%). This is more concerning than for some other materials as these items are more likely to pose a safety risk to children than other items. There are not enough of these materials in 32% of fully registered centres and 43% of conditionally registered centres. Among fully registered centres, rates are particularly high in North West (60%), KwaZulu-Natal (44%), and Limpopo (41%). The national rate is 50% of unregistered centres with over half of those in Limpopo (69%), Mpumalanga (63%), North West (58%), KwaZulu-Natal (57%), and the Eastern Cape (51%) not having enough outdoor and active play materials to meet the needs of the children in their centres.

Classroom furniture and equipment comprise: tables and chairs, storage units, sleeping mats, carpets, theme tables, and blankets. These items assist the teachers to arrange a practical and stimulating learning environment and facilitate the management of indoor play areas. “All” or “Most” of these items are found in 63% of fully registered, 49% of conditionally registered, and 42% of unregistered ECD centres. Less than 5% of fully registered (5%) and less than 10% of

conditionally registered (10%) centres have “None” of these items. Only in North West (13%) do more than 10% of fully registered not have these items. Among unregistered centres, the rate is higher (16%) and greater than 20% in Mpumalanga (23%), KwaZulu-Natal (21%), Limpopo (21%), and North West (21%). Where they exist, 11% of fully registered centres were found to have these items in “Poor” condition with the highest rates in the Northern Cape (27%) followed by North West (18%) and the Eastern Cape (17%). A slightly higher proportion of conditionally registered centres also have poor quality classroom equipment (13%).

Among unregistered centres, 22% were found to have these items in poor condition with rates over 30% in KwaZulu-Natal (34%), the Northern Cape (35%), and Limpopo (30%). A large proportion of centres did not have enough classroom furniture and equipment for the number of children enrolled in fully registered (25%), conditionally registered (31%), and unregistered (39%) centres. Above average rates were found in fully registered centres in North West (47%), KwaZulu-Natal (36%), and Limpopo (35%) among others. Insufficient supplies were also found in over half of unregistered centres in Limpopo (59%), Mpumalanga (54%), and North West (50%) and over a third in all remaining provinces apart from the Western Cape (23%) and Gauteng (28%).

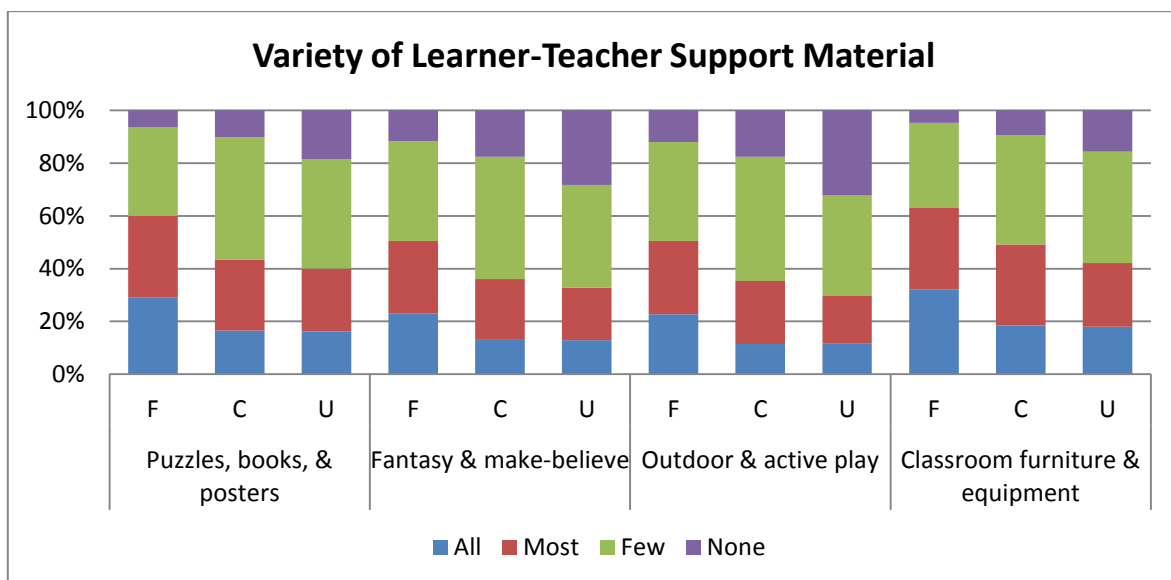


Figure 99: Variety of Learner-Teacher Support Materials (2 of 2)

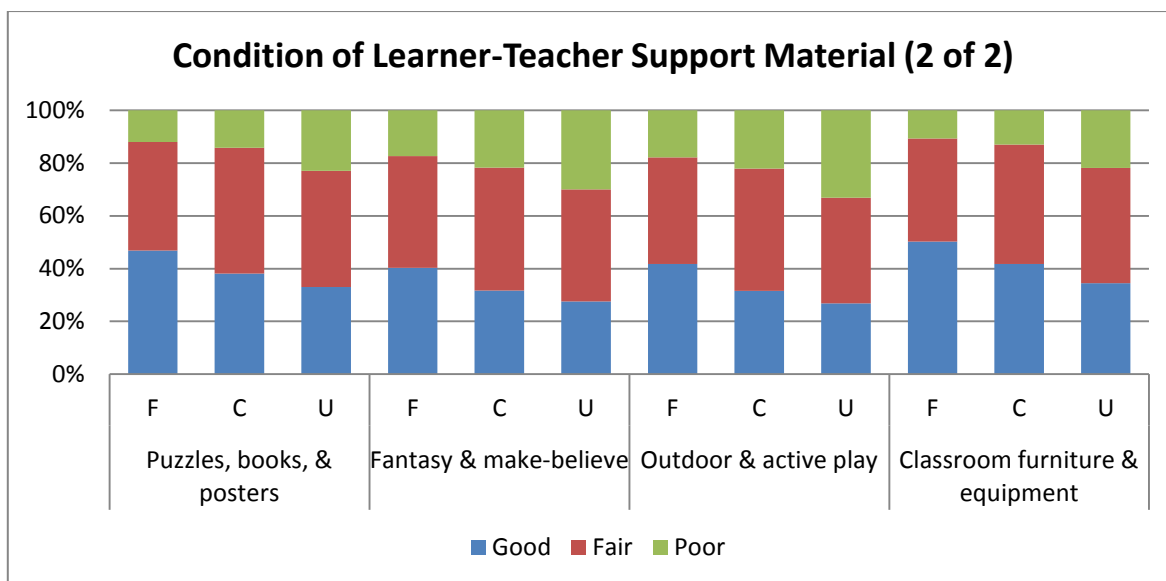


Figure 100: Condition of Learner-Teacher Support Materials (2 of 2)

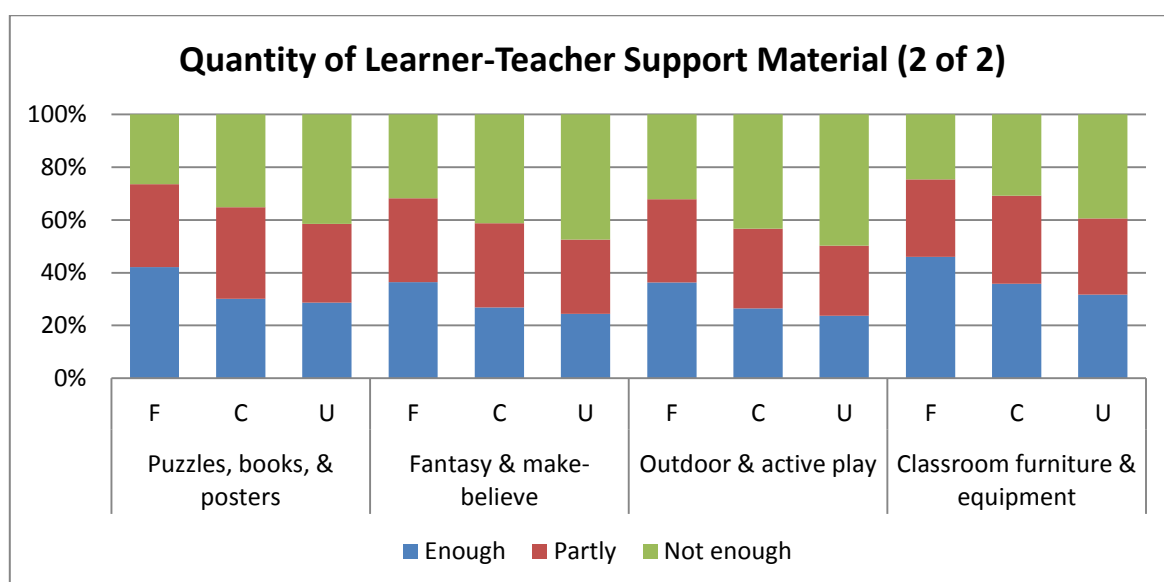


Figure 101: Quantity of Learner-Teacher Support Materials (2 of 2)

Learner-teacher support materials had the same general trend regardless of the category. The Western Cape, Gauteng, and to a lesser extent Free State have more centres with materials that had a greater variety, were in better condition, and in greater supply. North West tended to have the most centres without materials and in poor supply suggesting that centres in this province have fewer financial resources available to acquire these items. KwaZulu-Natal and Limpopo do not fare much better in this regard. Given the limited financial resources of most centres, it is not surprising that many centres lack a variety of items, have items in poor condition, and in insufficient quantities for the number of children enrolled. Purchases of learner-teacher support materials are likely not made often which means that many items become worn down and cannot meet the needs of a growing centre. Some centres may also rely on donations which are likely infrequent and may be of poor quality.

Discovery of nature areas which encourage age appropriate learning about nature and science are present in all provinces but show a remarkably wide range. “Discovery of nature” displays typically show the following: grass, seeds, types of soil, leaves, trees, flowers, rocks, images of birds, animals, fish, etc. Over half of registered centres possess a discovery of nature area with lower rates in unregistered centres: 59% of fully registered, 56% of conditionally registered, and 43% of unregistered centres (Figure 102).

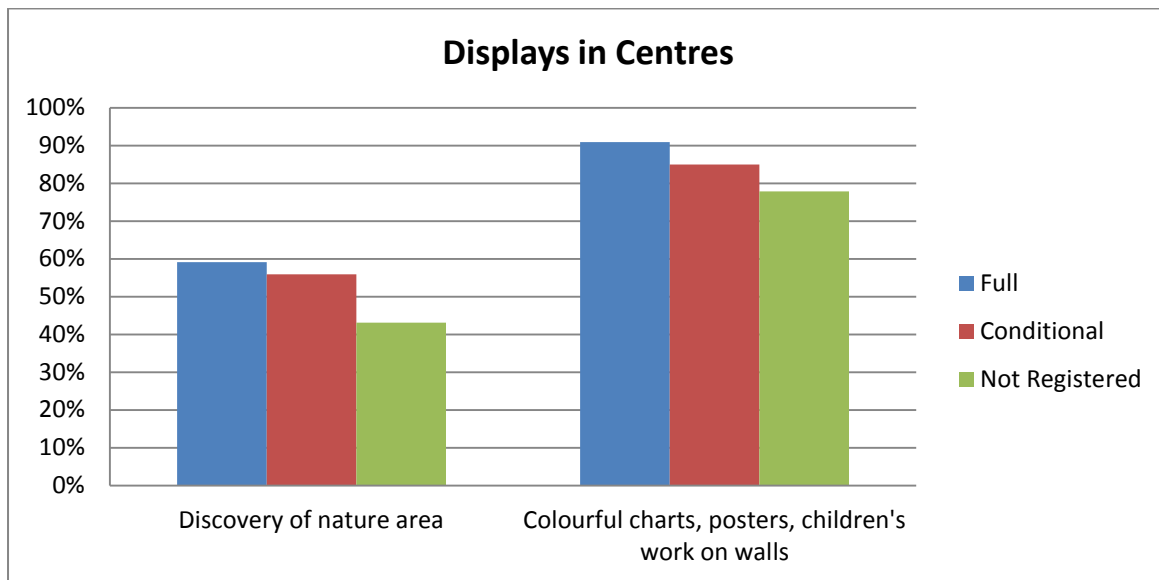


Figure 102: Displays in centres (Discovery of nature, posters, etc.)

They are most common in the Free State (73%) and Gauteng (71%) among fully registered ECD centres and rarer in North West (35%), the Northern Cape (39%), and the Eastern Cape (49%). Rates among conditionally registered centres are high in the Free State (89%) and Gauteng (72%) but low in Mpumalanga (27%) and KwaZulu-Natal (39%). Unregistered Centres in North West (24%) and the Northern Cape (32%) are least likely to have discovery of nature areas with rates no higher than 61% in the Free State and less than half in all other provinces apart from Gauteng (51%).

Colourful charts, posters, and children’s artwork can be seen on the walls in most ECD centres. They are present in 91% of fully registered centres, 85% of conditionally registered centres, and 78% of unregistered centres. Rates are above 90% in many cases and above 80% in all fully registered centres. They are lower among conditionally registered centres in KwaZulu-Natal (71%) and the Eastern Cape (77%) and below the national average of 78% among unregistered centres in North West (67%), Mpumalanga (75%), and the Northern Cape (76%). High rates suggest that most centres are aware of the importance of visually appealing displays to promote learning but these may be beyond the means of some centres, especially unregistered centres in some provinces.

Investing in LTSM is important because it facilitates the implementation of teacher training and play. The DSD is the most common direct source of support material with over half of fully registered (56%) and conditionally registered (51%) centres reporting the DSD as a source. This is significantly less among unregistered centres (25%). Few other sources rise above 25%

in any registration status apart from the DBE in fully (27%) and conditionally (31%) registered centres. There are also high rates of “Other” sources especially among unregistered (33%) and conditionally registered (28%) centres (Figure 103).

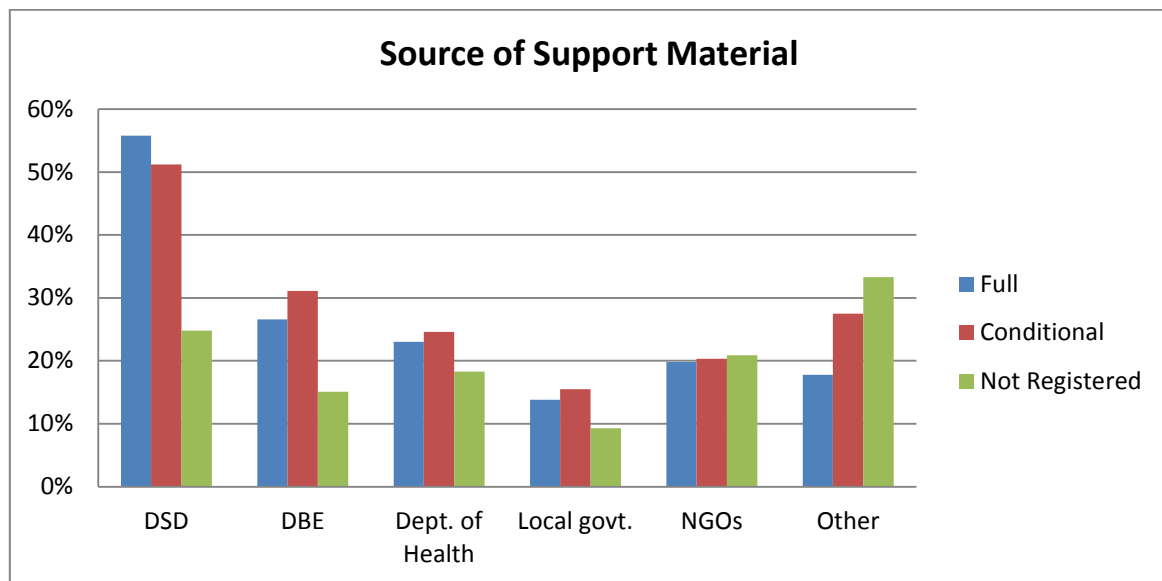


Figure 103: Source of support material

The percentage of fully registered centres receiving support materials from the DSD was much higher in provinces such as Mpumalanga (75%) and KwaZulu-Natal (70%) with a rate below 50% in the Western Cape (39%). It was much lower in conditionally registered centres in the Western Cape (28%) and North West (43%). The proportion of unregistered centres receiving some materials from the DSD is at a similar level in Mpumalanga (47%) but much less elsewhere and as low as 12% in Gauteng. Other departments provided somewhat less in terms of support materials. Fully registered centres in Mpumalanga (68%) and the Northern Cape (33%) were more likely to receive materials from the Department of Basic Education.

Overall, a slightly greater proportion of conditionally registered centres (31%) receive support material from the Department of Basic Education than fully registered centres (27%). Among fully registered centres, rates are high in Mpumalanga (68%) followed by the Northern Cape (33%). Mpumalanga also leads among unregistered centres (33%) with less than 20% elsewhere and a national average of 15% (Figure 103).

This was similar for the Department of Health, which plays an active role in Mpumalanga at all centres: 47% of fully registered, 39% of conditionally registered and 31% of unregistered centres. Limpopo (32%) and Gauteng (31%) show high levels among registered centres. Local governments provided materials for approximately 10-15% of all audited ECD centres with some exceptions. NGOs provide support materials to approximately 20% of all centres but tend to more active in Limpopo (27-29%) and less active in the Free State (8-12%). Approximately 15-25% of registered centres received support materials from other sources which may include local businesses. This was found to be higher among unregistered centres (25-35%) and with the Free State (52%), and

Gauteng (42%) being notable exceptions. The lowest rate was found in the Western Cape (20%).

4.5.3 Concluding Remarks

Overall the audit found mixed results of ECD programming with most centres using their own curricula which likely affect the quality of the programme and intended skill development. Although the vast majority of centres claim to be following NELDS, it is unclear what specific aspects are in place within the programme to achieve this. Given the variety of programmes determining which centres follow a quality curriculum was not possible. Given the lack of training and qualifications of the practitioners, the quality of the curriculum and its implementation are difficult to evaluate. Around 40% of these curricula remain unapproved in fully registered ECD centres. Further investigation is required to adequately assess the quality of ECD education across South Africa due to the high variability of curricula, low levels of registration and approval, and the general lack of qualifications.

The audit found that evidence of weekly programmes/books was less common than the display of daily programmes in all provinces suggesting the programme may be relatively informal in some centres. It should be noted that due to the audit, which in many centres was not pre-arranged, it may have led some centres to alter their daily programmes to accommodate the audit.

The fact that some registered ECD centres do not perform any kind of assessment is concerning and may be indicative of the quality of the programme. Centres performing assessments less often are more likely to have more formal assessments providing more detail than daily assessments would. Given the wide range of responses across provinces, there may be a need for more national guidelines to evaluate how well children are learning.

The move in recent years to formalise Grade R education with a preference for school-based Grade R classes have resulted in a minority of centres offering Grade R classes with some not following the National Curriculum Statement. Virtually all ECD centres with Grade R conduct some form of assessment. This could be due to the more structured nature of the programme and possibly more direction and support from the DBE. It is, however, concerning that the audit highlights so much variation in assessment techniques, which may affect the ECD practitioner's ability to identify problems in learning.

It is satisfying to note that almost all registered ECD centres have parent meetings, although not all centres provide parents with reports. The percentage of centres in some provinces not providing reports is significantly lower in some provinces. These centres need to be assisted to ensure the parents are provided with adequate information. While end of year reports are useful, more frequent reports would be beneficial to child learning.

The majority of registered ECD centres do not have intervention programmes to support children with disabilities. Parents of children with disabilities and learning impairments will face challenges finding suitable ECD centres that will meet their needs.

The importance of stimulating young children before the age of three years cannot be overemphasised. Children in this age group explore their world through problem solving and play. The highest level of receptivity and stimulation of the brain is said to be from birth to three years.

LTSM is very important for the successful implementation of ECD programmes. The availability and condition of these items is likely to be largely due to financial limitations and the importance teachers and parents place on educational resources. It is unfortunate that most provinces that reported poor condition of arts and craft material also do not have enough of such material.

Overall, music and movement materials are available in short supply with many centres reporting they have few items and that they do not exist in sufficient quantities. These items may be more costly than other learner support materials, forcing ECD centres to rely on donations. ECD centres may also prefer to prioritise spending on more essential items.

Generally, almost only one-third of centres had all the educational games while just over 43% of fully registered centres had enough of these games—all which points to a need to make centres aware of the importance of play and stimulating educational games. Nationally, there is a fairly even divide between fully registered centres with enough (37%), partly enough (32%), and not enough (32%) manipulative and construction sets. However, this varies considerably by province. The DSD may need to do more to provide centres with these materials, encourage donations, or offer subsidies to better assist centres to acquire these materials themselves.

4.5.4 Recommendations: ECD Programmes

The following is a listing (in no specific order of priority) of recommendations to improve the quality and access of ECD programmes at registered ECD centres based on the findings above:

1. The ECD centres need to be provided with clearer guidance to translate the NELDS into day-to-day programmes for teaching and learning.
2. The DSD should take the lead in the development of a suitable national rating scale or quality assurance instrument against which ECD centres could measure their standard of services and performance.
3. Programmes should share the common objective of promoting the best interests of all young children. This must include the following:
 - A safe environment that promotes holistic development (physical, social, emotional, aesthetic, moral/values, intellectual, language) and learning through play.
 - Allow children to have fun and be free of stress.
 - Well planned teaching and learning activities to ensure that clearly defined objectives are reached.
 - Teaching that is informal, flexible, child-centred and therefore responsive to the needs of individual children, as well as culturally and developmentally appropriate.

- Allow every child to develop to his/her full potential.
 - Prepare children for life and formal schooling.
 - Lay a strong foundation for future learning and development.
 - Foster curiosity, creativity and a love for learning.
4. Formal assessments should be minimised and ECD practitioners should:
 - Only use unobtrusive, informal assessments.
 - Assessment of learning must ensure that assessments follow the principals of fair and reliable assessment.
 - Children should ideally not be aware of assessments as this will influence their behaviour.
 5. Grade R programmes at ECD centres should be aligned to the subject content of the Curriculum and Assessment Policy Statement (CAPS), and implemented through developmentally appropriate, informal and play-based teaching methodologies.
 6. Training and awareness on disabilities / development delays should be provided for teachers and caregivers to equip them with basic skills to do early identification.
 7. Awareness programmes and support plan should be provided to parents who have children with special needs. An annual screening campaign / week to be set aside for early identification and awareness.
 8. Develop parent programmes which are accessible in all the official languages that ECD staff could use to assist parents to better understand their role in laying a strong foundation for learning.
 9. Investment in LTSMs. In order to improve the quality of learning and play at ECD centres in all provinces and a minimum standard of resources commensurate with the number of children per site is advisable. It is further recommended that the DSD:
 - Develop a minimum package of learner teacher support materials per age group;
 - That the packages prioritise learning and teacher support materials in music and movement, art and craft, fantasy, construction, early numeracy and literacy and life skills;
 - The DSD source the learning resources in such a manner as to have the benefit of economies of scale, consistent quality and on time delivery;
 - LTSM, such as arts and craft, for creative play be provided in suitable quantities once or twice per year; and
 - All ECD centres attend a series of workshops on the application, care and maintenance of LTSM. The parent committees should play an oversight role in the care and maintenance and keep an inventory.

4.6 ECD Service Audit: Health and Safety

4.6.1 Introductory remarks

The health and safety of learners at ECD centres is of vital importance. Parents and guardians entrust the care of their children to ECD centres for a substantial portion of the day so they must have an assurance their children are being cared for in a safe environment.

While it is impossible to ensure 100% safety of learners at all times, there is set of criteria that centres must abide by to reduce the risk of physical injury and communicable diseases. These include things such as having staff with first-aid training, a separate area for children who shows signs of illness, detecting early signs of abuse or neglect, enforcing a hand-washing policy, and having a fence around the centre.

To assess the general safety and health related preparedness of ECD centres, they were asked questions regarding immunisation records, medication management policies, contact with local clinics, and the regularity of keeping the centre clean.

4.6.2 Audit findings

Health

The risk of the spread of communicable diseases at ECD centres is high. Children come to the centres from a diverse range of communities and environments where they may have been exposed to any number of germs. The interaction, joint activities and play which forms part of the daily centre programme increase the risk of the spread of disease. In order to prevent the spread of preventable diseases, many centres require that children show proof of immunisation against certain diseases.

The audit found that immunisation records are kept by 75% of centres with full registration which is slightly higher than conditionally registered centres (73%) and significantly higher than unregistered centres (64%).

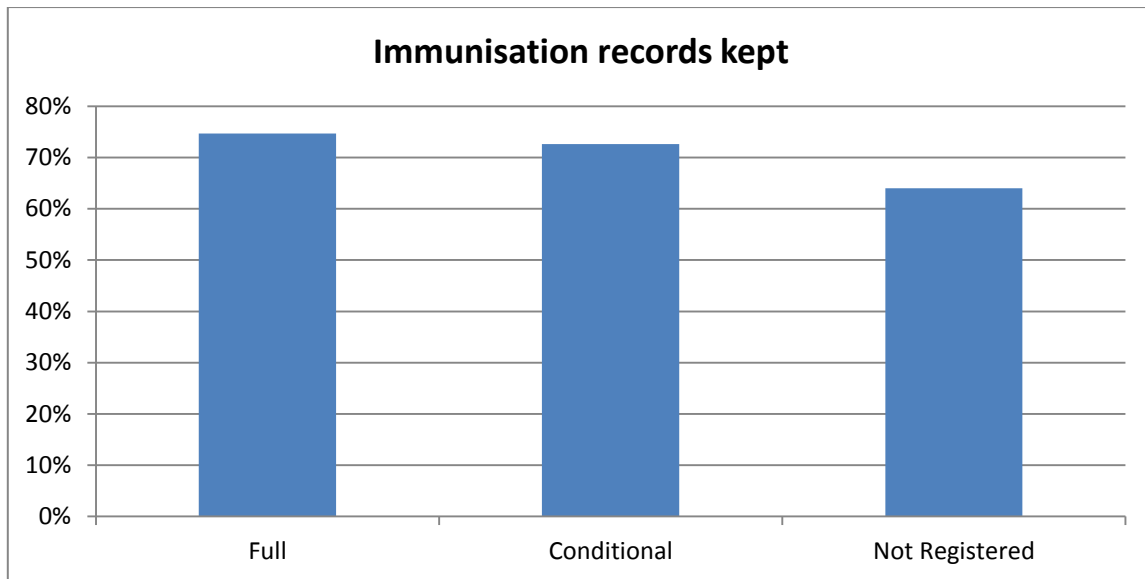


Figure 104: Immunisation records kept

Gauteng has the highest proportion of centres that keep immunisation records of its learners across all registration statuses. Disaggregating by registration status shows that fully registered centres (89%) have a much higher rate of success in terms of keeping the immunisation records of their learners than either conditionally registered (82%) or unregistered centres (80%) in the province. Gauteng is closely followed by the Free State where 84% of fully registered centres, 85% of conditionally registered centres, and 80% of unregistered centres keep immunisation records.

Overall, rates are lowest in Mpumalanga and the Northern Cape. Disaggregation by registration status shows that fully registered centres have the highest success rate in terms of keeping immunisation records within Mpumalanga (74%) followed by conditionally registered centres (54%) and unregistered centres (47%). A similar pattern appears when disaggregating the results from the Northern Cape by registration status: 64% of fully registered centres, 63% of unregistered centres, and 49% of conditionally registered centres keep immunisation records of children. The proportion of centres keeping immunisation records is lower than the national average across all registration statuses in both these provinces.

Not keeping immunisation records increases the chances that non-immunised children will be admitted and inhibits verification. More should be done to encourage ECD centres to keep immunisation records on file at centres. Other provinces may wish to emulate the policies of Gauteng and the Free State to increase the level of compliance.

The audit assessed whether centres that keep immunisation records kept them up-to-date. Results are overall very positive. The figure below illustrates that 95% of fully registered centres that keep immunisation records on file, keep them up to date. Similarly, 91% of conditionally registered centres and 93% of unregistered centres do likewise.

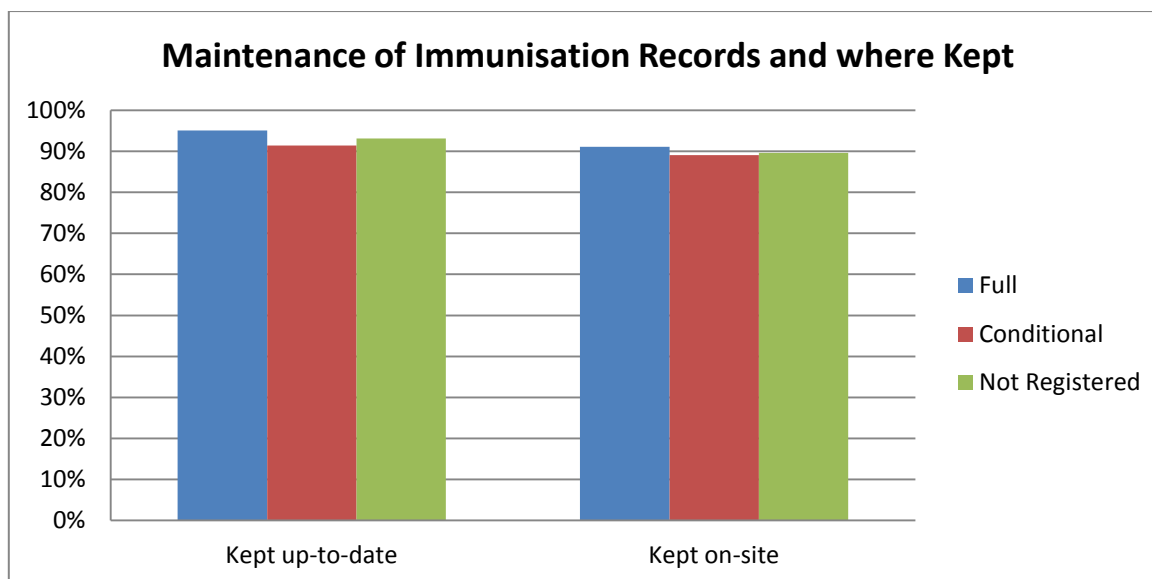


Figure 105: Immunisation records kept up-to-date at ECD Centres

Of the fully registered centres that keep immunisation records of their learners, the Free State (98%), Mpumalanga (98%), Gauteng (98%) and Limpopo (97%) have the highest rates of keeping records up-to-date. On average, all provinces with full registration status have high proportions of their centres keeping records up-to-date. However, the rate of success in provinces such as the Eastern Cape (91%), KwaZulu-Natal (91%), the Northern Cape (93%) and North West (94%) are somewhat below the national average.

The trend among conditionally registered centres is similar with rates above 90% for all provinces except for Limpopo (89%). In terms of unregistered centres, a little over 93% of centres keep their immunisation records up-to-date; only Limpopo (85%) has a success rate below 90%.

Most centres are successful in keeping records up-to-date; however, it is imperative for all ECD centres to keep records up-to-date which allow practitioners to identify learners who have not received their immunisations. This, therefore, helps to monitor children's immunisations and prevents unnecessary spread of communicable diseases.

Keeping of immunisation records on site was investigated in audited centres that report keeping immunisation records and it was found that 91% of fully registered, 89% of conditionally registered, and 90% of unregistered centres keep immunisation records of their learners at the centres.

Mpumalanga (96%) has the largest proportion of registered centres that kept immunisation records on-site. This is a slightly higher proportion than Limpopo (95%), North West (95%), and Gauteng (94%). The Northern Cape (84%) and the Eastern Cape (87%) are the only two provinces where less than 90% of fully registered centres do not keep records on-site.

Conditionally registered centres in Gauteng (99%) and North West (99%) keep immunisation records on-site in a high percentage of cases. The Free State has the lowest proportion of conditionally registered centres (68%).

The situation is mirrored in unregistered centres in which the national average of 90% is slightly higher. Gauteng (94%), North West (94%), and Mpumalanga (93%) again have the highest rates while the Free State (80%), the Eastern Cape (84%), and the Northern Cape (84%) have the lowest rates.

Keeping immunisation records on-site allows ECD practitioners to monitor which learners have or have not received their immunisations. ECD practitioners may therefore inform the parents on time and also remind them when the dates for learners' immunisations are due. In light of this, it is recommended that ECD centres try and keep more immunisation records on their premises.

Detecting abuse and neglect at its earliest stages and making necessary interventions play a significant role in ensuring that the development of children is not compromised or impeded during their early years and limiting the physical and emotional harm inflicted on these children. ECD centres can serve an important role in addressing the situation as they are one of the few areas where children interact with other individuals outside of the home environment. Daily interaction also allows staff members at ECD centres to notice changes in the child's behaviour. Nationally, 67% of fully registered centres have at least one staff member trained in detecting signs of abuse and neglect, compared to 60% of conditionally registered centres and 59% of unregistered centres (Figure 106).

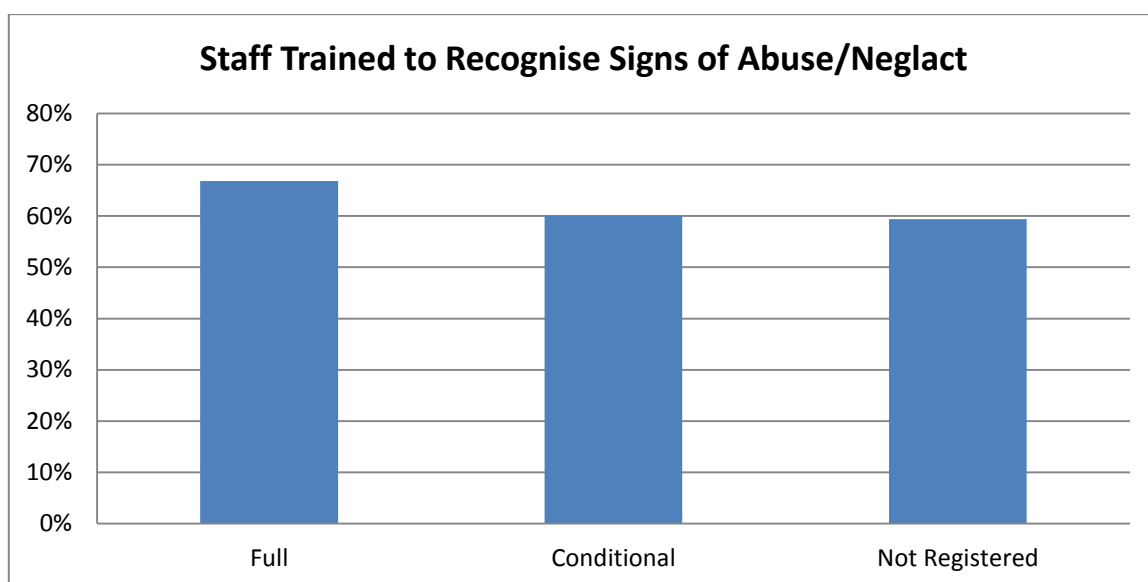


Figure 106: ECD centre staff trained to recognise early signs of abuse and neglect in children

The Western Cape (80%) has the highest number of fully registered centres with at least one staff member trained to recognise abuse and neglect whilst North West (45%) and the Northern Cape (34%) have the lowest rates. Amongst conditionally registered centres, Gauteng (78%) has

the highest rates whilst North West (39%) has the lowest percentage of centres with staff trained to recognise abuse and neglect. Unregistered centres (59%) generally have lower proportions of centres with trained staff especially in Limpopo (39%), North West (39%), and the Northern Cape (38%).

The importance of having staff trained to recognise abuse and neglect cannot be overstated. Provision of training programmes for staff to identify abuse and neglect in children is imperative and should be looked into carefully across all provinces in all registration statuses. It is crucial to determine why more than half of all registered centres in these provinces do not have even one staff member who has been trained in detecting signs of abuse or neglect. This could be easily incorporated into future ECD training or workshops.

Detecting abuse and neglect is an important first step in remedying the situation but nothing can be done unless it is reported. Over 80% of centres across all registration statuses claim that they would report signs of abuse and neglect. This is not limited to centres with trained staff as abuse may be suspected by anyone. The proportion of centres that claim they would report suspected abuse is highest in fully registered centres (94%), followed by conditionally registered (92%) and unregistered centres (89%) (Figure 107).

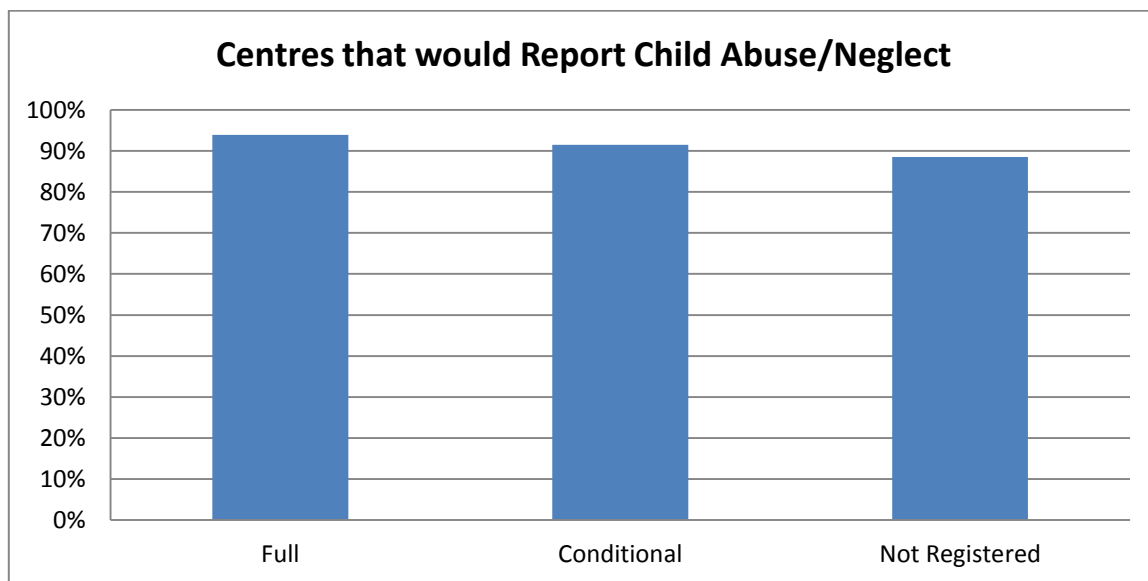


Figure 107: ECD centre staff would report signs of abuse and neglect

The proportion of registered centres that claim that they would report signs of abuse and neglect is highest in the Free State (97%), followed by KwaZulu-Natal (96%) and the Western Cape (96%). The Northern Cape (79%) is significantly below the national average of 94%. The Free State (98%) and North West (98%) have the highest proportion of conditionally registered centres that would report signs of abuse and neglect while the lowest proportion is found in the Eastern Cape (87%).

The proportion of unregistered centres that would report suspected cases of abuse and neglect are similarly high across most provinces with rates as high as 93% in the Free State with nearly identical rates in the Western Cape (93%) and KwaZulu-Natal (92%). Limpopo (81%) and the

Northern Cape (78%) are provinces where the proportion of positive responses to the question of reporting abuse is lowest among unregistered centres.

Audited centres that would report cases of suspected abuse and neglect were asked to whom they would report these signs: the principal, SAPS, parents of learners, and or social workers. Centres were not limited to a single response.

The share of centres which claim that they would report signs of abuse and neglect to the principal is not very high across registration statuses. 65% of fully registered centres, 61% of conditionally registered centres, and 65% of unregistered centres claim that they would report signs of abuse and neglect to the principal of the ECD centre.

Fully registered centres in Gauteng (87%) and the Western Cape (83%) have the highest proportion in terms of claiming that they would report signs of abuse and neglect to principals. These two provinces also have the highest proportion when it comes to responses by unregistered centres: 79% in Gauteng and 77% in the Western Cape. Among conditionally registered centres, the Free State (88%) has the highest rates.

Limpopo (44%) and KwaZulu-Natal (47%) have the lowest proportion of fully registered centres that say that they would report signs of abuse and neglect to principals. Limpopo has the lowest rate amongst unregistered centres (43%) while centres in Mpumalanga (38%) have the lowest rate amongst conditionally registered centres. KwaZulu-Natal performs relatively poorly across both these types of registration statuses with a little over half of centres responding positively in both cases.

In terms of reporting signs of abuse and neglect to the SAPS, fewer centres claimed that they would do so. The data shows that only 32% of fully registered, 28% of conditionally registered, and 29% of unregistered centres would report signs of neglect and abuse to SAPS.

A total of 49% of the fully registered centres in North West claim that they would report signs of abuse and neglect to SAPS, which is the highest amongst the provinces. The lowest proportion of registered centres responding positively to this question is found in Mpumalanga (17%). Other provinces that have proportions of positive responses below the national average are KwaZulu-Natal (22%), Limpopo (25%) and Gauteng (26%).

Over 40% of conditionally registered centres in KwaZulu-Natal (42%) would report abuse to SAPS representing the highest rates and are significantly higher than fully registered (22%) and unregistered centres (17%) in that province where they are among the lowest rates. Rates in neighbouring Mpumalanga are as low as 11% in conditionally registered centres. The Eastern Cape (46%) had the highest proportion of unregistered centres that would report signs of abuse and neglect to the SAPS closely followed by North West (44%). The lowest percentage of unregistered centres that claim that they would report abuse to SAPS was in KwaZulu-Natal (17%).

Reporting of signs of abuse and neglect to parents is higher than to SAPS or principals: 64% of fully registered centres, 65% of conditionally registered centres, and 62% of unregistered

centres claim that they would report signs of abuse and neglect to the parents or guardians of children at their centres.

The data reveals that North West and the Eastern Cape both with 77%, have the highest proportion of fully registered centres that would report signs of abuse and neglect to the parents. Both these provinces have a high proportion of positive responses amongst unregistered centres as well: 76% in North West and 75% in the Eastern Cape. The Northern Cape (76%) has a substantial proportion of unregistered centres that would report abuse to the parents.

This is in contrast to provinces like the Free State, Limpopo and the Western Cape; in all three provinces, the proportion of positive responses is relatively low and significantly below the respective national averages for fully registered and unregistered centres. In Limpopo, rates are 56% in registered centres, 66% in conditionally registered centres, and 59% in unregistered centres. In the Free State, 56% of registered centres, 64% of conditionally registered, and 60% of unregistered centres would report suspected cases of abuse to parents. In the Western Cape, comparative rates are 59%, 45%, and 54% respectively.

In terms of reporting signs of abuse and neglect to social workers, conditionally registered centres (61%) have the highest proportion of affirmative responses followed by 61% of fully registered centres and 50% of unregistered centres.

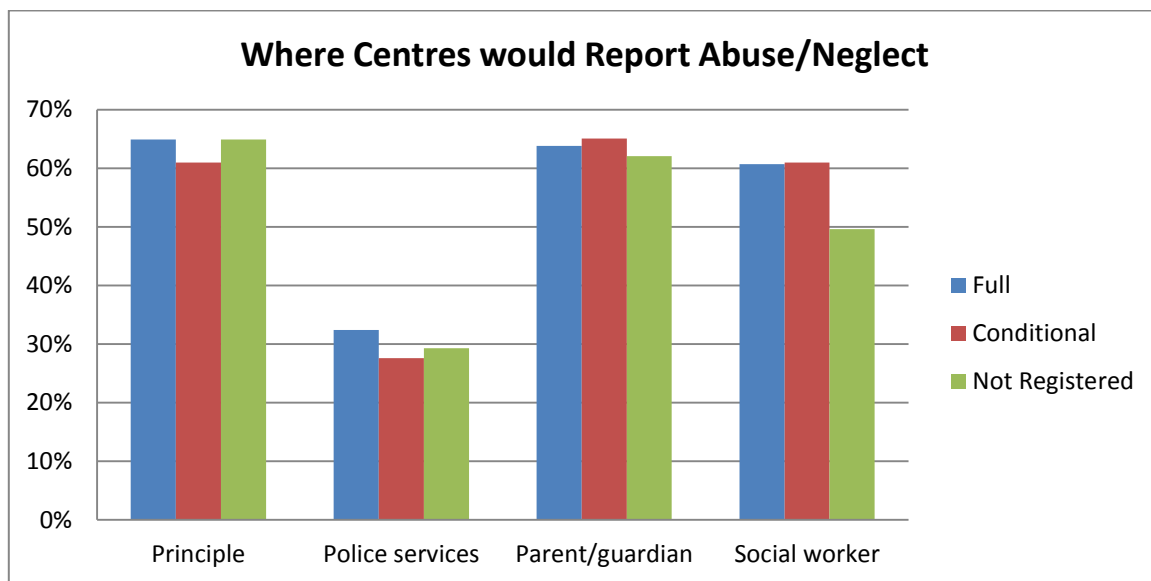


Figure 108: Authority to which abuse/neglect would be reported

Signs of neglect and abuse would be reported to social workers by the largest percentage of fully registered centres in the Eastern Cape (70%) and North West (67%) and smallest percentage in Gauteng (48%). For conditionally registered centres, the positive response rate is highest in North West (83%) and the lowest is in the Free State (39%). Amongst unregistered centres, the Northern Cape (62%) has the highest proportion of positive responses while Gauteng (40%) has the lowest.

The fact that abuse would be reported in over 90% of centres is encouraging. However, there are no consistent answers given on who they would report it to. The DSD may want to consider creating guidelines in terms of the best place to report suspected cases of abuse to reduce confusion and be most effective in terms of the wellbeing of the child.

Many children attending ECD centres may require that medication be administered while in the care of the centre. It is important for the health and safety of the child on medication and the other children in the centre that proper precautions are taken. Audited ECD centres were examined for the existence of a medication management policy.

Figure 109 indicates that 37% of fully registered ECD centres claim to have a medication management policy and were able to produce evidence to support their claim. An additional 13% of fully registered centres also claim to have such a policy but were unable to offer substantive proof upon request. The results are lower for conditionally registered and unregistered centres but follow a similar trend: 34% of conditionally registered centres and 27% of unregistered centres claim to have a medication management policy in place and could provide evidence while an additional 9% and 13% of such centres respectively could not provide any evidence to support their claims. Over 50% of centres across all registration statuses have no medication management policy in place.

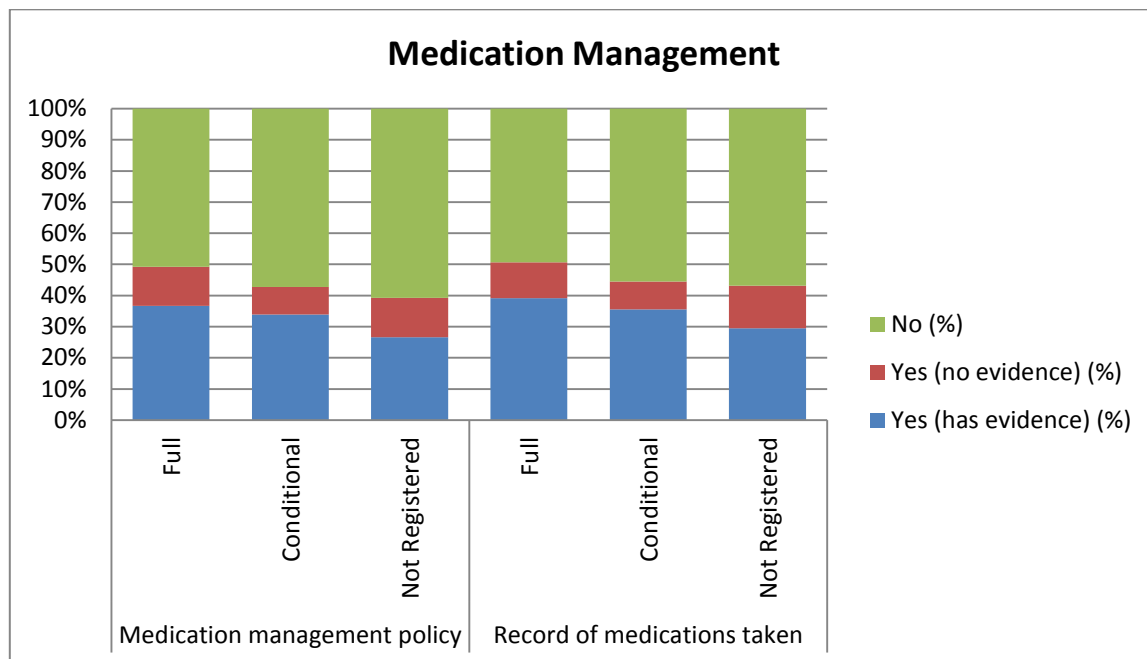


Figure 109: Medication management policy in ECD centres

Gauteng (56%) and the Western Cape (53%) have the highest proportion of fully registered centres that claim to have a medication management policy and that were able to produce evidence to confirm this. This proportion is relatively low in KwaZulu-Natal where 17% of centres were able to make the claim and substantiate it with proof. Gauteng (58%) and the Western Cape (50%) have the highest proportion of centres with medication management

policies amongst conditionally registered centres and unregistered centres. Similarly, of unregistered centres 38% in Gauteng and 35% in the Western Cape could do the same.

The Northern Cape has the highest proportion of fully registered (72%) and unregistered centres (78%) without a medication management policy. Amongst conditionally registered centres, this proportion is highest in KwaZulu-Natal (78%). It is important to note that the proportion of unregistered centres in KwaZulu-Natal that does not have a medication management policy is also relatively high at 76%.

The statistics in terms of centres that keep a record of the medication taken by learners are similar to the ones generated for the existence of a medication management policy. Recording medication taken by children is likely to be one component of the medication management policy. At the national level, 39% of fully registered centres have evidence of records of medication taken by children and an additional 12% of centres did not have evidence to support this claim. Among conditionally registered centres, 35% of centres could provide evidence of these records whilst an additional 9% could not. 29% of unregistered centres had evidence of a record of medication taken by children in their centres.

When disaggregated on a provincial basis, the range of affirmative responses (with evidence) for fully registered centres goes from a minimum of 16% in KwaZulu-Natal to a maximum of 56% in Gauteng, followed closely by Limpopo (55%). The highest proportion of such centres that do not have records of medication taken by children was found to be in KwaZulu-Natal (75%). The Western Cape (56%) has the largest proportion of conditionally registered centres with evidence of records of medication to be taken by their learners; conversely, KwaZulu-Natal has the highest rate of conditionally registered centres not keeping records of children's medication (78%). Amongst unregistered centres, North West (82%) and the Northern Cape (81%) had highest rates with regard to not having any record of medication taken by children.

Generally, ECD centres across the nation have a strong record in terms of staying in touch with their local clinic. These healthcare providers can assist learners by identifying conditions that may go unrecognised by ECD centre staff such as undernourishment, stunting, or disabilities and impairments. Not all learners may go for regular health check-ups and the quality of the services provided by the clinic may differ. 86% of fully registered centres, 81% of conditionally registered centres and 77% of unregistered centres maintain contact with a local clinic (Figure 110).

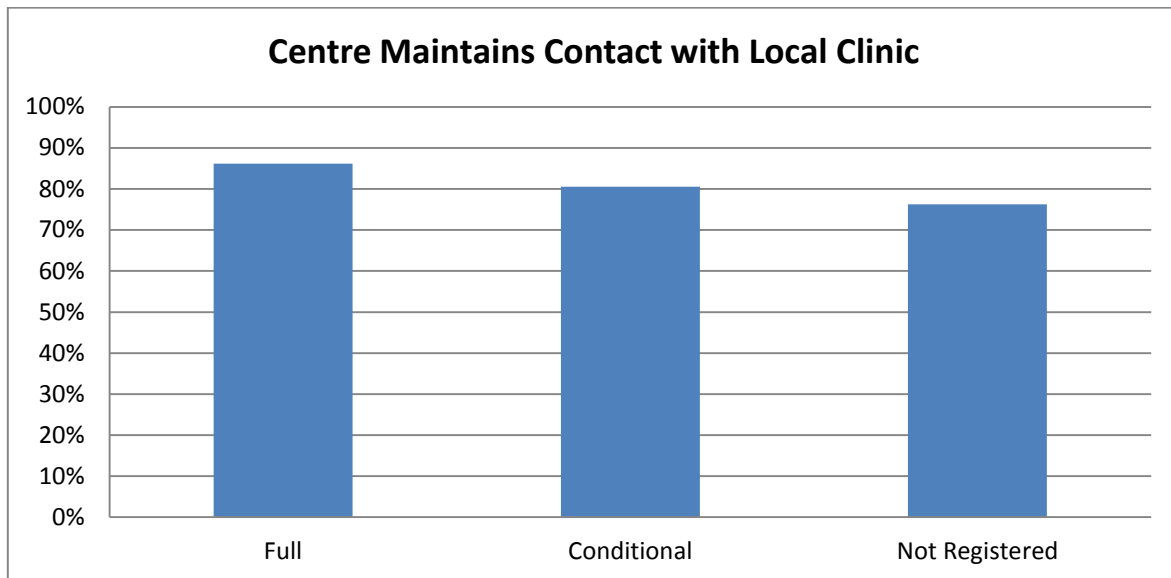


Figure 110: ECD centres maintaining contact with local clinic

When broken down on a provincial basis, the highest proportion of fully registered centres that remain in contact with local clinics is in Gauteng (95%) followed very closely by the Free State (95%). Amongst conditionally registered centres, the Free State (97%) and Gauteng (90%) also have the highest rates and in unregistered centres as well (88% in Gauteng and 86% in the Free State). For all other provinces besides the Northern Cape and Mpumalanga, the proportion of centres that remain in touch with their local clinic is relatively high across all registration statuses. The data collected in the Northern Cape, however, suggests that only 51% of registered, 67% of conditionally registered centres and 56% of unregistered centres remain in contact with their local clinic. In Mpumalanga, while the proportion is high for fully registered centres (85%) rates amongst conditionally registered (45%) and unregistered centres (59%) are much lower.

Across the entire nation, most centres keep contact with a local clinic on a quarterly (46%), monthly (27%), or annual (20%) basis. Unregistered centres (46%) have the most quarterly contact with local clinics followed closely by fully registered centres (46%) and lastly, conditionally registered centres (45%). Monthly contact is the next most popular time frame with over 25% of centres across all registration statuses keeping contact with a local clinic. 23% of unregistered centres, 21% of conditionally registered centres and 17% of fully registered centres keep contact with a local clinic annually. Fewer centres (6%) keep contact with a local clinic on a weekly basis though significantly higher in the Northern Cape (14%), and Mpumalanga (14%). It would be important to determine what constitutes as contact and what is done during these interactions.

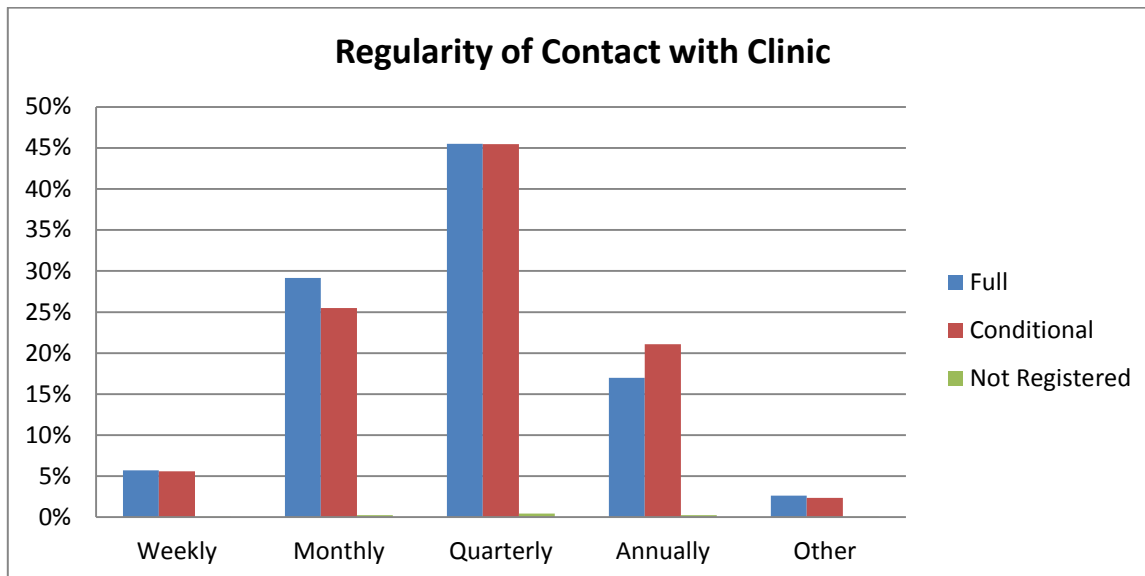


Figure 111: ECD centres' regularity of contact with local clinic

The highest proportion of fully registered centres (66%), conditionally registered (86%) and unregistered centres (65%) making quarterly visits are in North West. Between 30-55% of the centres in the other provinces contact their local clinic on a quarterly basis across registration statuses. With regards to monthly contact, the proportion is highest in Limpopo (45%) among fully registered centres and Mpumalanga in both conditionally registered (34%) and unregistered centres (39%). Gauteng has significantly higher proportion of fully registered and unregistered centres that make annual contact with local clinics whilst KwaZulu-Natal (34%) has the highest proportion amongst conditionally registered centres. Annual contact is also high in the Western Cape (21%), the Free State (21%), and Gauteng (27%).

It would be important to determine what is entailed in this contact to assess whether it is too infrequent. It may show a lack of capacity in health services in some areas. The DSD and the DOH should assess what entails quality contact and what interactions between ECD centres and local clinics should take place to ensure children are in maximal health and that underlying conditions do not remain undiagnosed.

Centres across the country were asked about whether or not they implement various types of health and safety related policies and practices. These are designed to reduce the risk of injury and illness among children in their care.

ECD centres were asked if staff members knew about the Universal Precautions Policy. These precautions are intended to reduce the spread of HIV/AIDS. More specifically, according to the Government Gazette No. 20372 - Vol. 410 – 10 August 1999, Universal Precautions refers:

“...to the concept used worldwide in the context of HIV/AIDS to indicate standard infection control procedures or precautionary measures aimed at the prevention of HIV transmission from one person to another and includes procedures concerning basic hygiene and the wearing of

protective clothing such as latex or rubber gloves or plastic bags when there is a risk of exposure to blood, blood-borne pathogens or blood-stained body fluids.”²⁶

A total 53% of fully registered centres, 51% of conditionally registered centres and 45% of unregistered centres, have staff members who are cognisant of the Universal Precautions Policy. Amongst fully registered centres, these affirmative responses vary between a minimum of 38% in the Northern Cape and a maximum of 65% in Gauteng at the provincial level. This may be affected by the prevalence of HIV in the area where the ECD centre is located but also signifies that in general ECD centres need to be better informed about Universal Precautions. Similarly, the range of affirmative responses for conditionally registered centres goes from 28% in the Free State to 67% in the Northern Cape while for unregistered centres, the range is from 29% in the Northern Cape to 50% in the Western Cape. North West, however, is one province where the proportion of affirmative responses is under the respective national average across all registration statuses being 40% in registered centres, 48% in conditionally registered centres, and 37% in unregistered centres.

Hand-washing can significantly reduce the spread of germs between children and thereby reduce the risk of illness. Centres are generally successful at enforcing a hand wash policy. Nationally, 82% of fully registered centres enforce such a policy. This ranged from a minimum of 73% in North West to a maximum of 90% in Gauteng. The proportion of fully registered centres responding in the affirmative is higher than the national average in the Western Cape (87%) and the Free State (87%)

Amongst conditionally registered centres, the range of affirmative responses goes from 66% in the Eastern Cape to 88% in the Western Cape while the range across unregistered centres is between 66% in the Northern Cape and 85% in Gauteng. It is important to note that the Eastern Cape and the Northern Cape are two provinces where the proportion of centres is below the respective national averages.

Washable walls are less common: nationally, 68% of fully registered centres, 61% of conditionally registered centres and 56% of unregistered centres claim to have washable walls. At the provincial level, the highest proportion of fully registered centres with washable walls belongs to Gauteng (86%) and the Western Cape (84%). The Free State (73%) is the only other province with a proportion of positive responses that is above the national average. The same three provinces also have the highest proportion of positive responses amongst conditionally registered centres and unregistered centres: among registered centres, 77% in the Western Cape, 73% in Gauteng, and 72% in the Free State have centres with washable walls, while in unregistered centres the figures are 73% in the Western Cape and 71% in Gauteng. There is marked difference among unregistered centres in the Free State where 58% have washable walls. Provinces where the proportion of positive responses is consistently below the national average across all three registration statuses are the Eastern Cape, KwaZulu-Natal, Limpopo and Mpumalanga. The financial resources of the centre likely have a strong influence over the construction materials of the wall, which determine how easily they can be washed.

²⁶Department of Education. (1999) "General notices: Notice 1926 of 1999 [GenN1926y1999]". Government Gazette No. 20372 (410) - 10 Aug 1999.

Just under half of fully registered centres (49%), 43% of conditionally registered centres, and 38% of unregistered centres surveyed nationally have a sick bay in their premises where they can isolate sick children from the rest of the group. When the analysis is disaggregated on a provincial basis, only in Gauteng (74%), the Western Cape (60%) and Mpumalanga (53%) are more than 50% of fully registered centres equipped with sick bays. This is as low as 26% in the Northern Cape. Amongst conditionally registered centres, North West is another province that has over 50.0% of centres with sick bays with a low of 35% of conditionally registered centres in KwaZulu-Natal

Unregistered centres are not as well equipped in terms of having sick bays compared to fully registered and conditionally registered centres. The proportion of unregistered centres with sick bays is over 50% only in Gauteng (54%). The Western Cape—which has the next highest proportion—has 46% of unregistered centres with the facility. The rate of unregistered centres with a sick bay drops to as low as 17% in Limpopo. Limpopo, along with the Eastern Cape, KwaZulu-Natal and the Northern Cape, are the four provinces with proportions of affirmative responses across all registration statuses that are lower than the respective national averages.

In 48% of fully registered centres a separate area is used to clean babies and change nappies. Similarly, 46% and 41% of conditionally registered and unregistered centres respectively have such facilities.

Amongst fully registered centres, the range of the proportion of centres with a separate area to clean babies goes from a minimum of 17% in North West to a maximum of 63% in Gauteng. A good number of fully registered centres in the Western Cape (59%) seem to have separate baby cleaning and nappy changing areas as well, closely followed by Free State (58%). The Northern Cape performs nearly as poorly as North West with 22% of the fully registered and audited centres in having such an area.

The Western Cape and Gauteng have the highest proportion of conditionally registered centres with separate areas to clean babies (64% and 60% respectively) while the Northern Cape and KwaZulu-Natal have the lowest proportions (11% and 26%). The Western Cape (52%) and Gauteng (52%) have the highest proportion of positive responses amongst unregistered centres as well while North West (17%) and the Northern Cape (23%) have the lowest proportion.

Overall, the proportion of fully registered centres that have suitable facilities to clean bottles is relatively low and follows a similar pattern to the percentage of centres with suitable areas to clean babies. 43.7% of fully registered centres nationally have suitable facilities to clean bottles. This ranges from a low of 10% in North West to a high of 61% in the Western Cape. 18.2% of fully registered centres in the Northern Cape have such facilities. Overall, 40% of conditionally registered centres have suitable facilities to clean bottles as well. Disaggregating by province shows that Gauteng (56%) and the Western Cape (56%) have the largest proportion of centres with such facilities while the Northern Cape (22%) and North West (23%) have the lowest proportion. A similar story pans out amongst unregistered centres as well: the Western Cape (57%) has the highest proportion of unregistered centres with suitable bottle cleaning facilities followed by Gauteng (51%). Furthermore, North West has the lowest proportion (13%) followed by KwaZulu-Natal (22%).

ECD centres do a significantly better job in terms of keeping the kitchen area and working area clean which limit health and safety risks to both learners and staff. National level statistics show that 86% of fully registered centres across the country keep their working areas and kitchens clean. Similarly, 83% of conditionally registered centres and 74% of unregistered centres do the same.

The Free State (91%), Gauteng (93%), and the Western Cape (87%) are three provinces where the proportion of centres that clean the working area and kitchen regularly is above the national average for all registration statuses. For conditionally registered centres the proportions are 90% in the Free State, 85% in Gauteng, and 89% in the Western Cape and 80%, 87% and 79% respectively amongst unregistered centres. Proportions are consistently lower than the national average across all three registration statuses in the Eastern Cape, KwaZulu-Natal and the Northern Cape. In the Eastern Cape, 77% of fully registered, 64% of conditionally registered, 67% and unregistered centres regularly clean their working area and kitchens. In KwaZulu-Natal, the proportions are 83% in registered centres, 69% in conditionally registered centres, and 59% in unregistered centres, while in the Northern Cape they are 81%, 67% and 55% respectively.

Centres seem to be similarly diligent about ensuring the food which is prepared in centres is done away from children. Children may compromise the hygienic preparation of the food and may also become injured during its preparation. Nationally, 85% of fully registered centres, 84% of conditionally registered centres and 73% of unregistered centres prepare food away from children.

Provincially, the highest proportion of positive responses amongst fully registered centres is in Gauteng (94%) while the lowest is in the Eastern Cape (74%) with similar rates in North West (76%) and the Northern Cape (78%). Gauteng has the highest proportion of positive responses to this question amongst unregistered centres as well (87%) while the Northern Cape (50%) and Eastern Cape (57%) have a relatively low proportion of centres with such responses. The Free State has the highest relative proportion of conditionally registered centres that prepare food separately from the learners (93%) while the Eastern Cape (63%) has the lowest.

First-aid kits should be a standard item in ECD centres, given that young children are often prone to accidents. These kits allow ECD staff to treat injuries quickly and in as hygienic a method as possible to reduce the risk of infection. The first-aid kit must also be well-stocked as some injuries are more common than others.

The audit reveals that 79% of fully registered centres nationwide have first-aid kits with adequate supplies. Gauteng (93%) and the Western Cape (90%) generally do well on this measure with over 90% of their fully registered centres meeting this criterion. North West (69%), the Eastern Cape (69%), KwaZulu-Natal (70%), and the Northern Cape (72%) are at the lower end of the spectrum.

A total of 76% of conditionally registered centres and 59% of unregistered centres have first aid kits with enough supplies as well. In the former category, centres in the Western Cape (92%) and Gauteng (89%) have the highest proportion of positive responses; in the latter, the same two provinces have the highest proportion of centres with well-equipped first aid kits (77% in

the Western Cape and 76% in Gauteng). Provinces that have a relatively low proportion of centres with well-equipped first aid kits across both registration statuses are the Eastern Cape (61% and 55%), KwaZulu-Natal (56% and 52%) and Mpumalanga (67% and 44%).

Nationally, 57.0% of fully registered centres, 45% of conditionally registered centres and 43% of unregistered centres have at least one practitioner with first-aid training.

The lowest proportion of fully registered centres with at least one such practitioner is in the Northern Cape (31%). Amongst unregistered centres, the lowest proportion of centres with at least one practitioner with first-aid training is in North West (22%). Provinces in which the proportion of practitioners with first-aid training is lower than the national average across all registration statuses are the Eastern Cape, KwaZulu-Natal, Limpopo, North West and the Northern Cape. The provinces that have the highest proportions across all three registration statuses are Gauteng and the Western Cape.

Pest control measures appear to be implemented by less than a third of the all types of centres. Specifically, the collected data shows that only 33% of fully registered centres, 28% of conditionally registered centres and 28% of unregistered centres have implemented some form of pest control measures.

Gauteng has the highest proportion of centres implementing pest control measures across all registration statuses: 54% of fully registered centres, 47% of conditionally registered centres, and 40% of unregistered centres have implemented such measures in the province. The two provinces that have the lowest proportion of registered centres that implement pest control measures are North West (14%) and the Northern Cape (17%). 19% of conditionally registered centres and 12% of unregistered centres in North West and 17% of unregistered centres in the Northern Cape implement such measures.

This may show a basic lack of awareness surrounding issues related to pests. Some centres may believe that they are not at risk of pest infestations. They may have also understood the question to only relate to chemical or physical means to eliminate existing pests and not preventative measures such as ensuring that food is not left in the open.

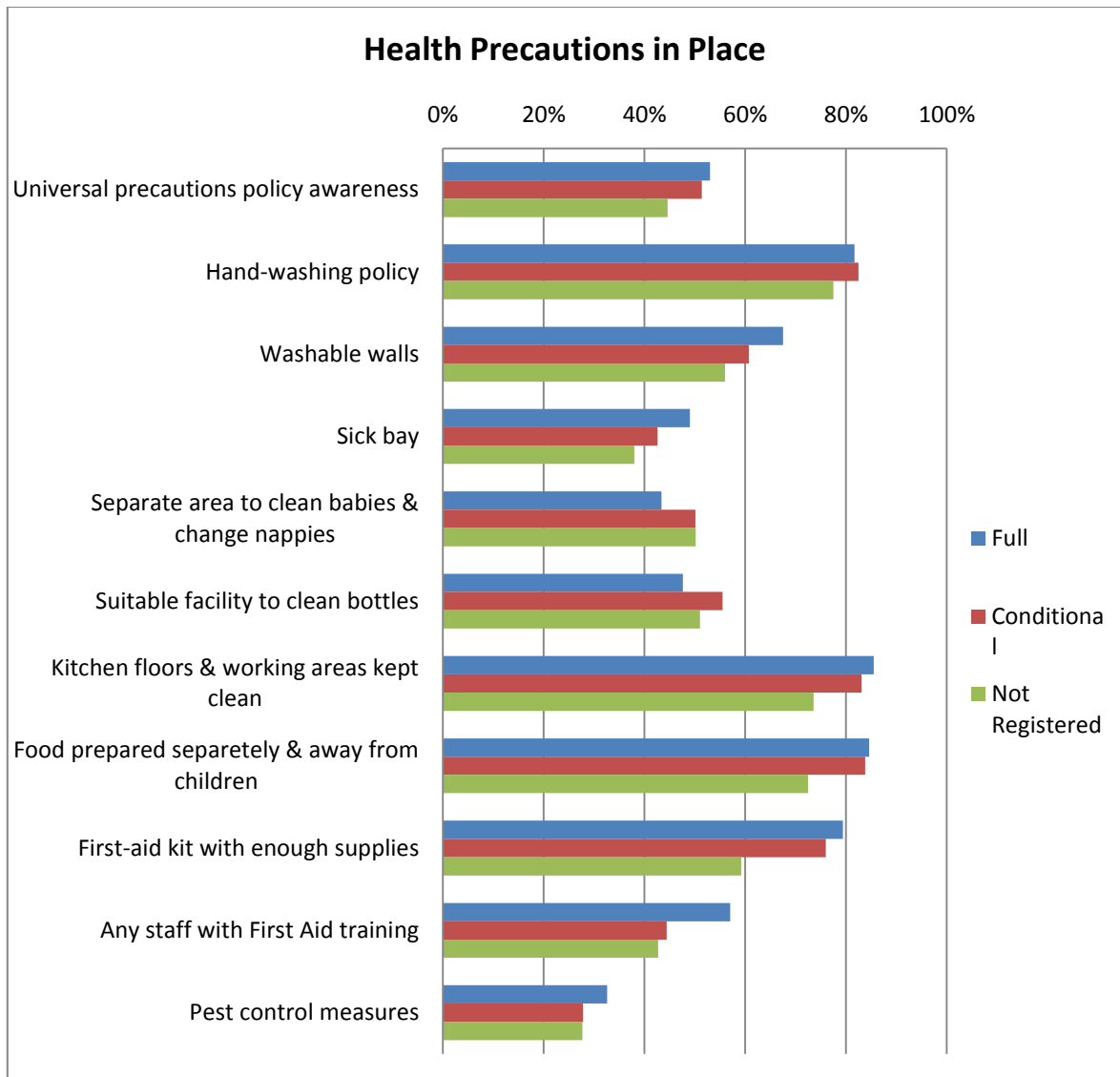


Figure 112: Health precautions

Clean classrooms are an important factor in maintaining a safe environment for children that is conducive to learning. Figure 113 shows that classrooms are cleaned on a daily basis in 95% of all centres regardless of registration status. Over 90% of centres across all provinces and all registration statuses clean their classrooms on a daily basis.

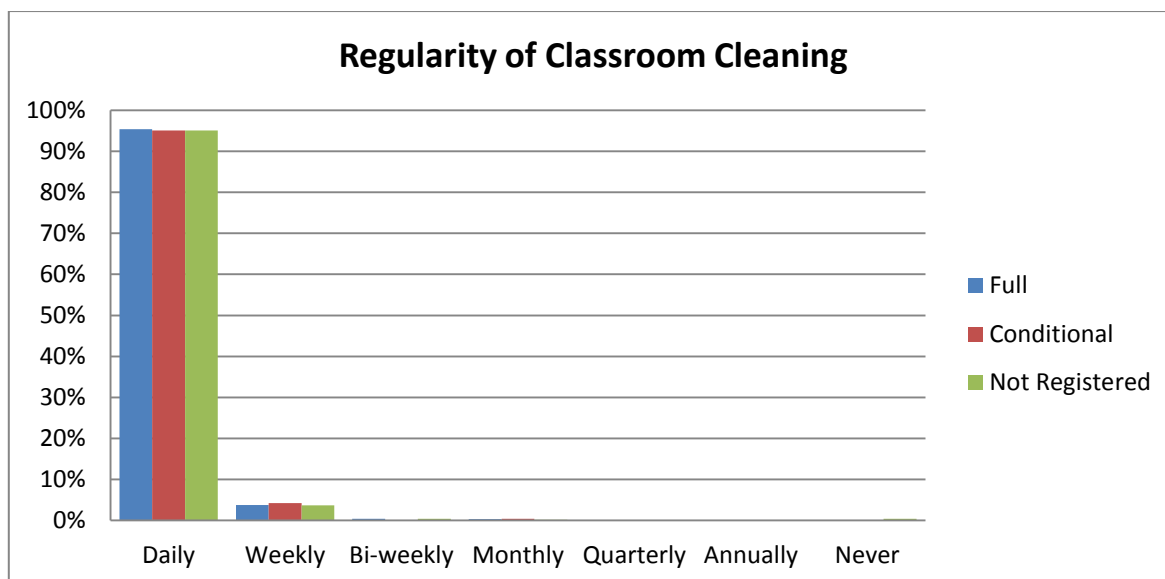


Figure 113: Regularity of classroom cleaning

Nationally, 4% of all centres regardless of registration, clean classrooms on a weekly basis. The Northern Cape has the highest relative proportion of fully registered centres and unregistered that clean classrooms on a weekly basis (8% and 12% respectively). Amongst conditionally registered centres, the proportion is highest in the Eastern Cape: 8% of such centres in the province clean their classrooms once every week.

The number of centres cleaning classrooms less than weekly (i.e., bi-weekly, monthly, quarterly and annually) is extremely rare to the point of being negligible.

Responses to the regularity of the cleaning of equipment and learning support materials, such as toys, chairs, and books, is more varied. Nationally, 32% of fully registered centres clean their equipment and learner support materials on a daily basis while 49% clean them on a weekly basis. Similarly, 34% of conditionally registered centres clean equipment on a daily basis while 45% clean them on a weekly basis. The same proportions across unregistered centres are 30% and 49% respectively.

When disaggregated on a provincial level, more fully registered centres clean their equipment on a weekly basis than on a daily basis in all but Mpumalanga and the Northern Cape. In the former, 49% of fully registered centres clean their equipment on a daily basis as opposed to 40% that clean it on a weekly basis. In the Northern Cape, 46% of fully registered centres clean it on a daily basis while 34% clean it on a weekly basis. Such a trend is also apparent amongst unregistered centres with only those in the Northern Cape cleaning their equipment on a daily basis (56%) than on a weekly basis (23%).

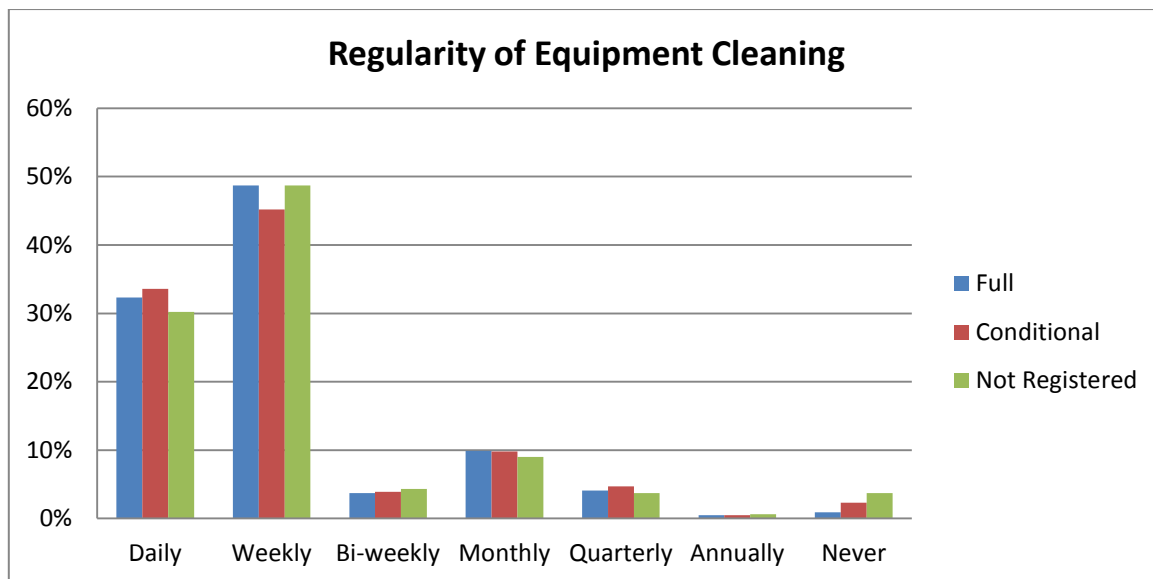


Figure 114: Regularity of equipment cleaning

In certain aspects of health and safety ECD centres generally fare relatively well. However, some areas which need to be researched further revolve around the care of infants. It is important to quantify these figures with the number of centres who have babies enrolled in order to deduce a more accurate conclusion regarding the low number of centres which provide baby cleaning areas and facilities to clean bottles.

Safety

ECD centres were asked about various safety-related practices in order to determine the general level of preparedness among them for emergencies and the level of overall safety in terms of risk.

Nationally, 84% of fully registered centres have evidence of emergency contact details of the learners. An additional 10% claimed to have the emergency contact details of parents but could not produce evidence supporting this claim. A similar pattern repeats itself across the remaining registration statuses: 86% of conditionally registered centres were able to produce the emergency contact details of the learners' parents or guardians while 8% made the claim but were not able to substantiate it. Amongst unregistered centres, these two proportions are 76% and 14% respectively.

A disaggregation of this statistic by province shows that the highest proportion of fully registered centres with emergency contact details of parents is in Limpopo (95%), Gauteng (91%), and the Western Cape (87%). All these centres were able to substantiate their claims. Limpopo (93%) and Gauteng (88%) also have the highest proportion of conditionally registered centres that were able to produce evidence for their claim that they have the emergency contact details of the parents or guardians of their learners. Amongst unregistered centres, Gauteng has the highest proportion of centres with such details (87%) followed by Limpopo (79%).

Conversely, the lowest proportion of centres across all registration statuses that claim to have the emergency details of parents and who were able to produce evidence is in the Northern Cape: 63% in fully registered centres and 58% in unregistered centres.

In the case of an emergency, ECD centres must be able to reach emergency services as quickly as possible. 73.9% of centres with full registration display a list of emergency contact services at the centre with an additional 9% of centres being unable to substantiate their claim. Given that the question asked whether these items are displayed, those without evidence are highly questionable and therefore not discussed further. Amongst conditionally registered centres 76% have emergency service contact details posted compared to 60% of unregistered centres.

When the statistic is computed on a provincial basis, the highest proportion of fully registered centres with evidence of a contact list of emergency services is in Limpopo (93%), Gauteng (86%), and the Western Cape (82%). The lowest proportion of fully registered centres, however, is in the Eastern Cape (56%), Northern Cape (61%) and North West (63%).

Amongst conditionally registered centres, compliance rates are highest in Limpopo (89%) and the Western Cape (84%) while they are lowest in the Eastern Cape (45%). The Free State (65%) and North West (67%) are also significantly below average.

Among unregistered centres, Limpopo and the Western Cape also have the highest proportion that display a list of emergency contact services and have evidence to substantiate their claim. In both cases compliance rate of these provinces is 64%. North West (38%), KwaZulu-Natal (48%) and the Eastern Cape (50%) have the lowest proportion of unregistered centres that display such lists.

Accident and injuries files provide ECD centres with a record of injuries so that future accidents of the same type can be avoided. They also provide an indication of what steps were taken to address the injury. In 66% of fully registered centres and 69% of conditionally registered centres keep a file or log of accidents and injuries which happened at the centre. Less than half (44%) of unregistered centres do the same. An additional 11%, 9% and 13% respectively claimed to have such a file but this could not be independently verified on the day of the audit.

Disaggregating the analysis on a provincial basis shows that the range of the proportion of fully registered centres claiming to keep such a file or log varies from a minimum of 37% in the Northern Cape to a maximum of 84% in Limpopo. The Eastern Cape (47%) was also relatively low. Registered centres in Gauteng (76%) and the Western Cape (75%) perform well above average on this measure. The range of affirmative responses backed by evidence among conditionally registered centres goes from a minimum of 36% in the Eastern Cape to 82% in Limpopo. Amongst unregistered centres, the range goes from 23% in the Northern Cape to 51% in Gauteng. The Eastern Cape (30%) is also below the national average.

Nationally, 69% of fully registered centres, 62% of conditionally registered centres, and 46% of unregistered centres have at least one fire extinguisher on the premises to deal with any fire related emergencies. Claims of this without evidence cannot be taken seriously.

When this analysis is conducted on a disaggregated basis, the largest proportion of fully registered centres with fire extinguishers on-site is in the Western Cape (92%) followed by Gauteng (90%). Provinces in which the lowest proportion of fire extinguishers was recorded are the Eastern Cape (36%) and the Northern Cape (46%) where less than half of all fully registered centres had fire extinguishers on site on the day of the audit.

Similarly, the Western Cape (84%) and Gauteng (88%) have the highest proportion of conditionally registered centres with fire extinguishers visible to the enumerator on the day of the audit. The same two provinces have the highest proportion of centres amongst unregistered centres that have fire extinguisher visibly displayed on the day of the audit as well. Provinces that have a low proportion of affirmative responses amongst conditionally registered centres and unregistered centres are the Eastern Cape (20% and 31% respectively), KwaZulu-Natal (29% and 32% respectively) and the Northern Cape (27%).

In emergencies, there might be situations where children will have to be evacuated from the centre *en masse*. Proper evacuation, however, can best be achieved if children have been trained to evacuate. Data collected on this particular question shows that 37% of fully registered centres, 31% of conditionally registered centres, and 25% of unregistered centres have trained their learners to evacuate the centre in case of emergency and were able to substantiate their claims.

A provincial level disaggregation shows that Gauteng and the Western Cape have the highest proportion of centres that have trained their learners to evacuate and were able to provide evidence for their claims. In Gauteng, 60% of fully registered centres, 61% of conditionally registered centres and 35% of unregistered centres have trained their learners and have evidence to prove their claim. Similarly, the proportions in the Western Cape are 56%, 49% and 38% respectively. The proportion of centres that have trained their children to evacuate and that were able to substantiate their claims are lower than the national average across all three registration statuses in provinces such as the Eastern Cape, KwaZulu-Natal, Mpumalanga and the Northern Cape.

A health and safety officer is able to manage all elements of health and safety preventing both duplication of effort and potential oversight. Nationally, 30% of centres have appointed a member of staff as the health and safety officer in fully registered centres, 28% in conditionally registered centres, and 21% in unregistered centres. A further 11% of fully registered centres, 9% of conditionally registered centres and 11% of unregistered centres claim to have a health and safety officer but could not provide evidence.

When this statistic is disaggregated by province, the lowest proportions among fully registered centres belong to the Northern Cape (5%) and North West (16%). Provinces that have the highest proportion of fully registered centres with a health and safety officer are Gauteng (43%), Western Cape (41%), and Mpumalanga (41%).

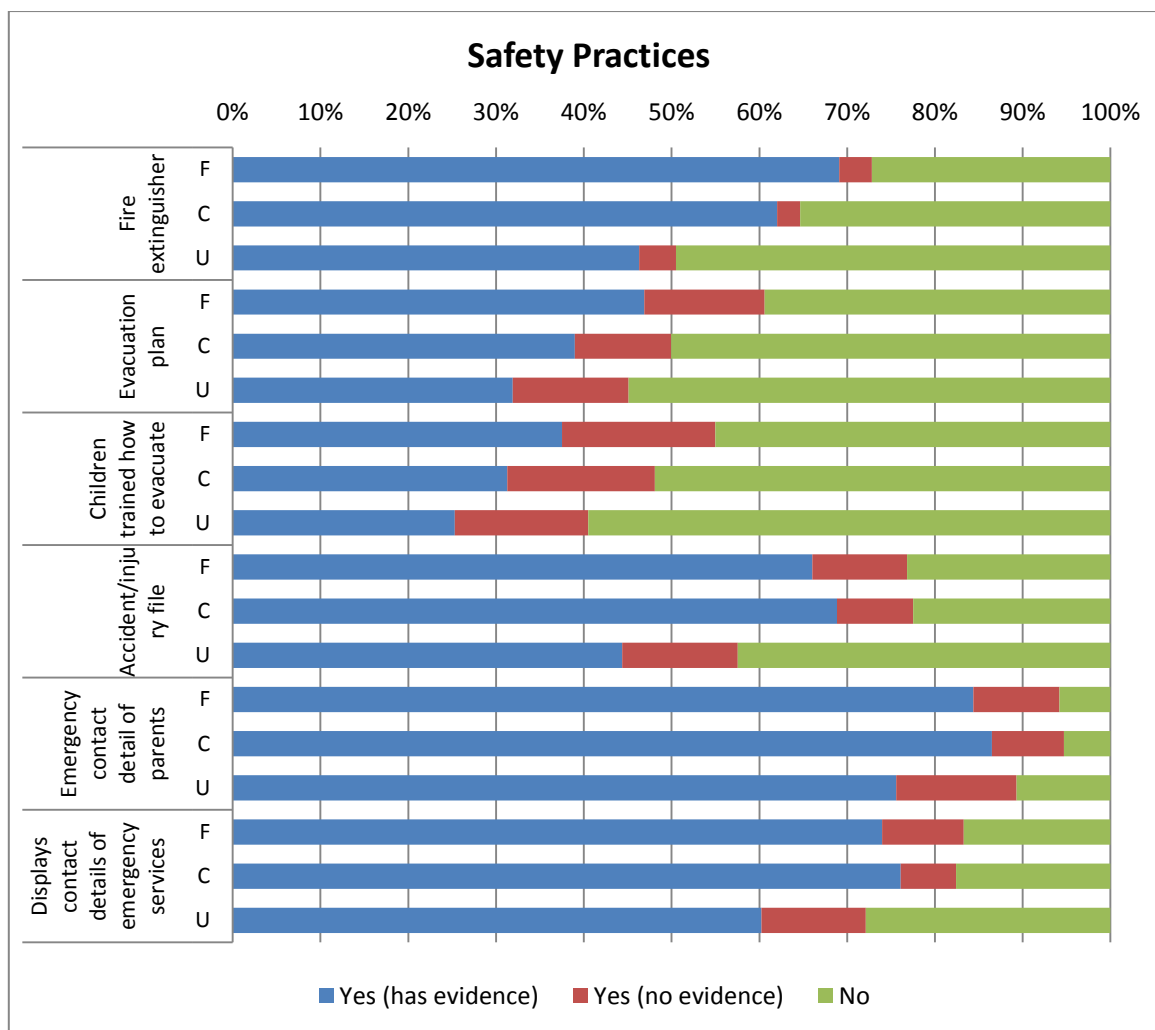


Figure 115: Safety practices

Among conditionally registered centres, the proportions of centres that have a health and safety officer are lowest in the Free State (16%). The same proportions are highest amongst Gauteng (57%) and the Western Cape (47%). These two provinces also have the highest proportions of unregistered centres that have a health and safety officer: 32% of unregistered centres in Gauteng and 28% in the Western Cape have such a person on their staff. This is lowest in the Northern Cape (3%) followed by North West (12%).

Of those fully registered centres with health and safety officers, 31% of them have been trained in first aid. An additional 9% have health and safety officers reportedly trained in first aid though this could not be confirmed. Similarly, 27% of conditionally registered centres were able to provide evidence for the claim that their health and safety officers are trained in first aid while 6% were not able to do so. Amongst unregistered centres, these proportions are 23% and 8% respectively.

When disaggregated on a provincial basis, the range of affirmative responses goes from a minimum of 4% in the Northern Cape to a maximum of 48% of fully registered centres in the Western Cape. Other provinces where the proportion of affirmative responses is relatively high

are Gauteng (48%) and Mpumalanga (43%). Amongst conditionally registered centres, the proportion of centres that have a health and safety officer trained in first aid has a maximum of 63% in Gauteng. Similarly, the Northern Cape has the lowest relative proportion of centres with health and safety officers for those centres that are unregistered (3%) while Gauteng has the highest (36%).

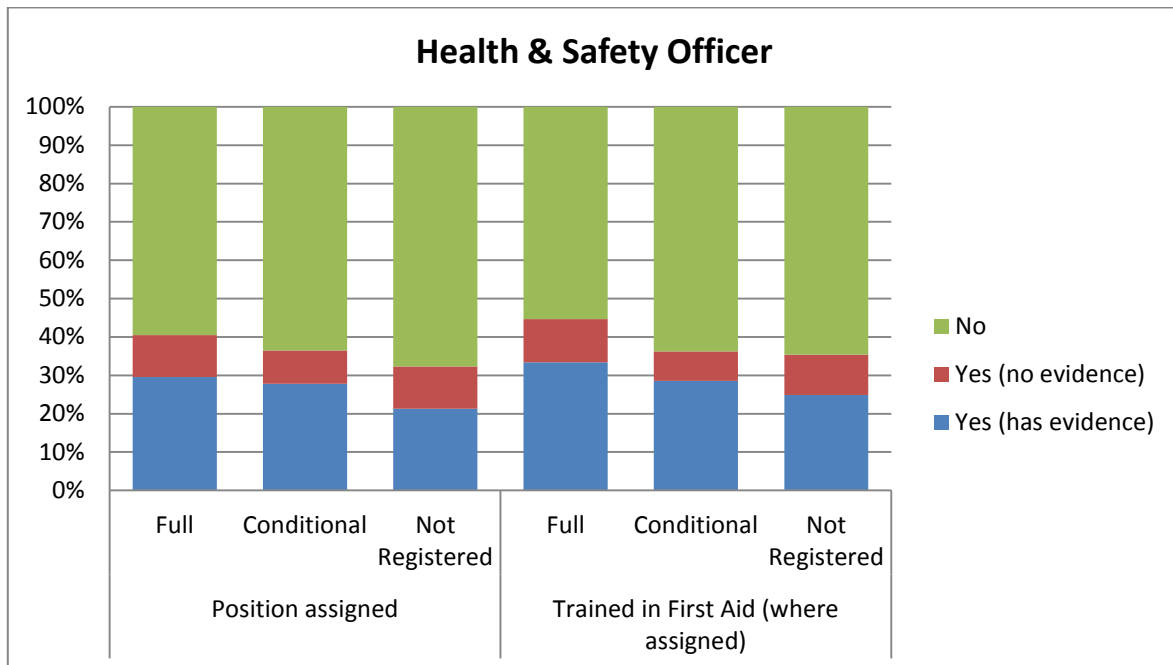


Figure 116: Health and safety officer

Taking proper safety precautions inside the ECD centre buildings is vital. It is, however, important to note that outdoor precautions must be taken as well, as children likely spend a good portion of their day outdoors. They are also likely to be less well supervised when outdoors. For these reasons, centres were also asked about whether they have safety features such as an outside fence and an outside gate in the premises.

Nationally, 85% of fully registered centres claim to have a fence which is at least 1.8 metres in height around ECD centre. 12% of such centres do not have such a fence while the question was not applicable to 4% of the centres. Amongst conditionally registered centres, 83% were found to have fences while 75%, of unregistered centres had the same.

When viewed on a provincial basis, one notes that the highest proportion of fully registered centres with such a fence is in Gauteng (94%) followed by Limpopo (89%). The lowest proportion of "Yes" responses among the same type of centres is found in the Eastern Cape (74%) followed by North West (78%) and the Northern Cape (78%). A similar pattern emerges when data for conditionally registered centres is analysed on a provincial basis: the Free State (89%), Gauteng (83%), and Limpopo (87%) have the highest proportion of centres with an outside fence while the Northern Cape (56%) and the Eastern Cape (65%), have the lowest proportion of centres with such a fence surrounding their premises. Unregistered centres in

Gauteng (90%) have the highest proportion of centres with a fence while the lowest proportion belongs to Mpumalanga (61%).

In addition to a fence, it is also important to have a lockable gate that prevents children from opening the gate and unauthorised people from entering the ECD premises: 89% of fully registered centres, 86% of conditionally registered centres, and 80% of unregistered centres nationally have an outside gate that locks.

When analysed on a provincial basis, the highest proportion of fully registered centres with a lockable gate is in Gauteng (98%) followed by the Western Cape (93%) and Limpopo (93%). The province with the lowest proportion of affirmative responses to the question is the Eastern Cape where 20% of centres surveyed do not have a lockable gate. Similarly, Gauteng has the highest proportions of conditionally registered centres (98%) and unregistered centres (94%) that have lockable gates. Amongst conditionally registered centres, the proportion is lowest in the Eastern Cape (70%) while it is lowest in unregistered centres in KwaZulu-Natal (70%).

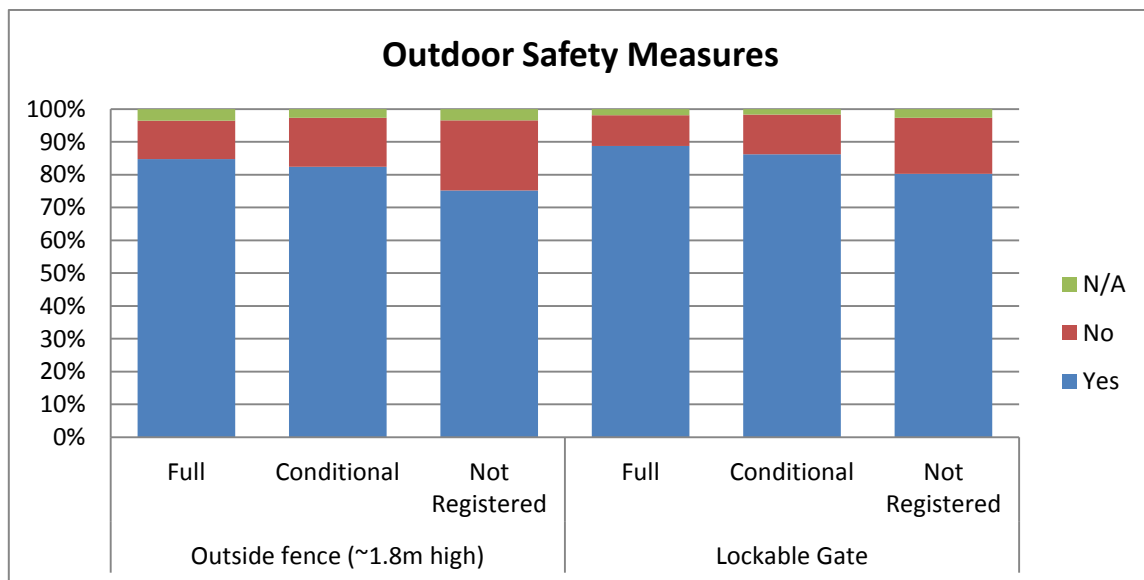


Figure 117: Outdoor safety measures

Very few centres have any dangerous or hazardous obstacles outside that prevent children from playing safely and freely. These dangerous obstacles were qualified by either respondents at the ECD centres themselves or based on the opinions of the enumerator. When a potential hazard was identified, the enumerator was asked to note it and take a picture.

As the graph below shows, 7% of fully registered centres report having something dangerous outside that affected the free and safe play of the children. 9% of conditionally registered centres and 7% of unregistered centres report the same.

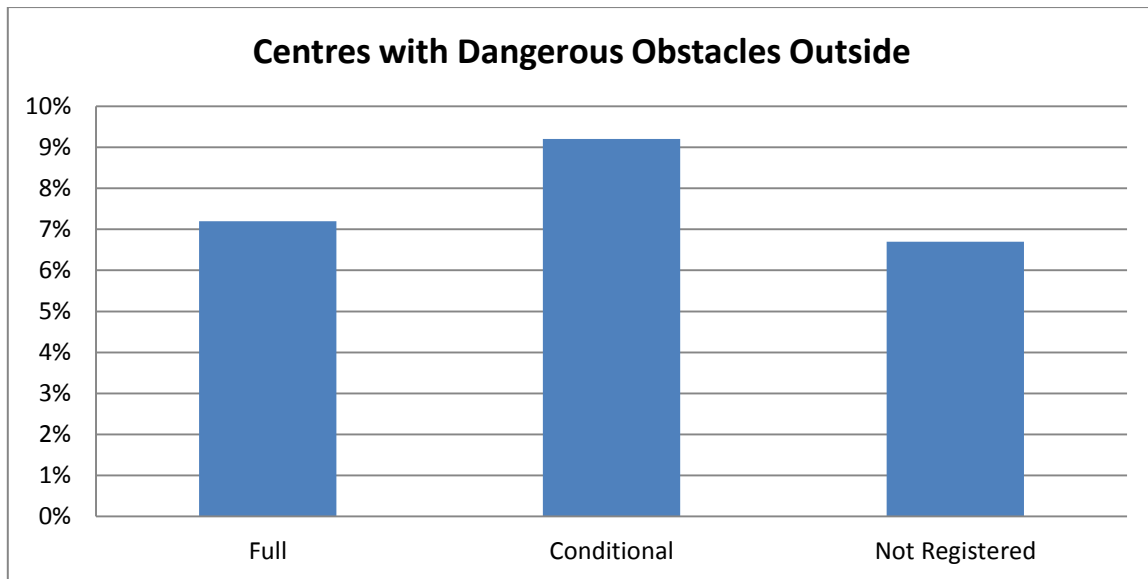


Figure 118: ECD centre has dangerous obstacles outside

The Northern Cape (19%) and North West (17%) have the highest proportion of fully registered centres reporting the existence of such dangerous objects. 12% of fully registered centres in the Eastern Cape were deemed to have such objects outside the centre. These same provinces have a relatively high proportion of conditionally registered centres and unregistered centres that have dangerous obstacles outside: 19% of centres in the Eastern Cape and 12% in North West have such dangerous features while at unregistered centres the rates were 11% and 10% respectively.

Overall, above 78% of fully registered centres, 59% of conditionally registered centres, and 73% of unregistered centres have a policy governing the bringing in and release of children from the ECD premises (Figure 164). This ensures that children are brought to the centres in a manner that does not disrupt learning and that children are only released from the care of the ECD centres to people with proper authorisation.

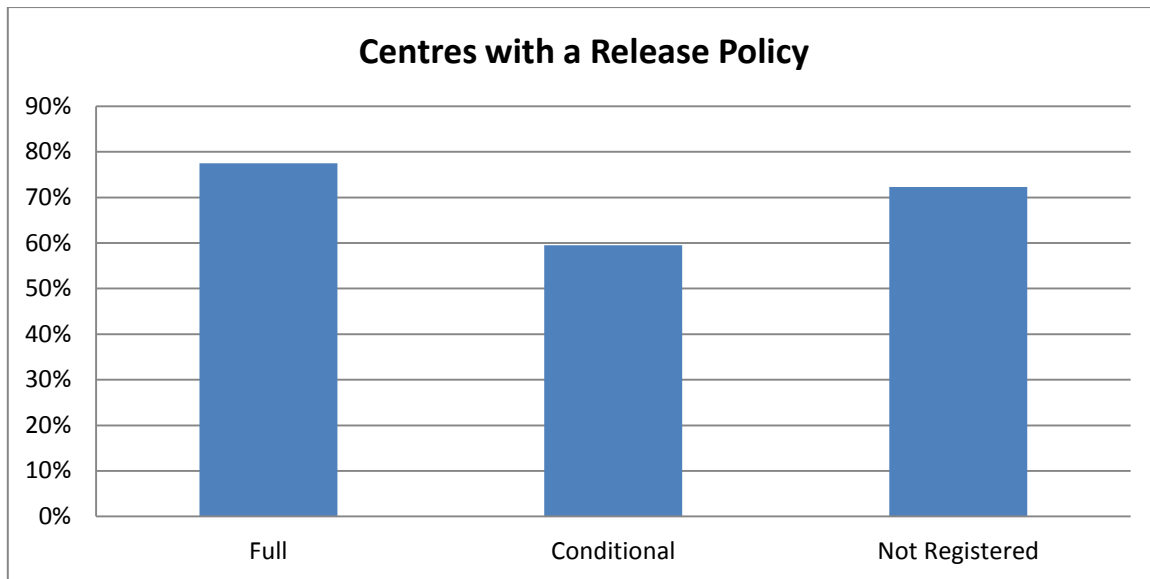


Figure 119: ECD centre has release policy

The highest proportion of fully registered centres that have such a policy is in Gauteng (90%), followed by the Western Cape (85%) with nearly equal rates in Free State (85%). Gauteng also has the highest proportion amongst conditionally registered centres (88%) and unregistered centres (84%). Provinces where the proportion is relatively low are North West (58% in fully registered centres, 47% in conditionally registered centres, and 52% in unregistered centres), the Eastern Cape (63% in fully registered centres, 58% in conditionally registered centres, and 62% in unregistered centres), the Northern Cape (64% in fully registered centres and 56% in unregistered centres) and KwaZulu-Natal (69% in fully registered centres, 34% in conditionally registered centres, and 62% in unregistered centres).

4.6.3 Concluding remarks

It appears that ECD centres keeping immunisation records generally do a good job maintaining those records. It is, however, unclear how ECD centres keep the records up-to-date as children can be immunised without the knowledge of the ECD centre. It is possible they are updated annually at the time of re-enrolment. The fact that over a quarter (25%) of fully registered centres do not keep immunisation records indicate a lack of compliance of a rather large number of ECD centres. Potential solutions include an information campaign or allow for information to be more easily shared between local clinics and ECD centres possibly through confidentiality waivers signed by parents/guardians upon enrolment.

Hygiene standards are generally good across the countries with a few key exceptions. Provinces appear to be performing poorly in areas closely related to the care of infants. This requires further analysis as it is possible that many centres do not provide care to very young children. Furthermore, centres without washable walls and sick bays are also relatively common and likely to be closely tied to issues of infrastructure.

In terms of safety, the overall picture which emerges suggests that centres tend to do very well in terms of certain aspects of preparedness, but are lacking in other key areas. Facets of preparedness that centres seem to do well in are having a list of emergency contact details of parents, displaying a list of emergency services, and having at least one fire extinguisher in the building. Facets of preparedness which centres have to improve on are having a health and safety officer, having a health and safety officer who is trained in first-aid, and teaching children how to evacuate in case of an emergency.

Health and safety officer are found in less than half of ECD centres, though where present they are generally well-qualified and have relevant first aid experience. There may be a misconception that health and safety officers must be trained in first aid. While this is an important consideration, ECD centres may be well advised to appoint a staff member to this role as it shows some initiative has been done to address safety concerns. It should be noted that first aid training certificates must be maintained through continual updates to remain valid.

Evacuation procedures are absent in many centres with a small percentage of centres training children on how to evacuate from the ECD centre in the event of an emergency. Children at most centres appear to be relatively safe outdoors with few dangers near the premises and fences with lockable gates that further reduce risk.

4.6.4 Recommendations: Health and Safety

1. ECD centres should be encouraged to maintain immunisation records. These should be updated at least annually possibly at the time of enrolment. Information sharing between ECD centres and local clinics should be facilitated. Guardians could potentially sign consent waiver agreements at the time of enrolment that would release medical records from local clinics directly to ECD centres upon request.
2. More should be done to ensure all teaching staff members are trained to recognise signs of abuse or neglect. This could be easily incorporated into existing ECD training programmes. Clearer guidelines on how and where to report cases of suspected abuse or neglect should be developed and made easily available to ECD centres as there was substantial variation as to whom centres would report suspected cases of abuse or neglect.
3. Workshops on basic health policies and practices should be provided to ensure that ECD centres limit health risks posed to children. Many of these practices are not costly and the fact that many are not done may be due to ECD centres' lack of awareness. Standard policies and administrative documents related to health and safety could be distributed to centres either through the mail or at the time of inspection, reducing the need for formal workshops. These should also be incorporated into existing ECD training programmes. A toll-free hotline could also be set-up to field questions based on the materials provided.

4. First aid training of practitioners is relatively low in most provinces. The DSD in collaboration with the DOH may want to provide low-cost first aid training to practitioners or incorporate it into ECD training programmes. They may also want to offer vouchers to practitioners or subsidies to existing first aid training programmes to include ECD practitioners in their training programmes at reduced cost.
5. Evacuation training should be conducted as regularly as possible and implemented in the centre programmes to prevent serious injury or possible death of children in an emergency situation. The poor infrastructure of some centres likely increases the risk of such situations and reduces the time available to evacuate the centre safely.
6. Fences and lockable gates should be made mandatory at ECD centres. The DSD may want to initiate a public works programme to build fences at centres that comply with minimum infrastructure standards. Communities whom the centre serves could also introduce localised projects of making centres safer by building fences themselves with or without support from government. The simple nature of fences also makes them easy to build quickly by those unskilled in construction allowing local unskilled labour to be used.

4.7 ECD Service Audit: Nutrition and Food

4.7.1 Introductory remarks

Nutrition and the types of food children consume is an important factor in the early stages of their growth and development. Studies show that proper nutrition improves a child's behaviour, school performance, and overall cognitive development. Without proper nutrition children cannot grow or develop to their full potential. Many children spend the better part of the working day at ECD centres requiring that the children be fed multiple times while there. Given the needs of growing children, it is therefore important to ensure that ECD centres are providing food that meets the child's nutritional requirements.

In order to gather information on nutrition and food ECD centres provide, respondents were asked about whether they provided any meals and, if so, what types of meals they provided, whether they put up menus approved by dieticians, and what types of food groups were presented to the children on the day of the audit. Questions were also asked regarding food donations received by centres and if centres maintain a food garden which they use to produce vegetables and fruits for the children and staff members. Centres were also asked about the very important issue of malnutrition; in particular, centres were asked if any of their learners had been malnourished in the past or were currently malnourished. Furthermore, they were also asked about the actions they took to combat the malnourishment in their learners.

4.7.2 Audit findings

4.7.2.1 Meals provided at ECD centres

Meals are provided in an overwhelming majority of centres with 92% of fully registered centres providing meals, 90% of conditionally registered centres, and 79% of unregistered centres.

In so far as fully registered centres are concerned, the audit found that in seven provinces: Gauteng (98%), Limpopo (96%), Free State (95%), Mpumalanga (95%), the Northern Cape (94%), KwaZulu-Natal (92%) and North West (91%), meals are provided at more than 90% of all audited ECD centres. It is only in the Eastern Cape and the Western Cape where the figure is below 90% with 83% and 87% respectively. A similar trend is noticed in the case of conditionally registered ECD centres. The Free State provides meals at 97% of all conditionally registered centres while the lowest percentage is found in the Eastern Cape where 71% of conditionally registered centres provide meals. The highest incidence of meals provided at unregistered centres is to be found in Gauteng with 94% followed by North West (88%), and the Free State (84%). The audit further found that meals are only provided at 55% of unregistered centres in the Eastern Cape and 54% in the Northern Cape.

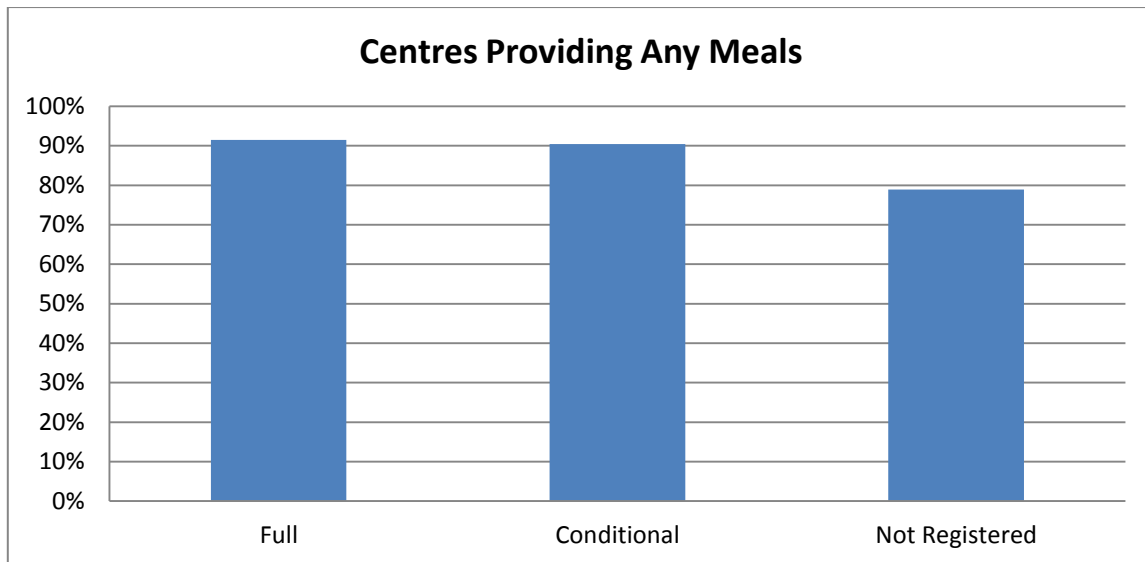


Figure 120: Any meals provided by ECD centres during operating hours

Of centres serving meals, breakfast and lunch are the most commonly provided type of meals. In instances where centres are providing breakfast, the audit found that 87% of registered, 84% of conditionally registered and 72% of unregistered centres across the country serve a breakfast to children. The provisioning of a lunch at ECD centres are slightly higher across all registration categories in that lunch is served at 89% of registered, 87% of conditionally registered, and 75% of unregistered centres. In addition to these two daily meals, centres were also asked if they served a morning snack and or an afternoon snack. Of all the centres audited morning snacks were served at 50% of registered centres, 48% of conditionally registered centres, and 34% of unregistered centres. The serving of an afternoon snack is somewhat more frequent as 53% of registered centres, 53% of conditionally registered centres, and 39% of unregistered centres confirming this. This does not necessarily imply that children are not receiving snacks as parents may be asked to provide food from home for these times.

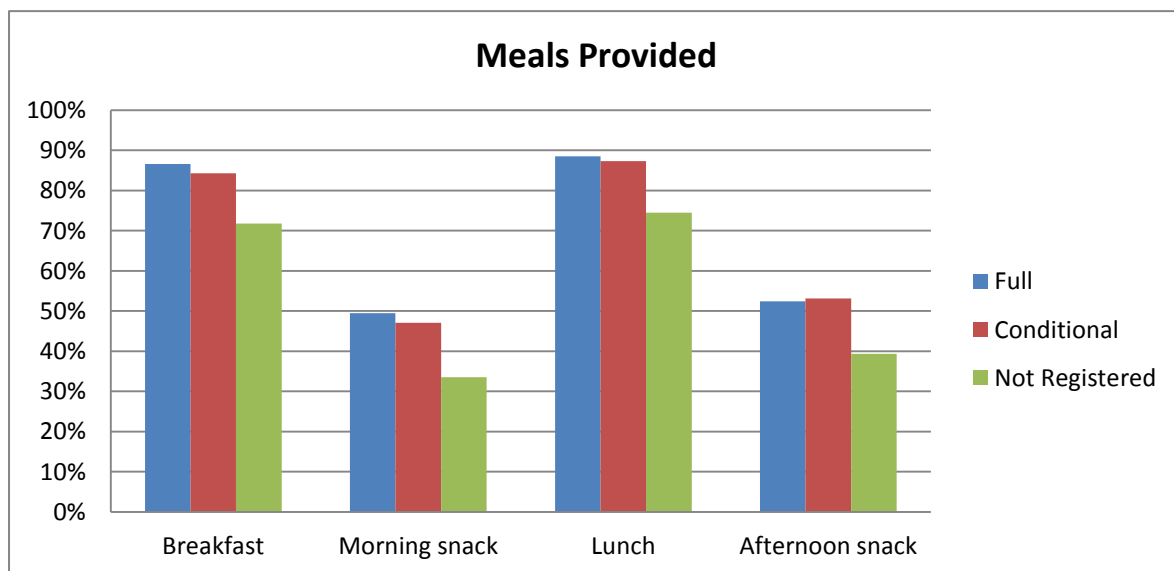


Figure 121: Types of meals provided by ECD centres

Disaggregating the provision of breakfast by province shows that the highest proportion of affirmative responses by registered centres is in Gauteng (96%). This is closely followed by Mpumalanga (93%) and the Free State (92%). Provinces with less than the national average of 87% for registered centres providing breakfast are the Western Cape (75%) and the Eastern Cape (75%). Breakfast is served at 84% of conditionally registered centres nationwide with the Free State (96%), Gauteng (93%), and North West (91%) above 90%. In the case of unregistered centres, Gauteng (91%) is substantially higher than all the other provinces as well as the national average of 72% for unregistered centres. Centres in the Free State (80%) and North West (80%) are the only other provinces above the national average for unregistered centres.

In disaggregating the analysis of the provision of lunch by province based on registration status, the indications are that in Gauteng, 97% of fully registered centres serve lunch. Registered ECD centres in Limpopo (94%) and Mpumalanga (93%) are both also substantially above the national average of 89%. Among conditionally registered centres the national average of 87% was only topped by the Free State (97%), Gauteng (93%) and Limpopo (90%). The rest of the provinces were below the national average. Of unregistered centres, the national average of 75% of centres providing lunch was lower than the other two categories. Only three provinces, namely North West (85%), the Free State (81%), and Limpopo (81%) were providing lunches at a rate higher than the national average.

The provision of morning and afternoon snacks is not as common as the provision of breakfast or lunch. Nationally the audit found that only 50% of fully registered centres provide morning snacks. Gauteng's (79%) provision of morning snacks is much higher than the national average while Mpumalanga (57%) and Limpopo (57%) are the only other provinces that were above the national average. In so far as the conditionally registered centres are concerned, the national average is 48% with ECD centres in Gauteng (66%) again providing morning snacks at a rate that is higher than the national average followed by Eastern Cape (53%) and Limpopo (53%). Among unregistered ECD centres, Gauteng (55%) is once again the province with more centres than the national average of 34% providing a morning snack to children. Unregistered centres in all other provinces are below the national average with Mpumalanga and Free State both at 33% followed by the Western Cape with 32%. The fact that so many centres in Gauteng provide a morning snack in comparison to other provinces suggests that either some intervention has been made in Gauteng or that there is a high demand from parents and guardians for the provision of morning snacks to children.

In analysing the provisioning of an afternoon snack across all registration statuses, a slightly higher percentage of centres provide an afternoon snack to children. In the case of registered centres the rate is 53% whilst in conditionally registered centres it is 53%. A total of 39% of unregistered centres provide an afternoon snack. In comparing the provinces, Gauteng with 86% remains the province in which the largest proportion of registered centres provides an afternoon snack. Rates were substantially lower in other provinces but remained above the national average in Limpopo (72%), Mpumalanga (68%), the Free State (64%), and North West (61%). There was substantial variation and rates were as low as 22% in the Eastern Cape. Slightly less than half of unregistered centres provide afternoon snacks in the Western Cape (50%) and Northern Cape (46%). The national average among conditionally registered centres is 53% with Gauteng (79%), Limpopo (64%), and the Free State (63%) being the provinces

where the highest proportion of centres provide an afternoon snack. Mpumalanga (33%) and Eastern Cape (13%) fall significantly below average. The national average is 39% among unregistered centres. Again, Gauteng is above this figure with 66% distantly followed by the Free State (42%). All other seven provinces in this category fall below the national average to 15% in KwaZulu-Natal and 18% in the Eastern Cape.

4.7.2.2 Menus

Two topics of questions relating to menus were asked of ECD centres. One was to determine if a daily and weekly menu are provided and displayed and the second was whether the menu had been approved by a dietician. Menus allow parents and guardians to monitor the food that is being served at the ECD centre. The provision and display of a daily menu was generally higher in registered and conditionally registered ECD centres than in unregistered centres. At the national level, the audit reveals that 93% of registered centres provide a menu a daily menu is displayed in 65% of cases compared to 51% for a weekly menu. Among conditionally registered centres, 90% provide a menu. A daily menu is on display in 72% of centre with a weekly menu only displayed in 46% of centres in this category. Substantially less unregistered centre have menus (74%) with half (50%) displaying a daily menu and 43% a weekly menu.

The menus had been approved by a dietician in 58% of fully registered centres, 65% of conditionally registered centres, and 36% of unregistered centres.

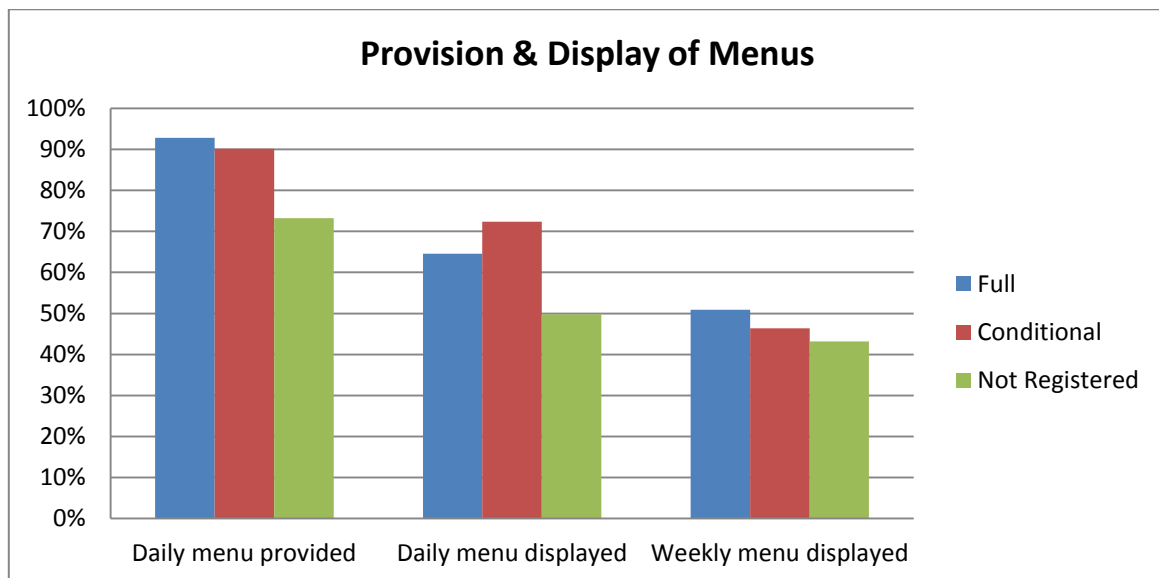


Figure 122: Menus for meals at ECD centres

When a comparative analysis of provincial compliance to the requirement to provide a daily menu is made, over 90% of registered centres provide daily menus in eight of the nine provinces. The Eastern Cape (90%) is just short of this mark. Of conditionally registered centres, Mpumalanga (68%) is the only province that falls considerably below the national compliance rate of 90%. Among unregistered centres, only in North West (83%) and Gauteng (81%) are do

substantially more centres provide menus than the national average of 74% while KwaZulu-Natal (57%) and the Northern Cape (60%) fall substantially below.

In term of displaying a daily menu, over 70% of registered ECD centres in the Free State (78%), Limpopo (74%), North West (71%), and the Northern Cape (70%) display menus compared to the average of 65%. Gauteng (59%) and the Western Cape (59%) have rates below 60%. In conditionally registered centres, five provinces have rates above the national compliance rate of 72% with Gauteng having the highest percentage at 85% while Mpumalanga (41%) falls well below. Over 65% of registered centres display daily menus in all other provinces. Half of unregistered ECD centres (50%) comply with this requirement to a maximum of 62% in North West and 59% in the Free State and a minimum of 44% in KwaZulu-Natal.

In term of displaying a weekly menu in registered ECD centres, centres in seven of the nine provinces maintain a compliance rate of below the national average of 51% with only Gauteng (71%) and the Northern Cape (52%) higher than the national average. Among conditionally registered centres only Gauteng (48%) has a compliance rate higher than the national average of 46%. Among unregistered centres only Gauteng (60%) has a higher compliance rate than the national average of 43% for this category while the Free State (29%) is the only province below 30%.

In assessing whether the menus displayed by ECD centres in the respective registration categories had been approved by a dietician, the ECD centres audited had a generally low compliance rate with only 57% of fully registered, 65% of conditionally registered, and 36% of unregistered ECD centres complying. Registered ECD centres in Limpopo (76%), North West (68%), and Gauteng (66%) were considerably above average with less than half of fully registered centres having menus approved by a dietician in the Eastern Cape (37%), the Free State (49%), and the Northern Cape (49%). Among conditionally registered centres Limpopo (79%) and North West (75%) are higher than the national average of 65% with the Eastern Cape (37%) and the Free State (43%) falling considerably below. Among unregistered centres, only Gauteng (46%) and North West (38) have a higher compliance rate than the national average. The lowest rates are found in the Free State (24%) and KwaZulu-Natal (26%)

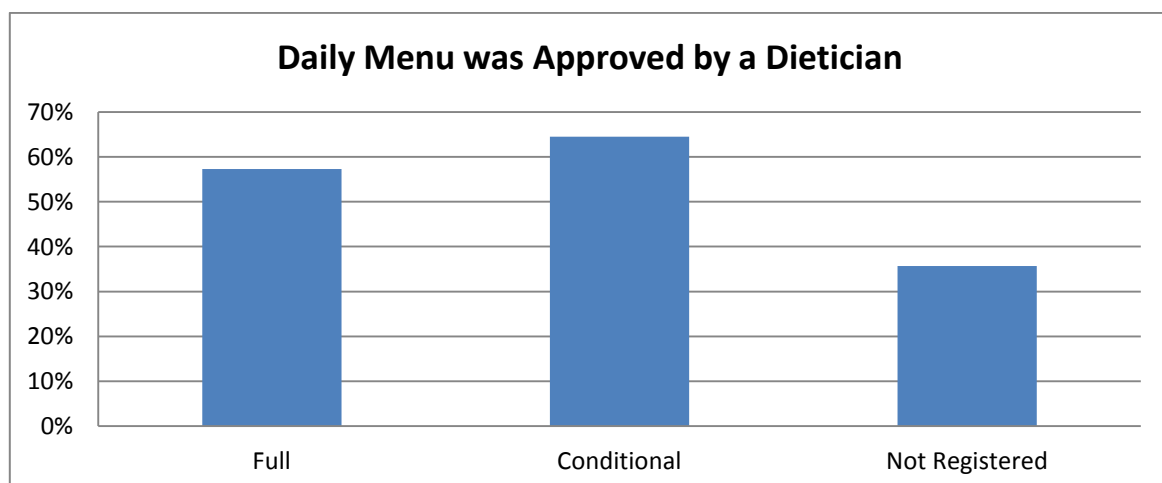


Figure 123: Daily menu approved by a dietician

In order to determine whether children are getting a balanced diet in their meals, enumerators conducted a spot check on the meal being served on the day of the audit in order to see if the following food types were included: carbohydrates, proteins, fruits, vegetables, and fresh or vitamin-enriched juice. The following results only include centres that provided meals.

In terms of determining if all major food groups were present in the meals provided, the findings reveal that in the case of registered ECD centres: carbohydrates (92%), proteins (84%), vegetables (80%) and fruits (70%) were provided, with fruit juice provided at a smaller percentage of 57% of audited ECD centres (57%). An assessment of the presence of these food groups at conditionally registered centres audited revealed a similar pattern with carbohydrates (92%), proteins (93%), vegetables (81%) and fruits (79%). Again, the provision of fruit juices was only found to be prevalent at 52% of ECD centres audited in this category. In the case of unregistered ECD centres, the audit revealed that major food groups are indeed provided across this category. The findings in this regard were: carbohydrates (91%), proteins (76%), vegetables (78%) and fruits (61%), with fruit juice provided at less than half of centres (49%). Carbohydrates are served in overwhelming majority of centres regardless of registration status though proteins and fruits are more commonly found in registered ECD centres. This discrepancy may be due to the expense of quality protein and fresh fruits.

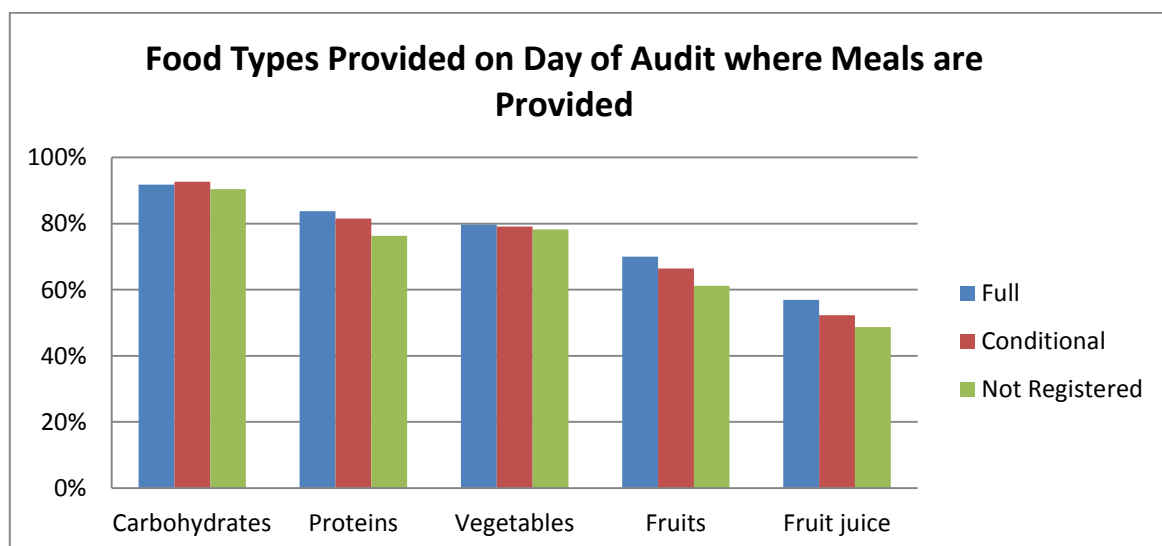


Figure 124: Food groups on ECD menus

Carbohydrates are relatively energy rich providing a major source of calories in many diets. They are also relatively inexpensive. A comparative analysis of the prevalence of carbohydrates including bread, rice, samp, and potatoes on the menus of registered ECD centres reveals that only the Eastern Cape (88%) and the Free State (82%) are below the national average of 92%. In the case of conditionally registered centres the national average is 93% and audited ECD centres in five provinces are above this average, namely Gauteng (100%), KwaZulu-Natal (98%), North West (95%), Mpumalanga (94%) and the Free State (94%). Of those provinces that are lower than the national average, the Eastern Cape is the lowest with 81%. In the case of unregistered centres the national average is 91% with a low of 82% in the Free State.

Proteins form the building blocks of cells and are important in the growth and development of new tissues, especially in children. They also provide a variety of other vitamins and minerals. In analysing the finding of the prevalence of proteins including meat, eggs, fish, and milk on menus of registered ECD centres audited, it was found that five provinces are above the national average of 84%. There was only some variation with a high of 89% in Gauteng to a low of 78% in North West. In the case of conditionally registered centres, the national average is 81% with much more variability. KwaZulu-Natal (93%) and Gauteng (91%) had the highest rates while rates in the Eastern Cape (59%) and Mpumalanga (67%) were significantly lower. In the case of unregistered centres, the national average is 76% with a maximum of 84% in Gauteng (84%) followed closely by Mpumalanga. Limpopo is the lowest with 61% of unregistered centres serving protein in their meals on the day of the audit. Protein is relatively more expensive than other food types. It should not be inferred that these centres do not provide proteins although it does not appear to be served in every meal.

Vegetables are also an important component of the human diet and contain many vitamins and minerals which are important to maintaining good health. In so far as the prevalence of vegetables on the menus of registered ECD centres audited is concerned, Gauteng (92%) and Mpumalanga (87%) had the highest rates, well above the national average of 80%. The lowest percentage of centres providing vegetables is found in the Free State (62%) with rates above 70% in all other provinces. In the case of conditionally registered centres, the national average is 79% and with relatively high rates in the Western Cape (86%), North West (86%), Gauteng (85%), Mpumalanga (85%), and Limpopo (86%). Rates are low in the Eastern Cape (65%) while conditionally registered centres in the Free State (70%) fare better than fully registered ones. In the case of unregistered centres, the national average is 78% with only Gauteng (87%) and Mpumalanga (82%) being above average. The Free State (65%), the Eastern Cape (69%), and Northern Cape (65%) have rates below 70%.

The analysis of another important food type is fruits. In this regard, the inclusion or exclusion of fruits on the menus of registered ECD centres audited reveals that Gauteng (85%) and Mpumalanga (84%) are again the only provinces above the national average of 70%. Limpopo with 64%, the Free State (61%) and the Eastern Cape (60%) are substantially below average. Among conditionally registered centres, the national average is 66% with a maximum of 78% in Gauteng. The Free State is the lowest with 56%. A smaller proportion of unregistered centres provide fruit. The national average of 61% of centres providing fruit is nearly 10% lower than rates for fully registered ECD centres. Gauteng (72%) has the highest rate while less than half of centres in North West (45%) and Limpopo (43%) provided fruit on the day of the audit. This is not to say that fruit is never provided but not as commonly served as other types of food. This may be due to the cost of fresh fruit or a lack of importance put on providing this food group.

Fresh juice and vitamin-enriched juice is a cost effective way to supplement a child's diet where it may be lacking. In determining whether fresh or vitamin-enriched fruit juice is included from the menus of registered ECD centres, four provinces are above the national average of 57% and significantly so in Gauteng (79%) and Mpumalanga (69%). Half of fully registered centres in KwaZulu-Natal (50%), the Free State (46%), and Limpopo (44%) served juice on the day of the audit. In the case of conditionally registered centres, the national average is 52% with the highest rates found in Gauteng (68%) and North West (66%). The Free State (44%), Mpumalanga (48%), and Limpopo (48%) had rates below 50%. In the case of unregistered

centres, the national average is 49% led by Gauteng (59%) while the Northern Cape, Free State (39%), North West (38%) and Limpopo (30%) have rates below 40%.

4.7.2.3 Food donations

ECD centres may occasionally receive food donations, especially from local businesses. It is important to note to what extent this practice exists and to verify that the food being donated is of acceptable quality. The audit reveals that 20% of registered ECD centres receive food donations compared to 15% of conditionally registered and 13% of unregistered ECD centres.



Figure 125: ECD centres receiving food donations

The province which has the highest proportion of centres in the registered category receiving donations is Gauteng (33%), followed by KwaZulu-Natal (21%) and the Eastern Cape (19%). In the category conditionally registered ECD centres, Gauteng is again the biggest beneficiary of food donations with 44% of conditionally registered centres indicating that they are receiving food donations. A substantial percentage of conditionally registered centres in KwaZulu-Natal (32%) and the Western Cape (23%) also receive food donations. Among unregistered ECD centres, the audit found that those in KwaZulu-Natal (19%), the Western Cape (17%) and Gauteng (17%) benefit from food donations at a greater extent than in other provinces. Only 4% of centres in North West report they are receiving food donations. The question does not enquire about the regularity of the donations.

In instances where audited ECD centres received food donations, the centres were also asked about the condition of the donated food. In this regard, three possible answers could be provided, "Poor", "Acceptable" or "Good". Close to two-thirds (65%) of the registered centres that receive food donations claim that the quality of the donation is "Good". Of the remaining centres in this category, 29% regarded the quality of the food received as "Acceptable" while 6% described the quality as "Poor". In the case of conditionally registered centres, 56% regard the

quality of the donated food as "Good", 42% regard it as "Acceptable", and only 3% say that the quality of the food they receive as donations is "Poor". Unregistered centres describe the quality of the donated food as "Good" in 65% of their responses, while 31% describe it as "Acceptable", and 3% of centres claim that it is "Poor."

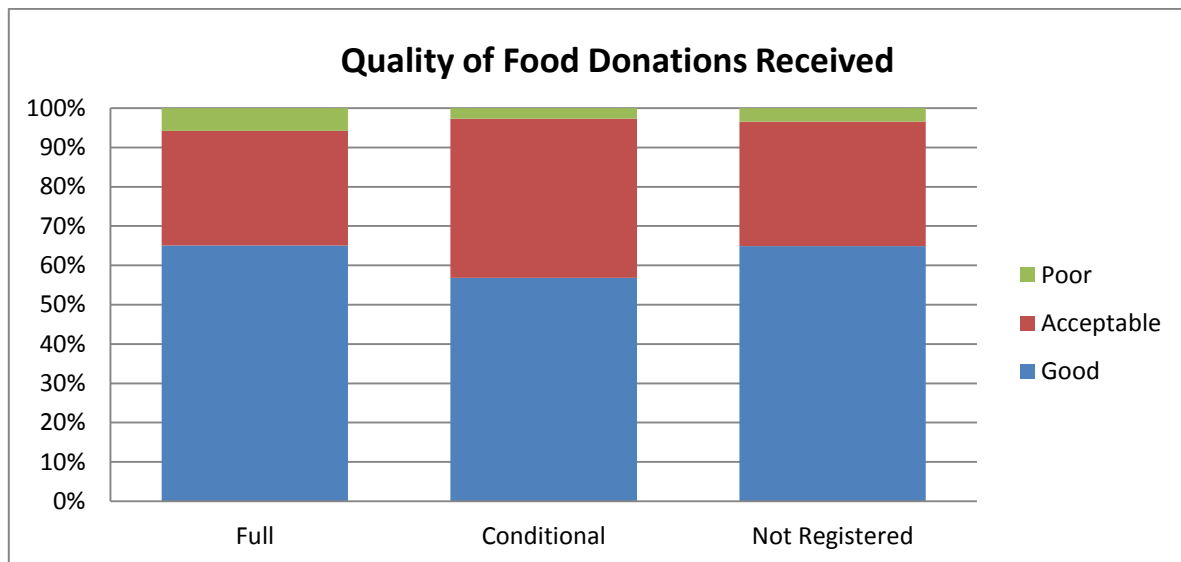


Figure 126: Quality of food donations received by ECD centres

The provincial analysis of the findings indicates that in terms of registered ECD centres, Mpumalanga has the highest proportion of centres claiming that the quality of the food donations they receive is "Good" (74%). This is followed by North West (71%), and the Western Cape (68%). Provinces where the proportion of "Good" responses is relatively low are the Northern Cape (30%) and Limpopo (59%). The Northern Cape is the only province in which the proportion of centres claiming to receive "Poor" quality food donation is higher than the proportion claiming to receive "Adequate" quality or "Good" quality food donations.

In the category registered centres, Gauteng had the highest number of ECD centres describing the donated food as "Good" with 70% of its centres expressing with similar rates in North West (68%) and Mpumalanga (67%). The Northern Cape (29%) recorded the highest incidence of donated food being described as of a "Poor" quality. Aside from North West (11%), less than 10% of centres reported that food donations were of "Poor" quality. Most provinces had too few conditionally registered ECD centres to merit a detailed provincial comparison. In the category unregistered centres, Gauteng with 74% have the highest number of ECD centres describing the donated food received as "Good" followed by 70% of centres in the Western Cape. The Northern Cape (29%) recorded the highest incidence of donated food being described as "Poor" quality followed by 23% in North West. It should be noted that as much as these percentages appear to be relatively high, the total number of centres responding is rather low in comparison to the total number of ECD centres audited. The high rates of "Poor" quality donations in the Northern Cape and North West may merit further investigation to prevent potential food-borne illness.

4.7.2.4 Refrigeration Facilities

ECD centres were also asked about how they store perishable food specifically whether the ECD centre has a refrigeration facility on the premises. The importance of having a refrigeration facility cannot be over-emphasised as centres need to ensure that perishable food as well as baby formula and is kept at a lower temperature to prevent contamination. The responses received from registered ECD centres indicate that at 78% of all registered centres have refrigeration facilities. The same is true of 66% of conditionally registered centres and 60% of unregistered centres.

In comparing provincial centres across all categories, centres in the Western Cape (91%) top the provinces among registered centres, Gauteng in conditionally registered centres (91%) as well as the unregistered centres (85%). Among registered centres the lowest rates are found in the Eastern Cape (60%) and Limpopo (64%) while they are also low in conditionally registered centres Eastern Cape (48%). Less than half of unregistered centres had refrigeration facilities in North West (46%), Mpumalanga (45%), the Northern Cape (44%), KwaZulu-Natal (41%), and Limpopo (22%). The lack of proper refrigeration facilities may limit the centres ability to serve a variety of food, especially protein, and may be due to the associated cost and or availability of electricity.

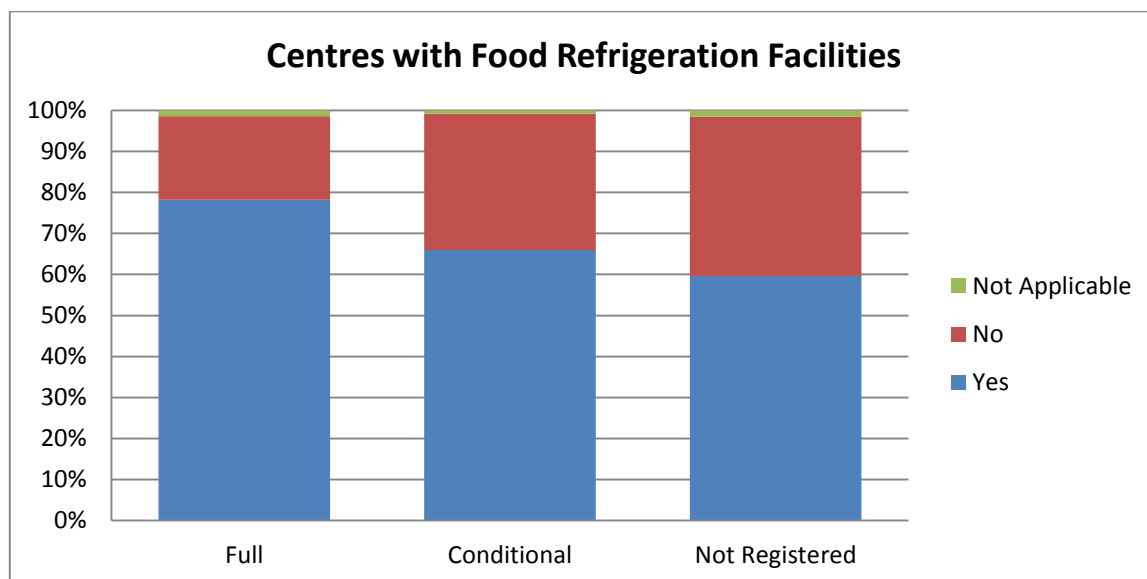


Figure 127: ECD centres have food refrigeration facilities

4.7.2.5 Food Gardens

Expenses on food can be proportionally reduced if the ECD centres establish and maintain food gardens. Produce from a food garden also enables the ECD centres to provide children with fresher and more nutritious food. Any excess could be sold to generate additional income for the ECD centre.

The audit reveals that only 47% of all registered ECD centres have food gardens. Food gardens are also found at 51% of conditionally registered and 22% of unregistered ECD centres. The results also revealed that food gardens appear to be most prevalent in KwaZulu-Natal as 64% of registered centres claim to have one. More than 60% of registered centres have food gardens in Limpopo (64%), and Mpumalanga (61%) while food gardens are least prevalent in the Western Cape (22%). In conditionally registered centres, the highest percentage of food gardens at ECD centres are to be found in the Free State with 65% and fall to 23% in the Western Cape. In KwaZulu-Natal, 31% of unregistered ECD indicated that they have food gardens compared to the national average of 22%. The Western Cape again has the lowest rates among unregistered centres.

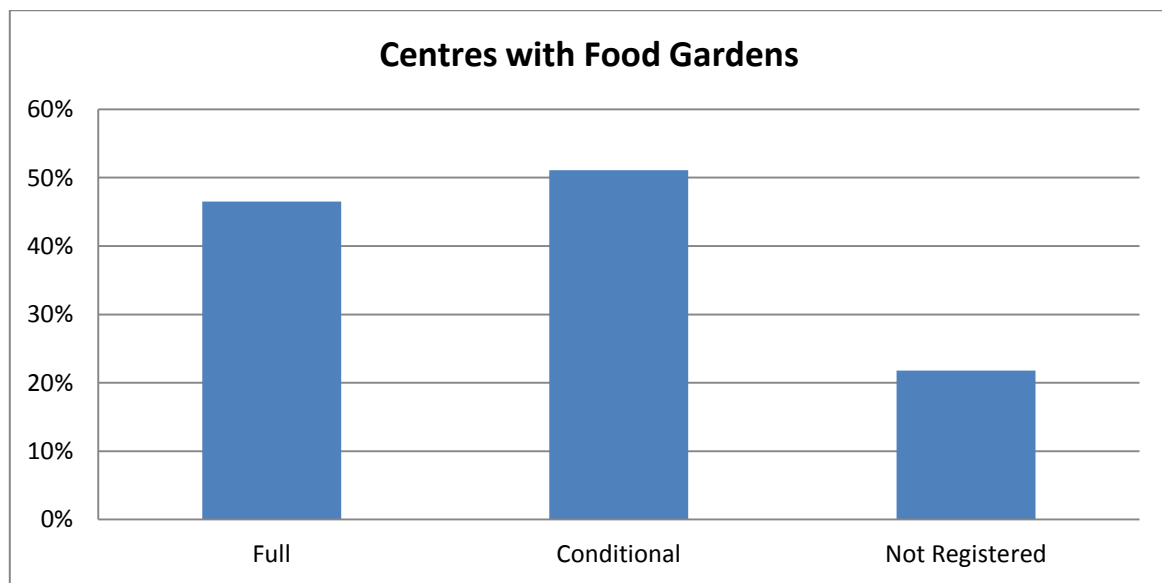


Figure 128: Food gardens at ECD centres

Where food gardens exist, they are maintained primarily by a gardener. Of the registered centres audited, 78% claim that their gardeners maintain the food garden. In the category conditionally registered centres, 77% claim that their food garden is maintained by a gardener while in the category unregistered centres, the total is 62%. When this statistic is disaggregated by province in the category registered ECD centres, the greatest proportion of centres claiming that their gardens are maintained by a gardener is in the Free State (89%) followed by Limpopo (82%) and Gauteng (82%). The proportion is lowest in the Eastern Cape, where 66% of the centres with gardens have them maintained by gardeners. In the category conditionally registered centres, 77% claim that their gardeners maintain the food garden. Similarly, in the unregistered category, 62% make the same claim. The Free State with 84% appears to have the largest share of food gardens maintained by a gardener in the category of conditionally registered ECD centres. The incidence is slightly lower in the category of unregistered centres, as 75% of food gardens in the Northern Cape are maintained by gardeners.

Practitioners appear to have limited involvement in maintaining the food garden with 18% of the registered centres, 16% of conditionally registered and 29% of unregistered centres indicating that the food garden is maintained by ECD practitioners. The practitioners appear to be most involved in maintaining the food garden in the Northern Cape (29%) in the fully

registered category. There are too few conditionally registered ECD centres within the provinces to draw meaningful conclusions apart from Limpopo (20%) and the Free State (8%). In the unregistered category, practitioners in the Western Cape (38%) and the Eastern Cape (37%) tend to be utilised to maintain food gardens.

Parents, learners and other individuals are minimally involved in the maintenance of a food garden. 10% of centres in the category registered ECD centres, and 8% in the category conditionally registered and 10% in the category unregistered centres claim to have parents actively involved in ensuring that the food garden is maintained. In the case of learners, 6% of centres in the category registered ECD centres, and 2% in the category conditionally registered and 8% in the category unregistered centres claim to have learners actively involved in ensuring that the food garden is maintained.

A provincial breakdown across all registration categories shows that the Northern Cape (28%) in the category registered centres has the highest instance of learners being involved in food garden maintenance. The Western Cape (in both the conditionally registered and unregistered categories) with a percentage of 19% and 23% respectively, has the highest incidence of children involved in maintaining the centre’s food garden.

A similar analysis on the involvement of children in maintaining food gardens suggests that substantial number of centres in the Northern Cape (24%) and the Western Cape (18%) involve learners in maintaining the food garden, possibly using it as a learning opportunity. Gauteng (11%) is also significantly above the national average. If centres decide to have food gardens, it would likely be beneficial to child learning and development to involve them somewhat in the maintenance of the food garden.

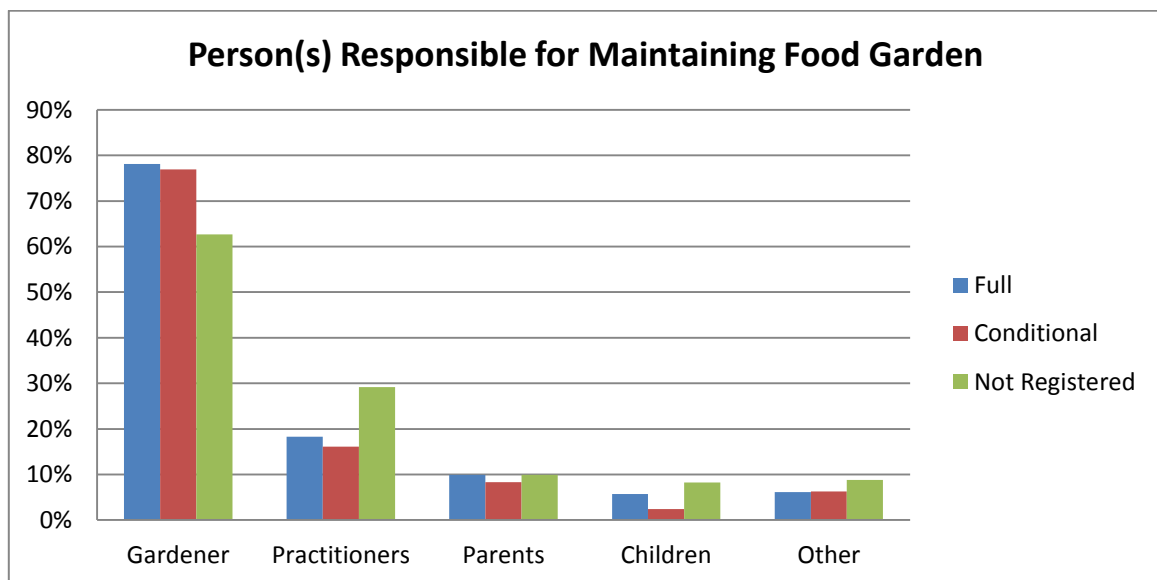


Figure 129: Persons maintaining food garden

4.7.2.6 Malnutrition

As more research is showing the importance of proper nourishment in children achieving their full developmental potential, it becomes important to assess whether ECD centres have had children diagnosed with malnutrition and if so, what actions ECD centres have they taken in response. Nationally, 10% of registered centres audited have had children diagnosed with malnutrition. In the case of conditionally registered centres, the percentage is 6% and in the case of unregistered centres the percentage is 5%. These cases may have occurred anytime in the operating history of the ECD centres and do not imply that these levels of malnutrition are seen in centres today.

Among registered ECD centres the province with the highest proportion of centres that have had children diagnosed with malnutrition is KwaZulu-Natal (20%) compared to the national average of 10%. Although the national average for conditionally registered centres with cases of malnutrition is 6%, it has been diagnosed in children in 32% of Gauteng ECD centres falling in this category. Among unregistered centres the highest rate of diagnosing malnutrition is KwaZulu-Natal with 9% nearly double the national average of 5%. Limpopo (7%) is the only other province with a rate above 5% of unregistered centres. It should be noted that not all cases of malnutrition may have been diagnosed, especially among centres with limited contact with clinics.

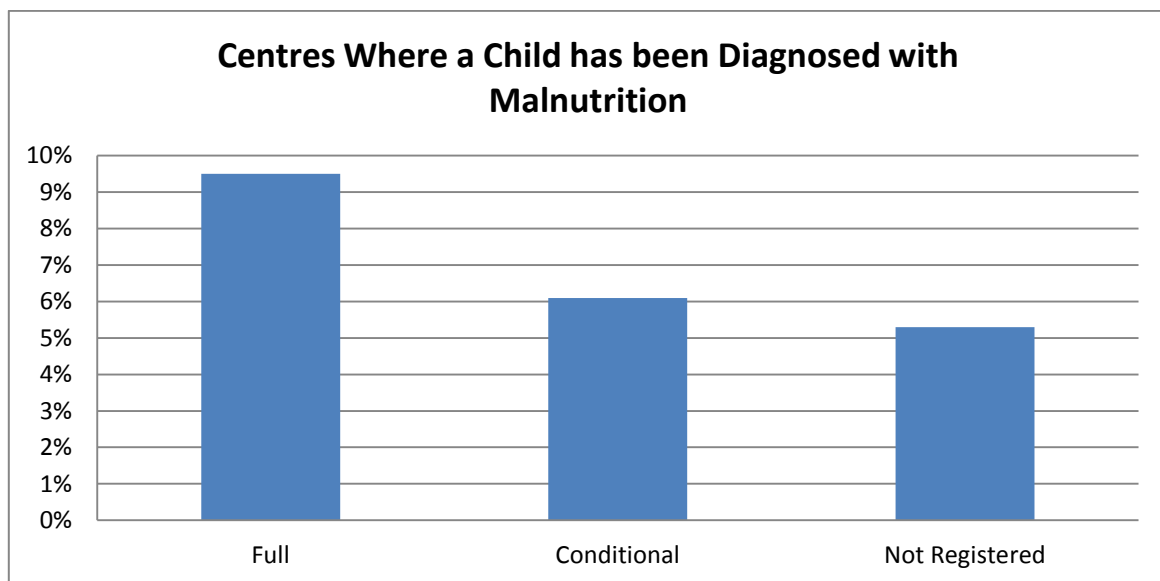


Figure 130: Children have been diagnosed with malnutrition in ECD centres

The most commonly taken action against malnutrition appears to be providing food. In the category registered ECD centres, providing food as a response to malnutrition was reported by 62% of registered ECD centres audited with 40% acting by informing parents. Providing medication is less common and only 15% of ECD centres made use of this option. A total of 9% did not take any action when they encountered cases of malnutrition in their learners and 4% exercising the “other” option. Centres were not prevented from indication multiple actions taken.

Among conditionally registered ECD centres, providing food as a response to malnutrition was reported by 47% of centres. Another 54% acted by informing parents. Providing medication is less common (19%). Nationally, 8% of centres did not take any action when they encountered cases of malnutrition.

Providing food as a response to malnutrition is reported by 57% of unregistered ECD centres while 48% acted by informing parents. Providing medication is less common with only 20% while 7% did not take any action.

When the results are broken down on a provincial basis, 75% of fully registered centres in KwaZulu-Natal have combated malnutrition by providing food to malnourished children. Centres in the Northern Cape (67%), Gauteng (63%) and Limpopo (63%) have also used taken this action quite commonly. Providing food does not appear to be a common method of combating malnutrition in North West where 13% of centres that had recorded cases of malnutrition claimed to do so. The small sample size among provinces for conditionally registered centres does not merit a discussion. Rates for unregistered centres fall between 64% in KwaZulu-Natal and 24% in North West compared to the national average of 57% though the sample size also remains quite small. It should be noted that malnutrition is not the same as undernourishment and additional food may not be effective. Proper vitamins and minerals must be provided within these foods to eliminate the deficiency.

Informing parents is another common action by ECD centres to combat malnutrition. Among fully registered ECD centres, the highest rates are 56% in the Western Cape to a low of 31% in KwaZulu-Natal. For unregistered centres, the percentage of centres reporting they informed parents upon learning of malnutrition ranges from 69% in Limpopo to 29% in North West though sample sizes remain small.

A relatively small proportion of centres provided medication when malnutrition was diagnosed. Among registered ECD centres, 15% provided medication with a high of 23% in the Western Cape to a low of 3% in North West. Among unregistered centres the rate was higher, 20%, being highest in Limpopo (37%) while rarely done in Mpumalanga (3%).

The audit also reveals that some ECD centres took no additional action when cases of malnutrition were detected. 9% of registered centres did not take any action when malnourished children were detected with the highest rates found in North West (57%) followed by the Eastern Cape (10%). In the case of conditionally registered centres, the national average is 8% and for unregistered centres it is 7%.

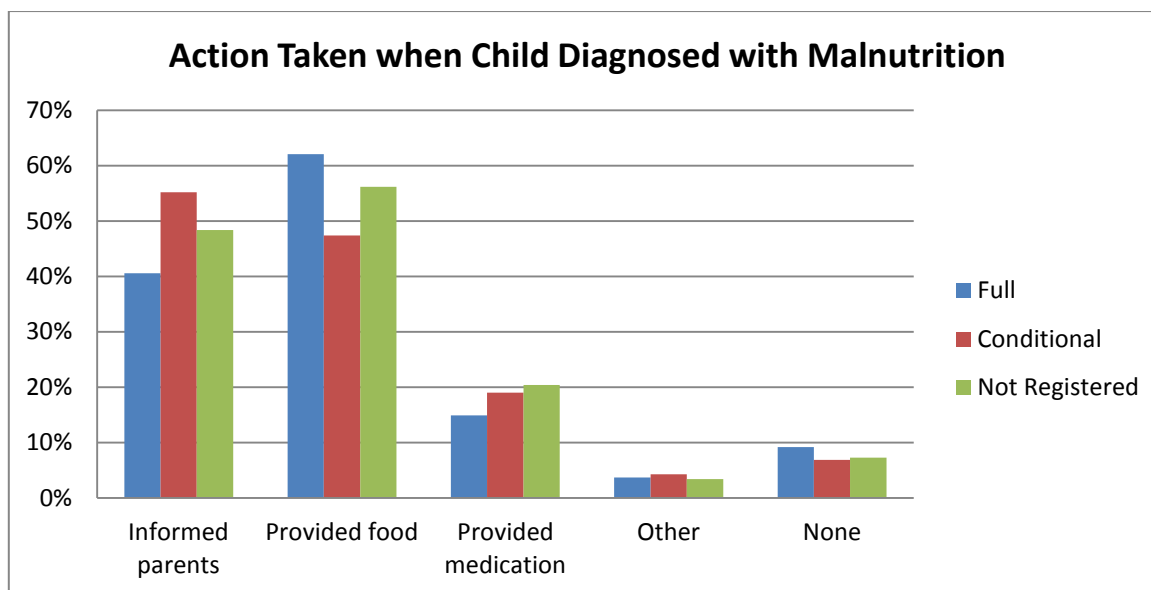


Figure 131: Action taken against malnutrition

4.7.3 Concluding remarks

Meals are provided by a large number of ECD centres nationwide. Of those centres that provide meals, the most commonly provided type is breakfast and lunch. It is possible that arrangements are in place for parents to provide the meals that the centres do not cater for. The spot checks performed of the nutrition groups included in the food served at centres on the day of the audit suggests that meals are generally well balanced; however, the number of centres that were providing fruit juice or vitamin enriched juice was not particularly high and proteins do not seem to be served regularly in all centres.

Food gardens are present in 40% of registered and that 8% of centres nationwide took no additional action when malnutrition was diagnosed in one of its learners. Encouraging centres to start food gardens will assist in combatting malnutrition and contribute to healthier and more nourishing diets and may reduce operating costs.

4.7.4 Recommendations: Nutrition and Food

There are four recommendations that can be made to improve the quality of ECD centres with regards to the provision of food and their response to malnutrition among children. These are:

1. A greater number of centres must be encouraged to get their menus approved by dietitians or obtain menus that have already been approved by a dietitian. This will help ensure that the diet centres are providing their learners is optimal for their growth and development and also aligned with the developmental stage of the child. If centres are unable to access dietitians easily, then the DSD should consider making provisions which allow dietitians to go to the centres on a regular basis to evaluate the menus. It is

possible that the menus can be evaluated by a dietician during DSD's regular monitoring and inspections of ECD centres. The DSD in collaboration with the Department of Health may also wish to offer a standardized menu that ECD centres may follow.

2. A greater awareness must be developed among centres regarding the importance of vegetables and fruits in a child's diet. While the results provided in these sections are only a snap shot and should therefore not be used to make any judgements about the true nature of the diet provided by centres to children on a regular basis, developing a greater awareness regarding the types of vegetables and fruits most suitable to children is still a worthwhile endeavour. Fresh and vitamin enriched juice are a relatively effective way to supplement diets with additional vitamins and minerals that may be effective against malnutrition. Efforts should be made to increase their prevalence at centres.
3. The proportion of centres claiming to have a food garden can likely be improved. Food gardens may play a critical role in terms of reducing a centre's expenses and in terms of allowing centres to provide children with fresher and more nutritious food. The DSD should therefore seek to encourage the establishment of food gardens in all centres where it is possible.
4. A greater awareness must be developed among centres on how to detect early signs of malnutrition among children and report suspected cases to qualified professionals. Staff must also be made aware of what the best course of action is to treat malnourishment.

4.8 ECD Service Audit: Infrastructure

4.8.1 Introductory remarks

Proper infrastructure at ECD centres is important because it is a critical enabler of the provision of high quality care and services and is meant to provide a safe environment conducive to learning. The infrastructure of an ECD centre, for example, can affect the safety and well-being of children in the centre. It can also impact the type of curriculum that is followed, the type of learner and teacher resources that can be accommodated and a host of other services that can be delivered to learners. In order to get a holistic sense of the state of infrastructure at ECD centres, the audit posed various questions related to the nature of the building; the condition of specific aspects of the structure such as the roof, walls, and plumbing, the structure's ability to cater to the needs of learners and staff members with special needs, and the type of sanitation facilities available at the centre.

4.8.2 Audit findings

4.8.2.1 Building type

The audit attempted to determine the nature of the building in which ECD centres were housed. The nature of the building can be indicative, to some extent, of the type and quality of services provided at the centre.

Findings from the audit indicate that a majority of fully (55%) and conditionally (53%) registered centres are housed in structures that were formally built specifically for the purpose of housing an early childhood care and development centre. Aside from buildings designed for ECD purposes, fully and conditionally registered centres are found in houses; 21% and 20% respectively are based in such a structure either with or without a garage. Similarly, centres that are not registered with the DSD are mainly based in structures built for ECD purposes (31%) and in houses (39%).

The proportion of centres housed in informally constructed buildings (i.e. buildings made of corrugated iron and wood, or mud and poles) is low across all three registration statuses. Among fully registered centres, fewer than 10% of centres are housed in informally constructed buildings. While the proportion of centres housed in such structures is slightly higher among conditionally registered centres (13%) and unregistered centres (16%), they still account for a small percentage of centres. ECD centres based in modified containers form less than 2% of the total number of ECD centres across all registration statuses while other types of non-formal constructions account for fewer than 3% of centres.

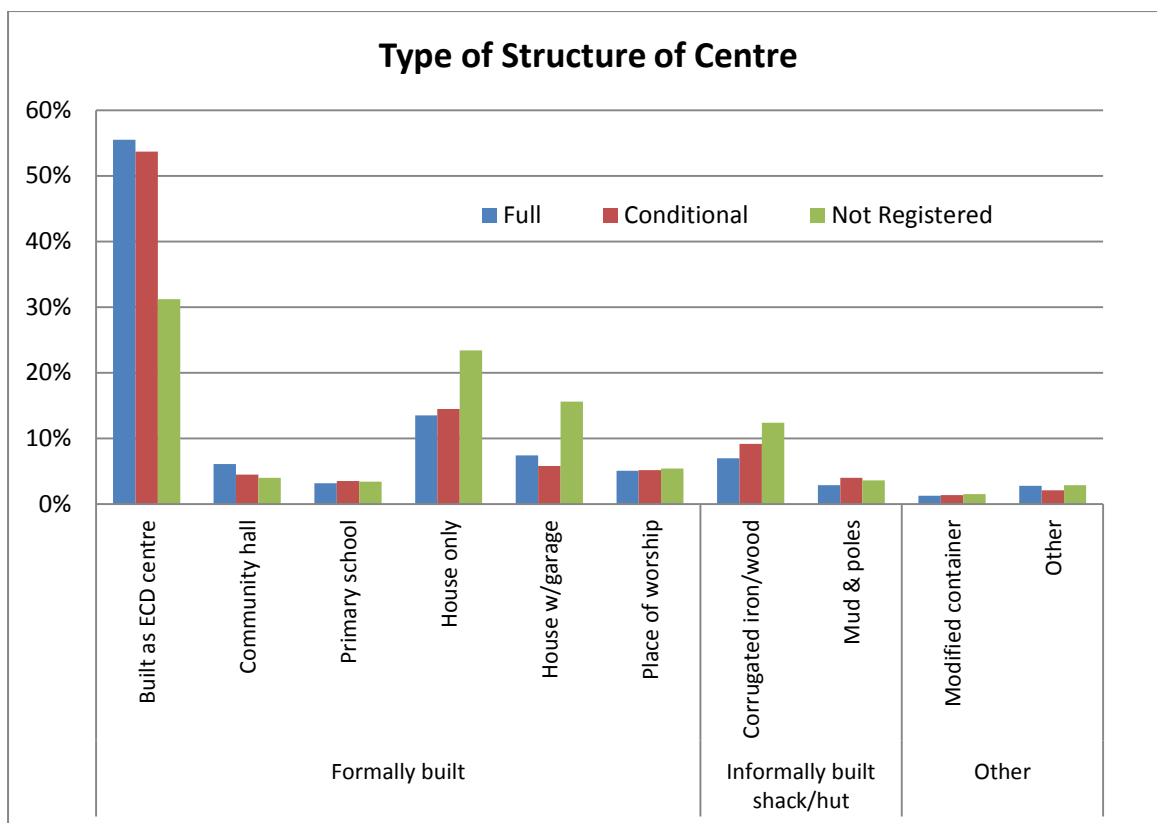


Figure 132: Type of ECD centre

A disaggregation of these results across the nine provinces yields some interesting findings. The highest proportion of fully registered centres located in buildings designed for ECD purposes are in North West where they account for three-quarters (75%) of fully registered centres. Rates are similarly high in Limpopo (74%), Mpumalanga (66%) and KwaZulu-Natal (63%). The proportions are lowest in Gauteng (43%) and the Eastern Cape (44%).

A similar pattern emerges among conditionally registered centres; 73% of such centres in KwaZulu-Natal are located in formal constructions built for ECD purposes while accounting for 65% and 61% of such centres in the North West and Limpopo respectively. In Gauteng and Eastern Cape 29% and 25% of centres respectively, are housed in such structures.

Fewer than 40% of unregistered ECD centres in each of the nine provinces are housed in buildings originally constructed as ECD centres. The proportion of unregistered centres housed in a formally constructed ECD building is highest in KwaZulu-Natal (37%) and lowest in the Free State (24%).

The proportion of formally built houses used as ECD centres does not reveal a clear pattern across the three registration statuses. The range of fully registered centres using houses (with or without garages) ranges from 8% in the North West to 43% in Gauteng. Aside from North West, Limpopo (12%), and the Northern Cape (13%), over 15% of fully registered centres in all other provinces are based in houses.

The proportion of conditionally registered centres located in a formally built house is above 25% in only two of the nine provinces: in Mpumalanga, 33% of the conditionally registered centres are located in a house either with a garage (17%) or without (17%), and account for a sizable proportion of centres in Gauteng with 40% of centres located in a house with a garage with 13% in a house with no garage.

The proportion of unregistered centres based in a house is relatively higher in comparison to fully and conditionally registered centres across all nine provinces. The proportion is highest in Gauteng, where 52% of unregistered centres operate from a house, whereas it is lowest in North West, where 22% of centres are based in such a structure. ECD centres located in informally built structures predominate in the Free State (31%) followed by the Eastern Cape (22%), and North West (17%). It is lowest in KwaZulu-Natal, where only 7% of audited centres are located in informally built structures.

A further disaggregation by registration status shows that the highest proportion of ECD centres operating from informally constructed buildings in the Free State is falls in the categories of conditionally registered centres (39%) and unregistered centres (38%). This is similar to the Eastern Cape where a high proportion of ECD centres based in informal structures are to be found in the category conditionally registered centres (32%).²⁷

Centres located in modified structures are not common and account for less than 2% of centres in all registration types. Rates appear to be slightly higher in some provinces though.

4.8.2.2 Condition of building

The safety of learners and staff can be compromised greatly if the condition of the centre's infrastructure is not properly maintained. In order to determine the state of a centre's infrastructure, questions related to damages to the building, obstacles obstructing passages and the presence of dangerous fixtures were posed to respondents.

Analysing the data on centres that require urgent maintenance reveals that 38% of fully registered centres, 41% of conditionally registered centres and 38% of unregistered centres report they are in need of urgent repairs or renovations (Figure 133). It is important to note, however, that enumerators were not provided with a concrete definition of what constitutes a need for "urgent maintenance". This suggests that the results to this particular question may be impacted by a greater degree of subjectivity than other questions. Despite this, most centres report their buildings are safe suggesting that "urgent" may have been subjectively used (See p.210).

²⁷ The Northern Cape shows a very high rate of conditionally registered centres located in informally built structures. The small sample size of 9 centres, however, does not make it particularly relevant and is not a cause for concern.

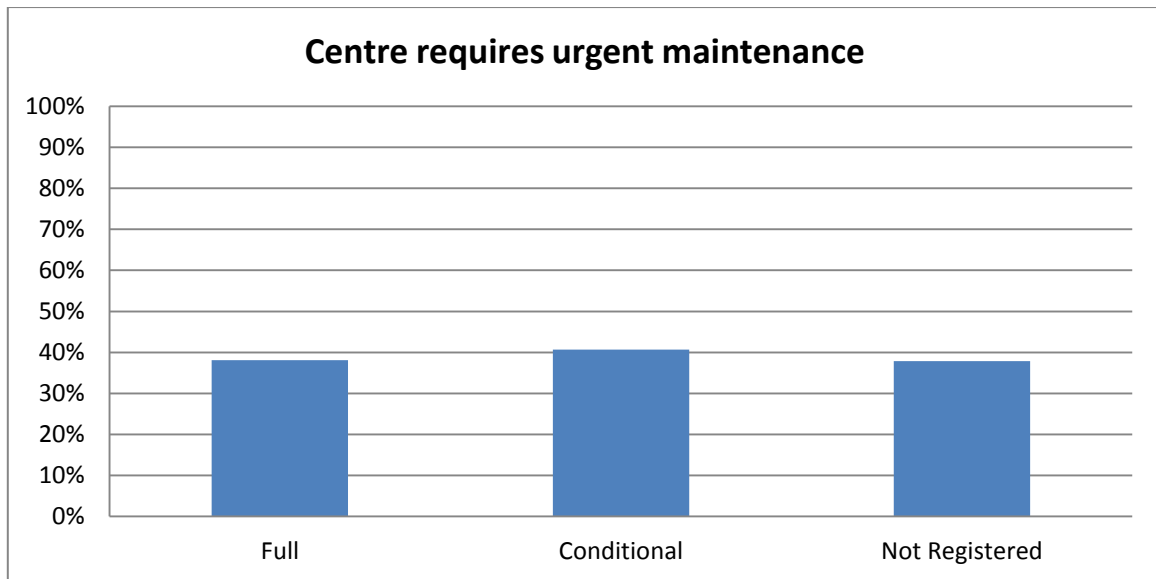


Figure 133: Centre requires urgent maintenance

A provincial level disaggregation shows that the need for urgent maintenance among fully registered centres is highest in the Eastern Cape (56%), KwaZulu-Natal (56%), the Free State (49%) and in the Northern Cape (39%). Similarly, the need for urgent maintenance in conditionally registered centres in the Free State (62%), the Eastern Cape (60%), Gauteng (51%), and North West (43%) is higher than the national average. Among unregistered centres, the proportion of centres requiring urgent maintenance is higher than the national average in the Free State (56%), KwaZulu-Natal (49%), Limpopo (46%), the Eastern Cape (44%), and the Northern Cape (38%).

The lowest rates are also fairly high. The Western Cape has the lowest percentage of fully registered centres reporting that they require urgent maintenance (20%). The lowest rates are found in Mpumalanga (28%) for conditionally registered centres and in Gauteng (30%) and the Western Cape (30%) for unregistered centres.

ECD centres were also asked about the presence and severity of defects in the roof, walls, plumbing systems, and the electrical wiring.

Roof defects were reported in 22% of fully registered centres, 27% of conditionally registered centres, and 20% of unregistered centres. Generally, centres with roof-related issues tend not to have many or severe defects. Figure 134 shows that centres that have roof defects are concentrated in the category of "Some minor defects". The figure, however, also shows that centres which report having many roof related issues generally tend to have severe defects.

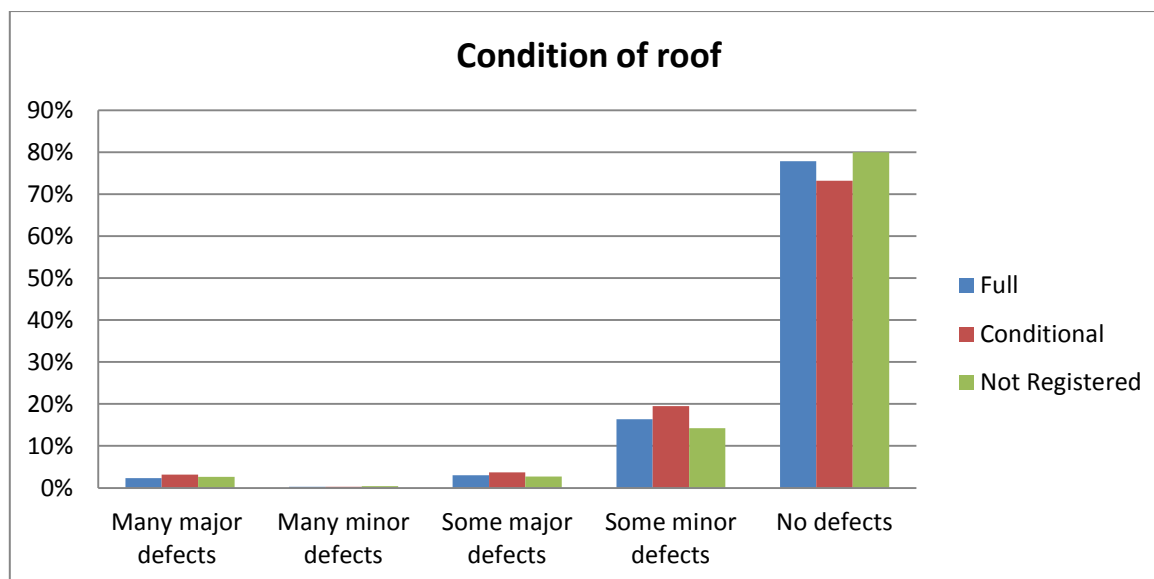


Figure 134: Roof defects

Defects in the roof were present in over 20% of fully registered ECD centres with 78% reporting no defects. Rates were as high as 91% in the Western Cape with only Gauteng (83%) and Limpopo (81%) above 80%. Defects classified as many and major were reported in 2% of centres with the highest rates in KwaZulu-Natal (5%) and North West (4%). The Eastern Cape (3%) was also significantly above average. Some major defects to the roof were reported in 3% of fully registered centres. Provinces that are above average in this category include KwaZulu-Natal (7%), the Eastern Cape (4%), the Free State (4%) and Mpumalanga (3%). Some minor defects were found in 16% of audited registered centres in the country.

Among conditionally registered ECD centres, defects were more common. A total of 3% reported many major defects and were well above average in the Eastern Cape (6%) and KwaZulu-Natal (4%). Some major defects were reported in 4% of centres and were over 4% in the Western Cape, KwaZulu-Natal, the Eastern Cape, and Limpopo.²⁸ Some minor defects in the roof were relatively common with 20% of conditionally registered centres affected. In most provinces more than 20% of centres had some minor defects with the highest rates in North West (35%) and KwaZulu-Natal (31%). Only Limpopo (15%), Mpumalanga (14%), and the Western Cape (10%) were less than 20% of centres affected. No defects were reported by over 80% in the Western Cape (84%) and Mpumalanga (80%). Rates were as low at 59% in KwaZulu-Natal and 61% in both the Eastern Cape and North West.

Unregistered centres reported the largest percentage of centres with no defects in the roof (80%) with a maximum of 87% in the Western Cape and a low of 71% in North West. Defects classified as many and major were found in 3% of unregistered ECD centres with the highest rates in KwaZulu-Natal (4%), Mpumalanga (4%), and Limpopo (4%). Some major defects were reported in a similar number of centres with 3% affected. This was highest in Limpopo (5%), North West (4%), and the Eastern Cape (4%). Some minor defects were observed in 14% of

²⁸ The Northern Cape (11.1%) had the highest rate but the small sample size did not merit its inclusions in the discussion.

unregistered centres with relatively high rates in the Free State (23%) and the Eastern Cape (19%).

ECD centres across the nation are less afflicted by cracks, leaks, damp, or other damage to walls than defects to their roofs. The data shows that 82% of fully registered centres, 77% of conditionally registered centres, and 85% of unregistered centres report having no wall defects. When defects exist, they are generally not numerous and are minor in nature, (Figure 135): 13.9% of fully registered centres, 16.9% of conditionally registered centres, and 10.2% of unregistered centres have some but minor defects to their walls. As with defects related to the roof, ECD centres that report having many wall-related issues tend to have problems that are generally more serious than not. This suggests that the problems are longstanding and that the centre likely does not have the resources to fix them.

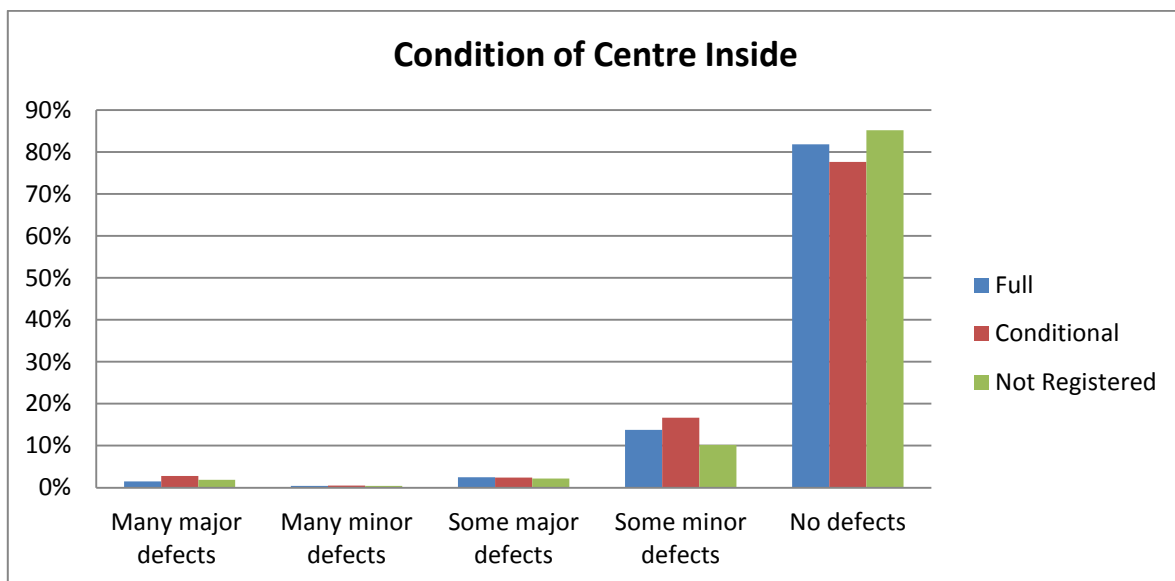


Figure 135: Cracks and leaks in walls

Cracks, leaks, and other defects in walls were classified as many and major in 2% of fully registered centres. This was highest in KwaZulu-Natal (4%), the Eastern Cape (3%) and North West (2%) while close to 1% or less in other provinces. Some major defects were reported in 3% of centres with KwaZulu-Natal (6%) and the Eastern Cape (4%) above average. There were some minor defects present in 14% of centres and at rates over 20% in KwaZulu-Natal (22%), North West (21%) and the Northern Cape (21%). The Eastern Cape (20%) was also well above average. Over 90% of fully registered centres in the Western Cape (93%) and Gauteng (92%) reported having no defects.

Conditionally registered centres had highest rates of wall defects classified at many and major (3%). Rates were over 3% in Limpopo (4%), North West (4%), and KwaZulu-Natal (3%). Only Gauteng and Mpumalanga have rates below 2%. Of those with some major defects, rates are highest in the Western Cape (5%) and the Eastern Cape (4%) followed by Limpopo (3%). More than 20% of conditionally registered centres in KwaZulu-Natal (28%), the Eastern Cape (22%), Gauteng (22%), and the Free State (21%) had some minor defects. The Western Cape (4%) was

the only province below 10%. The Western Cape also had the highest percentage of centres reporting no defects in the wall (89%) followed by Mpumalanga (87%).

Unregistered centres fared better than conditionally registered on all measures at the national level with 85% having no defects compared to 77% of conditionally registered centres. These rates are highest in Gauteng (90%) and the Western Cape (89%). Many major defects were to a lesser degree present in Mpumalanga (3%), the Eastern Cape (3%) and in KwaZulu-Natal (4%). Some major defects were reported in 2% of unregistered centres with a maximum of 4% in both the Eastern Cape and Limpopo. The Free State (3%) and KwaZulu-Natal (2%) are the only other provinces above 2%. Unregistered centres had a lower incidence of some minor defects in the wall (10%) than conditionally registered centres (17%) with no province over 20%. Rates were, however, above 15%, in KwaZulu-Natal (18%), the Eastern Cape (17%), and the Northern Cape (16%).

Plumbing leaks at ECD centres are relatively rare as 93% of fully registered, 94% of conditionally registered, and 96%, of unregistered ECD centres do not have any visible plumbing leaks. Like roof or wall related defects, those centres that have plumbing leaks generally tend to have not very many of them and the severity of the leaks are generally minor. Virtually no centres in any province or registration status had leaks classified as many and minor (Figure 136). Furthermore, like roof or wall-related defects, those centres that report having many plumbing leaks generally report having defects that are severe in nature.

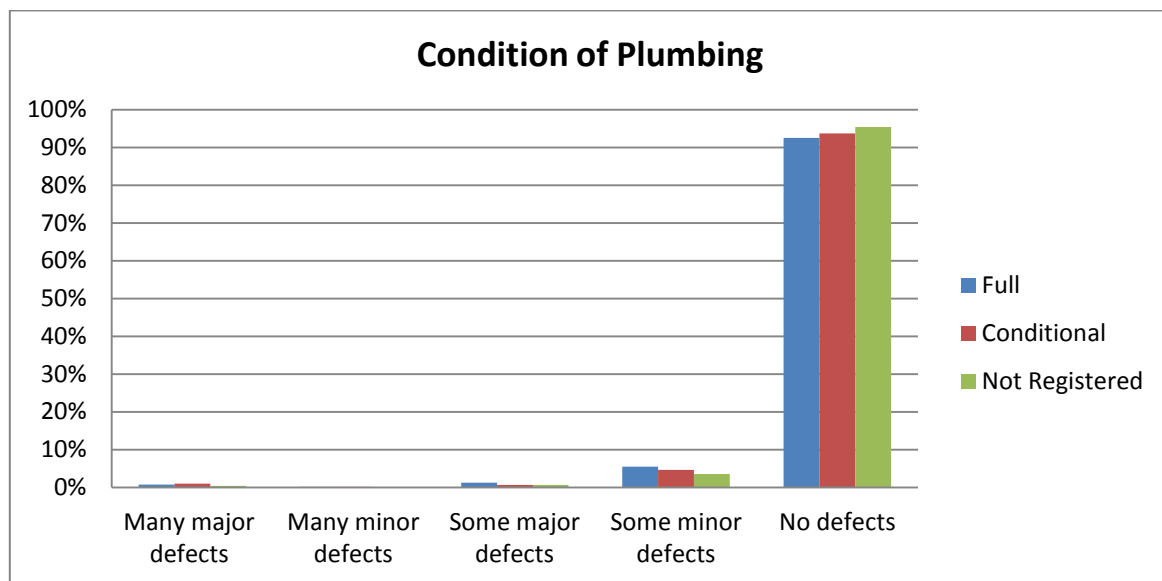


Figure 136: Plumbing leaks

Most fully registered centres do not report any plumbing defects. Rates are highest in the Western Cape (96%) and Mpumalanga (96%). They are lowest in the Northern Cape (83%), KwaZulu-Natal (88%), and the Free State (90%) but over 90% elsewhere. Over 1% of centres had many major defects in plumbing in the Northern Cape (2%), the Free State (1%), and KwaZulu-Natal (1.0%). Rates in these provinces were also high for some major defects: the Northern Cape (3%), the Free State (1%), and KwaZulu-Natal (3%). All other provinces had rates of less than 1% with the exception of Mpumalanga. Some minor defects were more

common, averaging 6%, with the highest rates found in the Northern Cape (13%), KwaZulu-Natal (8%), the Free State (8%), and North West (8%). The Western Cape (3%) and Mpumalanga (3%) were the lowest.

In conditionally registered centres, 1% report many major defects with the Western Cape (2%), Limpopo (1%), and Gauteng (1%) with the highest rates. These provinces usually perform better on most indicators suggesting these defects be associated with reasons preventing the centres from achieving full registration status. Some major defects were observed in more than 1% of centres in the Eastern Cape and Gauteng. Some minor defects were reported by 5% of conditionally registered centres with a maximum of 13% in Gauteng followed by 9% in Gauteng and 8% in the Eastern Cape. Other provinces have rates below 5%.

Less than 1% of unregistered centres reported that they have the fewest defects classified as many and major. Only the Northern Cape was above 1%. Gauteng has the highest rate of some major defects (1%) though it is relatively low. 3% of unregistered centres reported some minor defects with the highest rates of 6% found in both the Northern Cape and the Eastern Cape. Apart from Gauteng (5%) all other provinces have rates below 4%.

Of the centres that were audited, 96% of fully registered, 94% of conditionally registered, and 96% of unregistered centres do not have any exposed wirings. Centres that report having such issues generally claim that the problem is not particularly severe. Minor cases of exposed wiring were reported in 4% of fully registered, 4% of conditionally registered and 3% of unregistered centres claim to have minor problems related to exposed wiring. Centres reporting n major issue were found to be in 1% of fully registered, 2% of conditionally registered and 1% of unregistered centres (Figure 137).

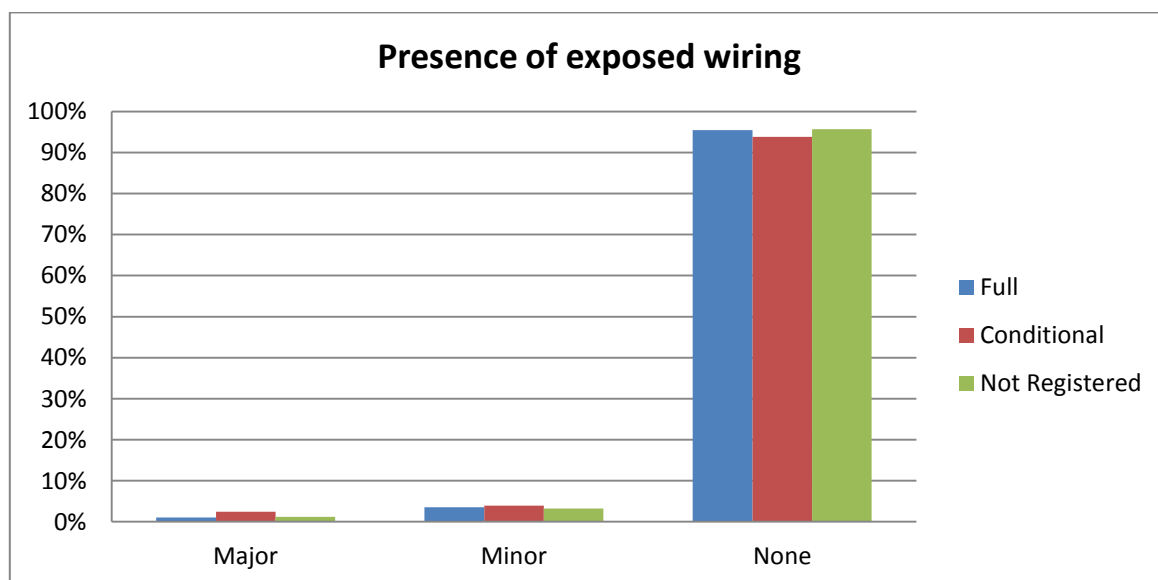


Figure 137: Exposed wiring

In fully registered ECD centres, exposed wiring is present to the largest degree among centres in KwaZulu-Natal (3%) and over 1% in the Northern Cape, Limpopo and the Eastern Cape. Provinces with the highest rates of centres with no exposed wiring include the Western Cape

(99%), Gauteng (98%), and Mpumalanga (96%). Provinces with rates below 5% are KwaZulu-Natal (91%), Limpopo (94%), and the Northern Cape (95%).

Among conditionally registered centres, only Gauteng and North West have more than 1% of centres with major cases of exposed wiring while also have the largest proportion where some exposed wiring was present. In addition to these two provinces, conditionally registered centres that have no exposed wiring in were under 95% or less with Mpumalanga at 92%, the Eastern Cape at 94% and Limpopo at 95%. It is unclear why so many conditionally registered centres have exposed wiring in Gauteng as over 95% of fully registered and unregistered do not.

Over 2% of unregistered ECD centres in Limpopo (2%) and North West (3%) have major cases of exposed wiring compared to the national average of 1%. KwaZulu-Natal (2%) is also above average. Provincial rates for centres with no exposed wiring at over 95% in all provinces except the Northern Cape (92%) where 7% have some exposed wiring.

Aside from damaged roofs, cracked walls, leaking plumbing and exposed electrical wiring, infrastructural features that can pose safety risks are the presence of sharp and dangerous fixtures, as well as obstacles in walkways and passages. Of fully registered centres, 5% have sharp and dangerous fixtures within their premises while this is the case in 6% of conditionally registered centres and 5% of unregistered centres ((Figure 140). Children are exposed to such risks as they may easily run into these sharp objects resulting in injury.

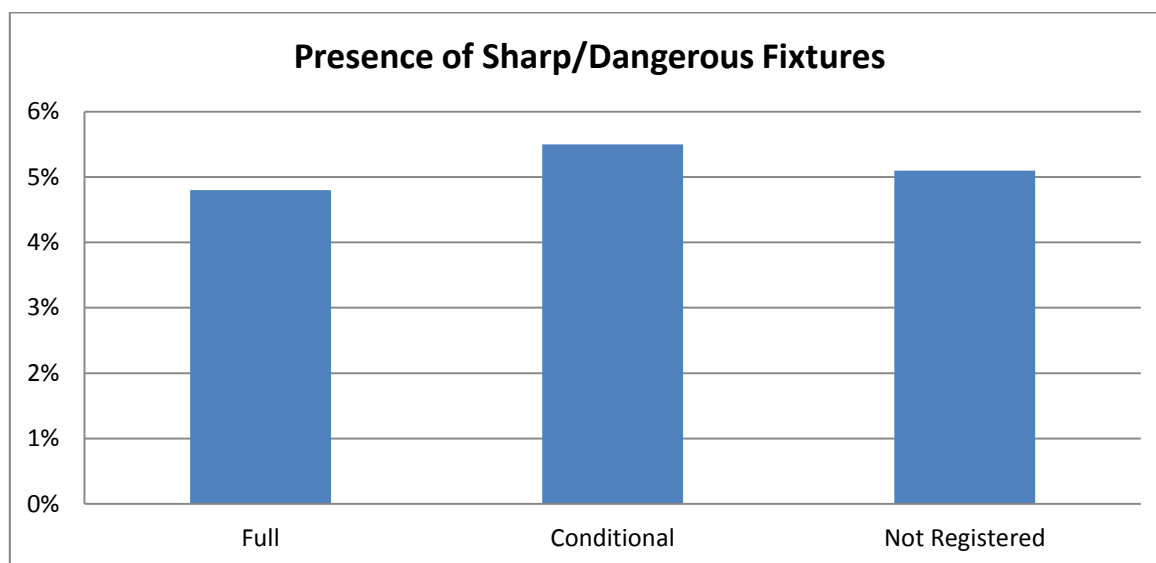


Figure 138: Sharp and dangerous fixtures

The proportion of centres having sharp and dangerous fixtures in their premises is highest among fully registered centres in the Northern Cape (7%) and KwaZulu-Natal (7%). Similarly, 8% of conditionally registered centres in KwaZulu-Natal report having the same problem. The proportion of unregistered centres with such fixtures is also higher than the national average of 5% in the Northern Cape (7%) and KwaZulu-Natal (6%).

The proportion across the three registration statuses in Mpumalanga is also lower than the national average with totals of 2% for fully registered centres; 5.1% for conditionally registered centres and 3% for unregistered centres. The proportion of centres having sharp and dangerous fixtures is similarly low in the Free State where 3% of fully registered, 3% of conditionally registered, and 4% of unregistered centres have sharp and dangerous fixtures.

The data indicates 12% of fully registered centres, 14% of conditionally registered centres and 11% of unregistered centres have obstacles obstructing passages which impede free movement and pose a safety hazard, especially during an emergency situation should the building need to be evacuated quickly (Figure 139).

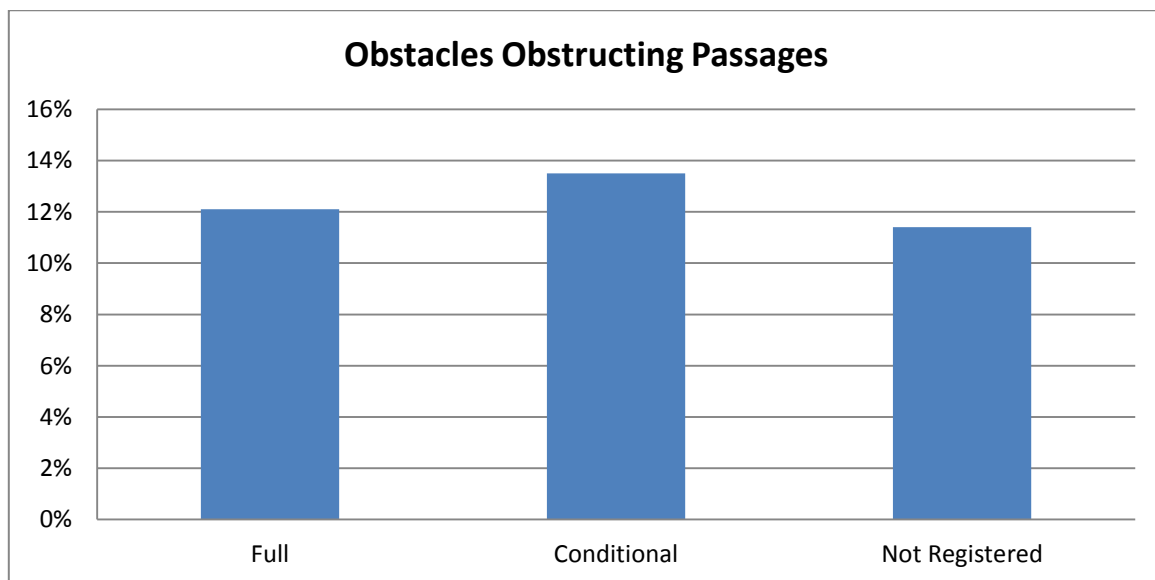


Figure 139: Obstacles obstructing passages

The proportion of centres that have obstructions in passages and walkways is highest in Mpumalanga where 22% of fully registered centres, 15% of conditionally registered centres and 21% of unregistered centres have obstacles obstructing passages and walkways. KwaZulu-Natal also ranks poorly in this regard with 20% of registered centres, 15% of conditionally registered centres and 15% of unregistered centres affected.

The North West has the lowest proportion of centres that has obstacles obstructing passages with 4% for fully registered centres, 7% for conditionally registered centres, and 8.5% for unregistered centres. The Northern Cape has the second lowest proportion of centres with obstacles in their passages: here, 6% of fully registered centres and 11% of unregistered centres.

Despite the fact that a number of centres across all the provinces face significant infrastructural challenges most centres claim their buildings are safe. Disaggregated by registration status, Figure 140 shows that a higher proportion of unregistered centres (11%) claim to be unsafe than conditionally registered (9%) or fully registered centres (6%). This suggests that the need for urgent maintenance is not due to safety concerns.

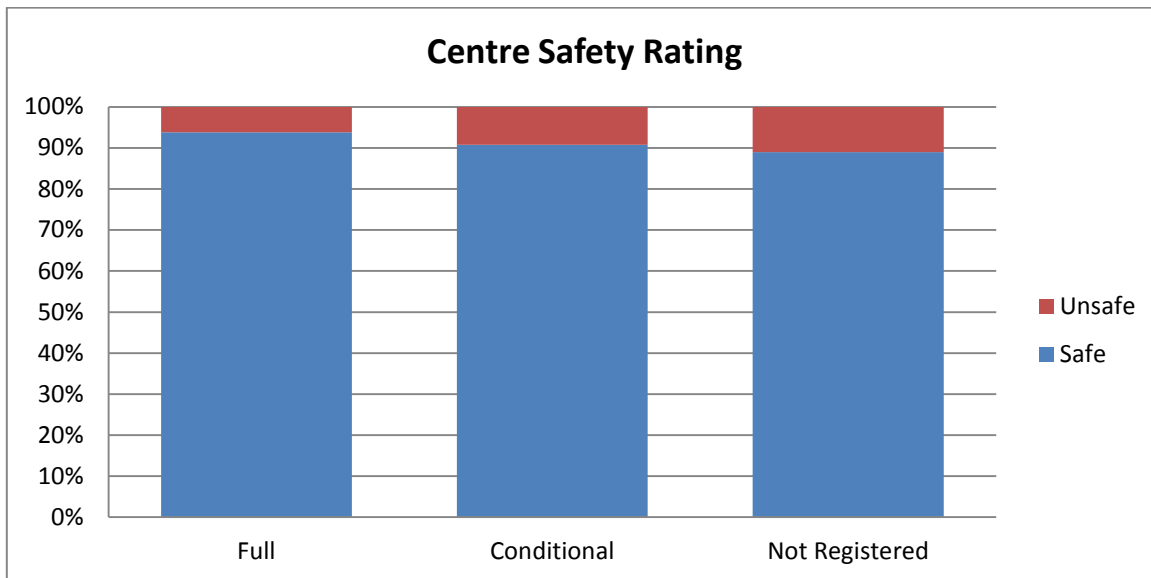


Figure 140: Centre's safety rating

The highest proportion of centres claiming that they are unsafe is in the Eastern Cape followed by the Northern Cape. The proportion of centres that are unsafe in these two provinces across all three registration statuses is significantly higher than the national averages and the only provinces where less than 90% of fully registered centres were unsafe (Figure 140). In the Eastern Cape 15% of fully registered, 29% of conditionally registered, and 17% of unregistered centres claim that they are unsafe for ECD purposes. A total of 13% of both fully registered and unregistered centres in the Northern Cape were considered unsafe. It is worth noting that despite not performing well across the indicators of infrastructural safety, only 9% of fully registered centres in KwaZulu-Natal claim to be unsafe to function as ECD facilities though 16% of unregistered centres were reported as unsafe, the second highest rate behind the Eastern Cape. Limpopo ranks third for the percentage of unregistered centres considered unsafe (15%). Among unregistered centres, the Free State (14%), North West (13%), and Mpumalanga (10%) are also all above 10%.

The proportion of centres that are unsafe for ECD purposes is lowest in the Western Cape and Gauteng. The proportion of centres that are unsafe across all three registration statuses in these two provinces is significantly lower than the national averages. In the Western Cape, 2% of fully registered, 7% of conditionally registered, and 8% of unregistered centres were reported to be unsafe. Similarly, in Gauteng, the respective proportions are 1% of registered, 2% of conditionally registered and 7% of unregistered centres.

Enumerators were asked to rate the overall condition of the building with feedback from the respondent at the ECD centre. They were asked to rate the centres as: "Good", "Fair," and "Poor." Enumerators were not provided with specific definitions for the three options because of which it is likely that context specific subjectivity influenced the responses given by the centres.

Most fully registered centres were rated as being in “Good” condition (72%) while 22% were reported as “Fair” and 6% were “Poor”. The proportion of responses is similar for conditionally registered centres as well as unregistered centres (Figure 140). Among conditionally registered centres, the proportions were 68% “Good”, 24% “Fair”, and 8% “Poor”. The rates for unregistered centres were 66% “Good”, 23% “Fair” and 12% “Poor”. These results suggest that fully registered centres, in general, appear to be in better infrastructural state than conditionally registered centres and unregistered centres.

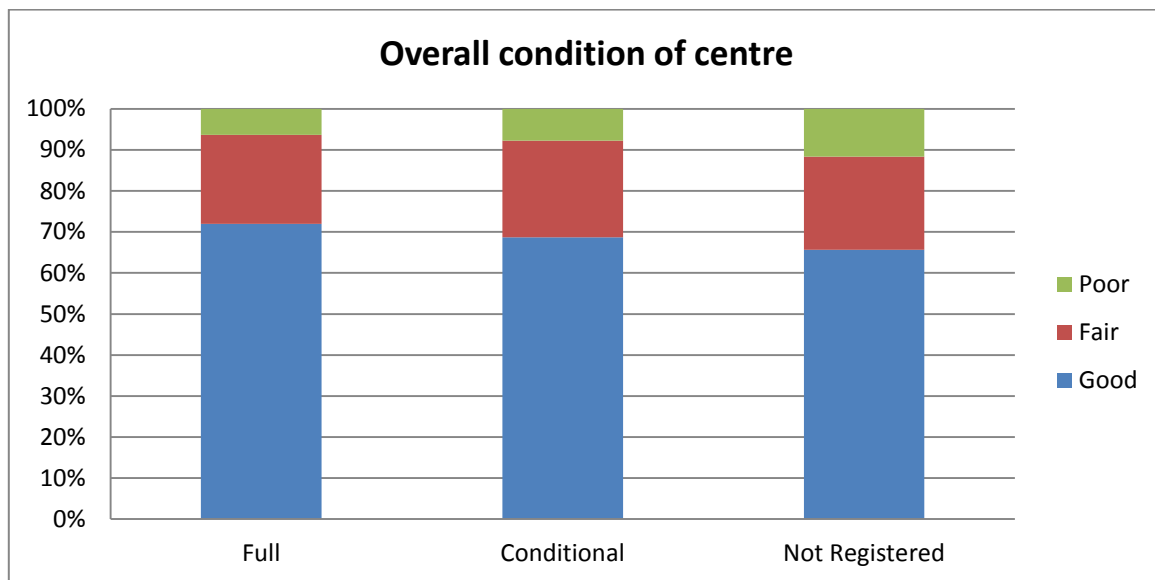


Figure 141: Overall condition of building

Among fully registered centres, the highest proportion of centres in “Good” condition overall are found in Gauteng (88.1%) and the Western Cape (85.1%). The Northern Cape (43.6%) has the lowest proportion followed by the Eastern Cape (55.0%). Of those rated as being in “Poor” condition overall rates are above 10% in the Northern Cape (21.8%), the Eastern Cape (13.8%), and KwaZulu-Natal (10.2%). The lowest rates are found in the Western Cape (0.8%) and Gauteng (1.0%).

Mpumalanga (84.2%) has the highest proportion of conditionally registered centres in “Good” condition followed by Limpopo (70.8%). The lowest rates are seen in the Eastern Cape (48.3%) but are over 60% in other provinces. Similar to fully registered centres, the Eastern Cape (17.8%) and KwaZulu-Natal (11.6%) have the largest percentages of centres in “Poor” condition with rates as low as 1.1% in Gauteng.

Among unregistered ECD centres, Gauteng (77%) and Mpumalanga (71%) have the highest proportion of centres in “Good” condition. The Northern Cape (39%) is the only province with less than half of unregistered centres in “Good” condition though the Free State (50%) and KwaZulu-Natal (53%) come close. More unregistered centres in the Northern Cape (28%), KwaZulu-Natal (20%), the Free State (19%) report being in “Poor” condition compared to the national average of 12% though other also remain above. Only Gauteng with 7% and the Western Cape with 9% are below 10% of unregistered centres in “Poor” condition.

These rates are much higher than for registered centres in both provinces and may pose a hindrance to registration.

The quality of infrastructure may impact not just the health and safety of learners and staff members at centres but also the ability of the ECD centre to deliver care and education services. Centres were therefore asked about the extent of service delivery interruptions due to infrastructural issues. 57% of fully registered, 53% of conditionally registered, and 60% of unregistered centres report no service delivery interruptions while 11% of fully registered, 8% of conditionally registered, and 10% of unregistered centres report frequent interruptions. It is unclear why more fully registered centres report service delivery interruptions than unregistered centres. It may, however, be related to an increased reliance on electricity or other service.

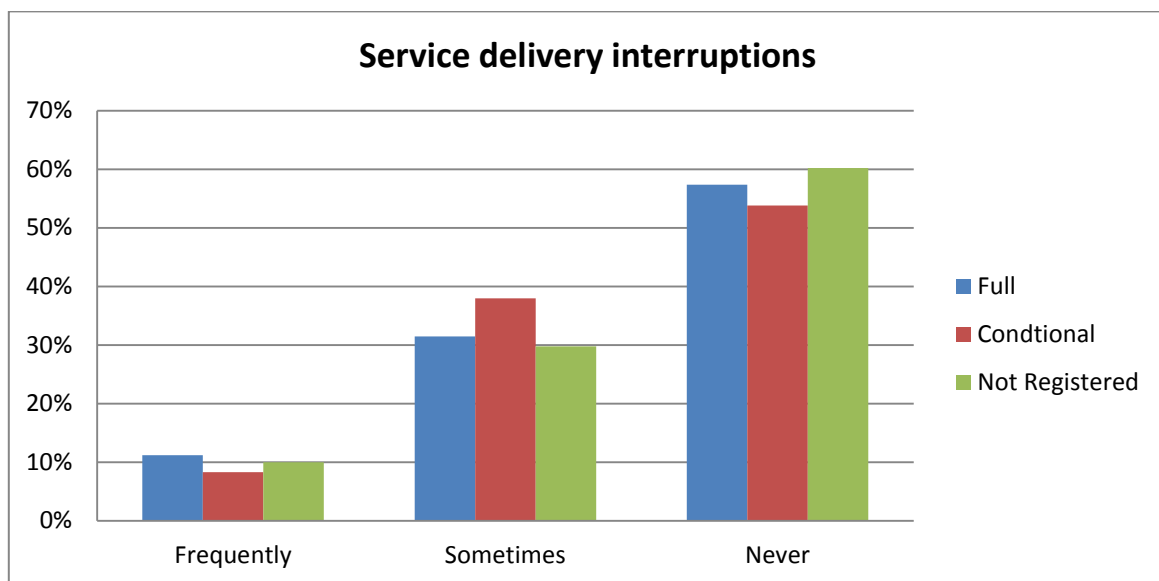


Figure 142: Service delivery interruptions

The proportion of registered centres experiencing frequent service delivery interruptions is highest in the Northern Cape (39%). No other province has rates of over 15%. In contrast, only 3% of centres in neighbouring North West and 6% of registered centres in the Western Cape are reportedly afflicted with similar problems. The Western Cape has the lowest proportion of centres never having service delivery interruptions (76%) distantly followed by Gauteng (60%). The Northern Cape (38%) and Limpopo (48%) are the only two provinces where less than half report never having service delivery interruptions due to the condition of the ECD centre. Among conditionally registered centres, those in Gauteng (26%) and the Free State (11%) report the highest percentage of centres with frequent service delivery interruptions with all other provinces below 10%. The highest rates of those who never experience service delivery interruptions are found in the Western Cape (73%) and Limpopo (63%) with others being less than 50% except the Eastern Cape with 53%.

The Northern Cape ranks worst for unregistered centres who report frequent service delivery interruptions due to the condition of the ECD centre (45%). Only the Eastern Cape (17%) has

rates over 15%. Unregistered centres in every province except Limpopo are more likely to have never had service delivery interruptions than conditionally registered centres and even fully registered centres in the Eastern Cape, the Free State, KwaZulu-Natal, Mpumalanga and North West. The Western Cape (75%) has the highest proportion of unregistered centres that never have service delivery interruptions with North West (46%) and the Northern Cape (36%) the only other provinces that deviate substantially from the national average of 60%.

Despite many centres having service delivery interruptions due to the condition of the ECD centre, only 22% claim that their centre is not suited to the functional requirements of such a centre. The proportion of centres responding they meet the functional requirement is highest among fully registered centres (84%), followed by conditionally registered centres (78%), and unregistered centres (73%).

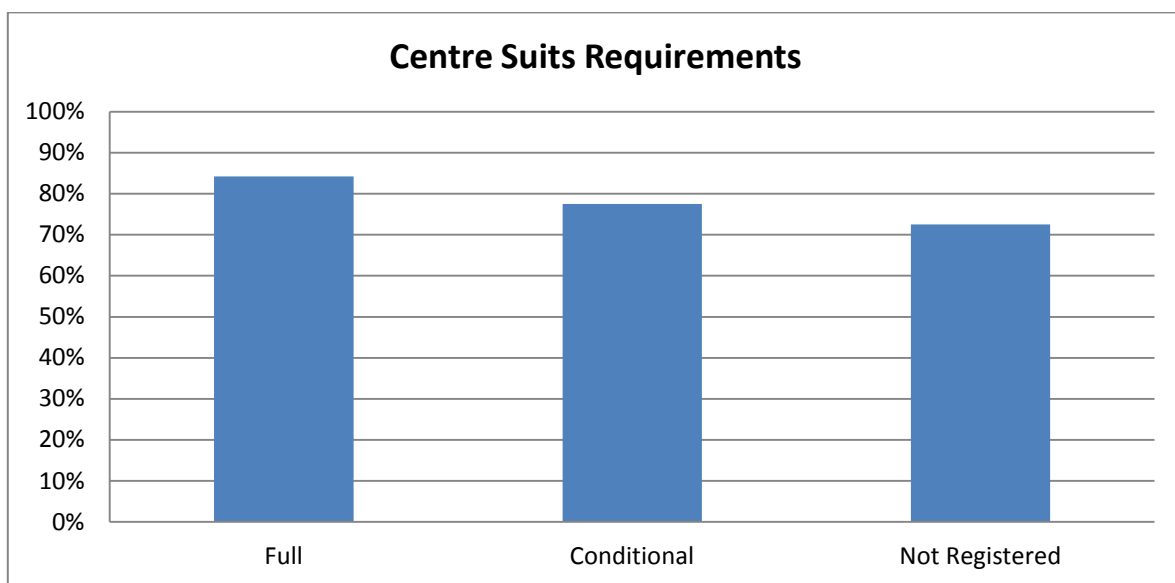


Figure 143: Centre suits requirements

Fully registered centres in Gauteng (90%) are most likely to meet the functional requirements while those in Mpumalanga (75%) and the Northern Cape (72%) are least likely. Gauteng has the largest proportion of conditionally registered centres that suit ECD centre requirements (88%) with similar rates in the Free State (85%), the Western Cape (85%), North West (84%), and Limpopo (84%). Mpumalanga (40%) and the Northern Cape (44%) are significantly below average. Unregistered centres generally fare worse with the best rates in Gauteng (79%), the Western Cape (79%), and North West (77%) roughly 6-8% lower than conditionally registered centres. Unregistered centres in the Northern Cape (52%) are least suited to the functional requirements of an ECD centres over 10% less than Mpumalanga (63%), the province with the second lowest rates.

Infrastructural challenges seem to be most severe in KwaZulu-Natal and the Northern Cape. KwaZulu-Natal has one of the highest proportions of centres in need of urgent maintenance as it has centres with the highest proportion of roof defects as well as cracks and leaks in the walls. The proportion of “Poor” responses when asked about the overall quality of the centre is also

highest in KwaZulu-Natal and the Northern Cape. Centres in the Northern Cape also rank poorly in terms of having plumbing leaks and sharp and dangerous fixtures. Service delivery interruptions are also high the Northern Cape, while the responses to the question on whether the centre suits functional requirements is low among the facilities in the province. Given this, it seems that focusing infrastructural repair and development efforts among centres in these two provinces might be necessary to ensure the delivery of high quality services to learners.

Conversely, centres in Gauteng and the Western Cape appear to have relatively high quality infrastructure. Centres across both provinces have the lowest rates of roof defects and cracks and leaks in walls. Furthermore, centres in both provinces are rated as being “Safe” more than in any of the other provinces. Centres in Gauteng also report having “Good” quality infrastructure more than in any of the other provinces.

4.8.2.3 Functionality

The functionality of ECD centres is assessed by inquiring about several infrastructural features such as its heating, ventilation, sanitation, and administrative facilities. It is assumed that the greater the number of positive responses to these questions, the more functionally sufficient an ECD centre is and the more functionally sufficient a centre is, the greater is the likelihood that the environment is safe and allows for the delivery of a high quality ECD curriculum.

Paved surfaces in the outside play area which allow children to easily play with toys with wheels are found outside 50% of fully registered centres, 32% of conditionally registered centres and 44% of unregistered centres (44%).

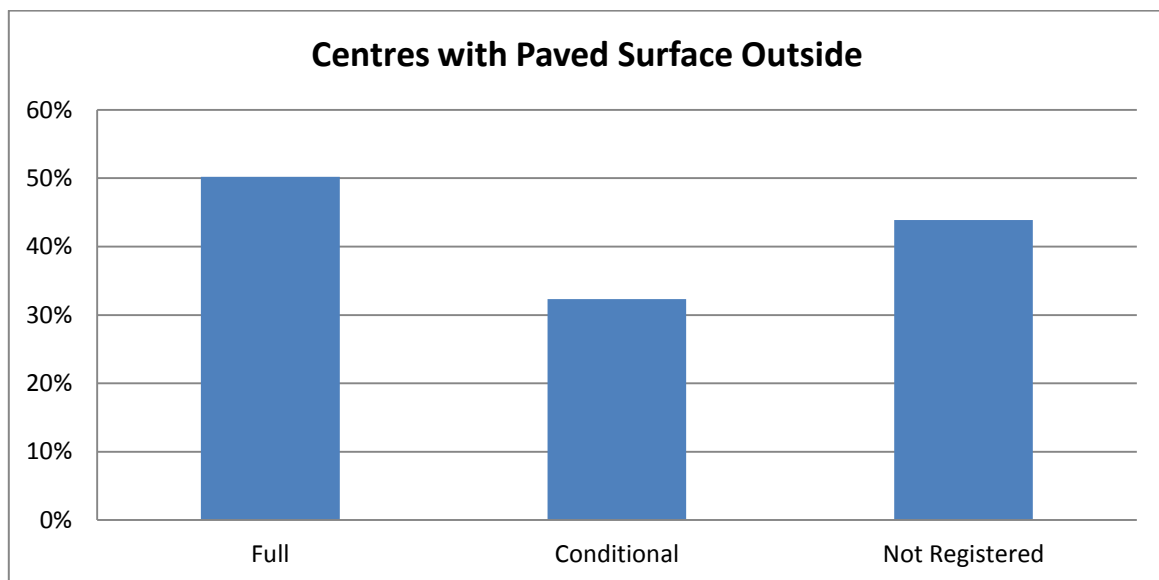


Figure 144: Paved surface

Rates among fully registered centres vary substantially with Gauteng (81%) and the Western Cape (74%) being the only provinces where more than half of centres have paved surfaces. North West (22%), the Northern Cape (27%), and Limpopo (30%) have much lower rates. The

same pattern is observed in conditionally registered centres though rates are generally much lower with Gauteng (76%) and the Western Cape (63%) in the lead. Rates are below 30% in Limpopo (22%), the Eastern Cape (25%), North West (26%), and the Free State (25%). Among unregistered ECD centres, rates of paved surfaces are higher nationally and more similar to fully registered ECD centres. Gauteng (67%) and the Western Cape (62%) are again highest while Limpopo (16%), North West (25%), the Northern Cape (26%), and Mpumalanga (27%) are lowest.

Heating is an issue during the winter months in most provinces. The health of children is put at risk when the environment becomes too cold and may impact learning. Only slightly more than 50% of fully registered ECD centres have heating facilities. This is considerably more than either conditionally registered (32%) or unregistered (39%) centres.

The Free State has the highest proportion of fully registered centres with adequate heating facilities in classrooms (83%) followed by Gauteng (70%). Less than half of centres having heating facilities in Limpopo (17%), North West (25%), KwaZulu-Natal (36%), and the Northern Cape (41%). Among conditionally registered centres, the Free State (79%) has the highest rates with Gauteng (57%) a distant second. Less than a quarter of conditionally registered centres have heating in Limpopo (12%), KwaZulu-Natal (15%), North West (23%), or Mpumalanga (24%). Rates among unregistered centres also vary substantially. The Free State (65%) shows the highest rates though they are considerably lower than for registered centres in that province and only slightly ahead of Gauteng (57%). Heating is relatively uncommon in Limpopo (12%) and North West (17%). It is important to consider the climate of the province before determining if rates are too low as many centres in Limpopo, Mpumalanga, and KwaZulu-Natal may be unaffected by cold weather for much of the year.

Proper ventilation facilities in classrooms allow fresh air to flow more freely and reduce the risk of respiratory infection. The data collected shows that the highest proportion of centres with adequate ventilation facilities are fully registered centres (81%) followed by conditionally registered centres (70%) and unregistered centres (75%).

Fully registered centres in Gauteng (92%) and the Free State (88%) show the highest rates of sufficient ventilation. Limpopo (67%) and the Eastern Cape (74%) have the lowest rates. Among conditionally registered centres, those in North West (91%) and Limpopo (79%) are most likely to have sufficient ventilation whereas those in Mpumalanga (34%) and the Free State (58%) are least likely. Unregistered centres show the least variation with Gauteng (84%) and KwaZulu-Natal (81%) being the highest and Limpopo (63%) and Mpumalanga (70%) the lowest. All but Limpopo are within 10% of the national average of 75%.

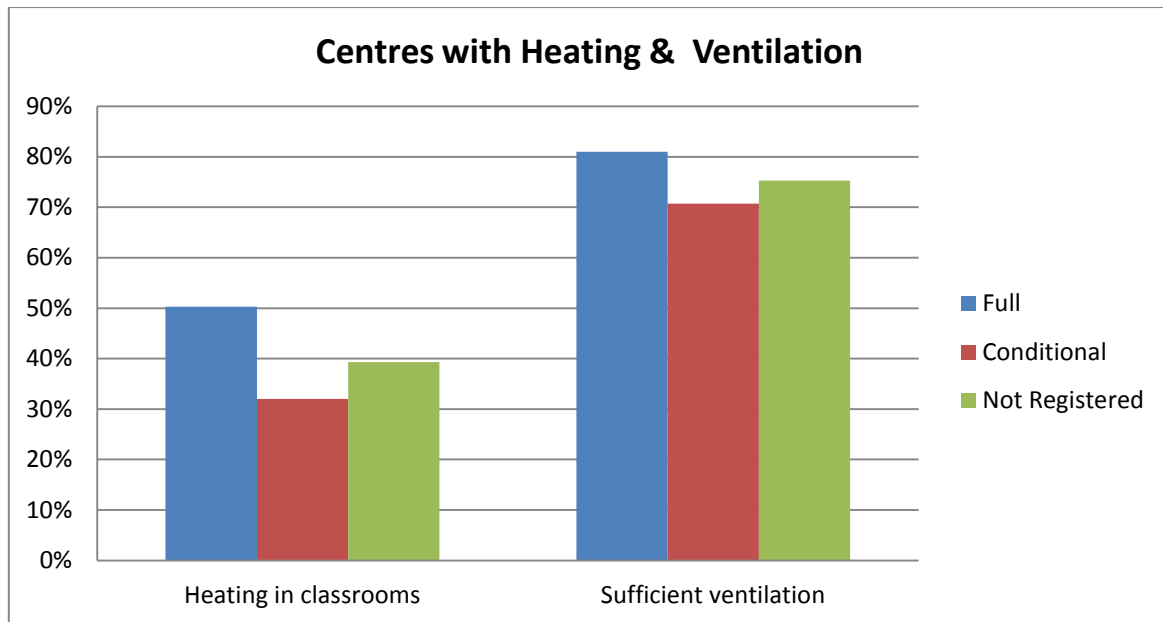


Figure 145: Heating and ventilation

Separate kitchen areas are relatively common across all registration statuses. Preparing food away from children reduces the risk of contamination as well as the risk of injury to children. 92% of fully registered centres, 90% of conditionally registered centres, and 83% of unregistered centres have a separate kitchen space in their centre away from children.

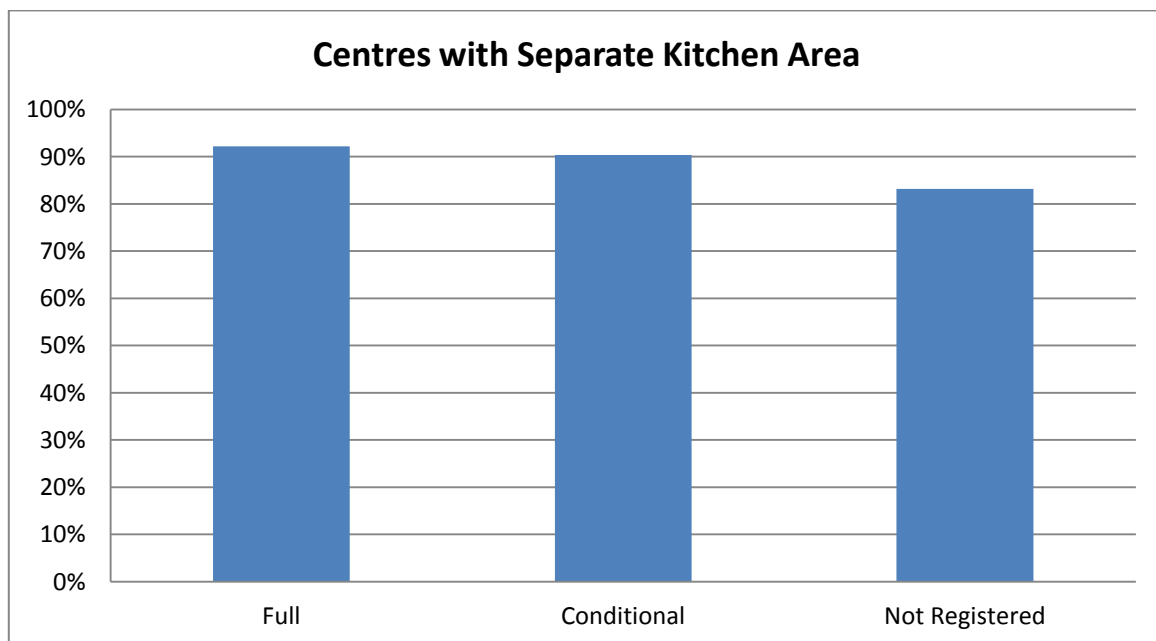


Figure 146: Separate kitchen

Among fully registered centres only in the Eastern Cape do less than 90% of centres have a separate kitchen area. The rate is as high at 98% in Gauteng. Conditionally registered centres have a separate kitchen space in 90% of centres with the lowest rate again found in the Eastern

Cape (76%). KwaZulu-Natal (85%) is the only other province below 90%. Rates are above 95% in Gauteng (98%), the Western Cape (96%), and North West (95%). Unregistered centres are least likely to have a separate kitchen space (83%) with the lowest rates reported in KwaZulu-Natal (67%), the Northern Cape (69%) and the Eastern Cape (69%).

Enquiries were also made about facilities that exist exclusively for staff members and other adults at ECD centres. Overall, 52% of fully registered centres have a separate room or space for practitioners compared to 51% of conditionally registered and 45% of unregistered centres. The separate space allows practitioners a space to prepare lessons and store their personal belongings.

The Free State (62%) and Mpumalanga (61.3%) have the highest proportion of fully registered centres that have separate rooms for practitioners while North West (39%) has the lowest. The Eastern Cape (42%), KwaZulu-Natal (43%), and the Northern Cape (43%) are also below average. More than half of conditionally registered centres have a separate room for practitioners in Mpumalanga (69%), Gauteng (66%), the Western Cape (59%) and Limpopo (55%). Rates are again lowest in North West (29%) followed by the Free State (38%). Within unregistered ECD centres, only in Gauteng do more than half of centres have a separate room for practitioners with the lowest rate in North West (27%). Other provinces are within 10% of the national average of 45%.

A separate office for administration purposes is more common than separate rooms for practitioners among the ECD centres. In centres audited, 67% of those that are fully registered, 59% conditionally registered and 47% unregistered have separate rooms for office administration within the ECD centre. A separate office increases the likelihood that administrative documents are well maintained.

Fully registered centres in Gauteng (84%) are most likely to have a separate office for administrative purposes followed by the Western Cape (76%), Mpumalanga (75%), and the Free State (73%), which show similar rates. Gauteng (88%) shows a substantially greater percentage of conditionally registered centres with a separate office space with no other province above 65%. Less than half of conditionally registered centres have a separate office in the Eastern Cape (34%) or KwaZulu-Natal (44%). Separate offices were found in a slight majority of unregistered centres in Gauteng (57%), the Western Cape (55%), and the Free State (52%). They were found in a third or less of unregistered centres in Limpopo (33%) and the Northern Cape (27%).

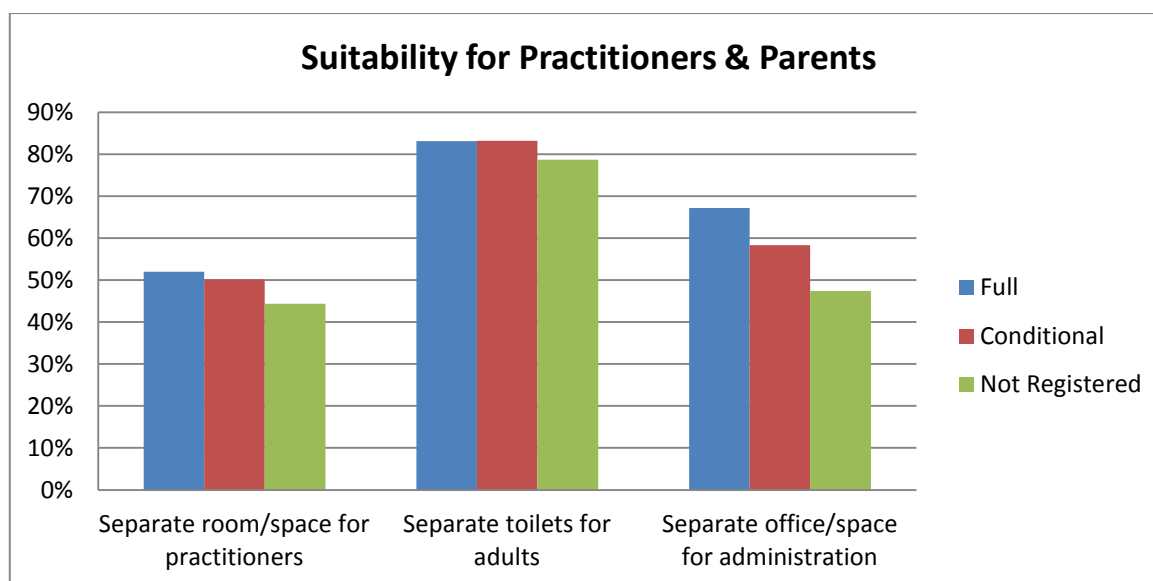


Figure 147: Separate room for practitioners

The majority of centres have separate toilet facilities for adults on their premises with similar proportions across all three registration statuses: 83% of fully registered centres and conditionally registered centres and 79% for unregistered centres.

Among the provinces, Gauteng has the highest proportion of fully registered centres with separate toilets for adults (93%) with similar rates in Limpopo (92%) and Mpumalanga (90%). Rates are lowest in the Northern Cape (65%) and the Eastern Cape (75%). Among conditionally registered centres, Gauteng (92%) and Limpopo (94%) have similarly high rates and are joined by North West (95%) at the top. Mpumalanga (62%) shifts to the lower end with the Eastern Cape (66%) and KwaZulu-Natal (67%). Unregistered centres in Gauteng (89%) have the largest proportion of centres with separate toilets for adults while the smallest proportions are found in the Northern Cape (60%) and the Western Cape (67%).

ECD centres were also asked about the type of toilets they had in their centre and were able to give multiple responses. The data reveals that flush toilets connected to the public sewage system are the most common type of toilet and found in 58% of fully registered centres. They are equally common in unregistered centres (59%) but less so in conditionally registered centres (33%). Among fully registered centres, 93% of those in both Gauteng and Western Cape have flush toilets. In the same category, the Free State (76%) and the Northern Cape (65%) are the only provinces where more than 50% of centres have flush toilets connected to the public sewer system. Rates are as low at 19% in Limpopo. Among conditionally registered centres, Gauteng (89%) and the Western Cape (89%) have similarly high rates. Less than 10% of centres have flush toilets in Limpopo (8%) and Mpumalanga (8%). In unregistered centres, the Western Cape (89%) and Gauteng (85%) are highest while rates in Limpopo (11%) and Mpumalanga (38%) are lowest. Flush toilets connected to septic tanks have relatively low rates in fully registered (5%), conditionally registered (5%), and unregistered ECD centres (3%). Rates are higher than 5% among fully registered centres in the Northern Cape (13%), North West (9%), Mpumalanga (6%), and KwaZulu-Natal (5%). Among conditionally registered centres, the Free State (12%), Gauteng (11%), North West (6%), and KwaZulu-Natal (6%) are

above average while more than 5% of unregistered centres in the Northern Cape (8%) and the Western Cape (6%) have flush toilets connected to septic tanks.

Rates are slightly higher for chemical toilets with 6% of fully registered centres, 7% of conditionally registered and much lower rates in unregistered centres (3%). Levels are much higher in the Eastern Cape (17% of registered, 12% of conditionally registered; 9% of unregistered centres) and KwaZulu-Natal (17% of registered, 25% of conditionally registered; 13% of unregistered centres). Conditionally registered centres in North West (23%) also show high rates but remain relatively low elsewhere.

Pit latrine toilets with ventilation pipes show clear geographic disparities across provinces. Among fully registered centres rates are high in Limpopo (27%), KwaZulu-Natal (20%), North West (19%), Mpumalanga (19%), and the Eastern Cape (15%). The Northern Cape (8%) is also relatively high when compared to the remaining provinces where they are found in less than 3% of centres in Gauteng. Among conditionally registered centres and unregistered centres, pit latrine toilets are found in 15% and 8% of centres respectively with high rates in the same provinces.

While pit latrine toilets are generally unhygienic and can pose safety risks to children, those with ventilation pipes are superior to those without. Fully registered centres have pit latrines with no ventilation pipes in 15% of centres with rates as high as 46% in Limpopo and 32% in North West. Rates in the Eastern Cape (19%), KwaZulu-Natal (15%) and the Northern Cape (12%) are also relatively high. Similar provincial patterns are observed in conditional centres though the national average is over twice as high (32%). This is caused by especially high rates in Limpopo (59%) which accounts for nearly half of all conditionally registered centres in the country. Among unregistered centres, Limpopo also ranks first (48%) followed by North West (27%) and Mpumalanga (23%). Apart from KwaZulu-Natal (11%) other provinces have rates below 10% with none reported in the Western Cape.

Bucket toilets show relatively high rates among fully registered centres in the Free State (15%) and the Eastern Cape (13%) compared to the national average of 6%. They are more common in conditionally registered centres in nearly all provinces and above the national average of 9% in the Eastern Cape (13%), Limpopo (12%), the Free State (12%), Mpumalanga (10%) and Gauteng (10%). Similarly, the Free State (13%), Gauteng (12%), Limpopo (11%), and the Eastern Cape (10%) are above the national average of 9% among unregistered ECD centres.

Potties are relatively common across all registration statuses: 40% of fully registered, 46% of conditionally registered and 45% of unregistered centres. Rates vary between 76% of conditionally registered centres in the Free State to 13% of unregistered centres in the Northern Cape. Differences vary between provinces but less so across registration status. The highest rates are found in the Free State (ranging from 57% to 76%) and Gauteng (ranging from 59% to 63%) while potties are not commonly used in the Northern Cape (ranging from 13% to 16%).

Centres without toilets are general rare accounting for 1% of fully registered and conditionally registered and 2% of unregistered ECD centres. Rates are of concern in the Eastern Cape where 5% of fully registered, 10% of conditionally registered, and 8% of unregistered centres do not

have toilets. KwaZulu-Natal is also above the national average for each registration with a high of 3% in unregistered centres. In addition, rates are above 2% among unregistered centres in the Northern Cape (7%), Limpopo (4%), and Mpumalanga (3%). Rates of 1% in fully registered centres in the Northern Cape are the same as the national average.

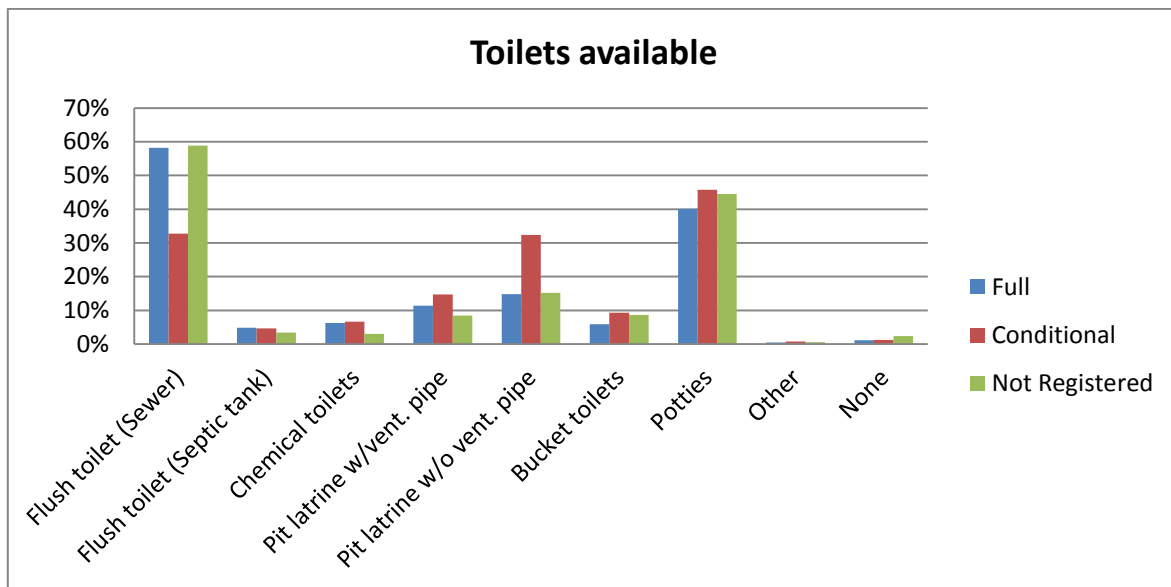


Figure 148: Types of toilets

Centres were also asked about whether they had toilets that were suitable to meet the needs of individuals with physical disabilities or impairments. 41% of fully registered centres, 39% of conditionally registered centres, and 35% of unregistered centres report having such facilities.

Among fully registered ECD centres, no province has more than 50% with suitable toilet facilities for children with disabilities with the highest rates in the Western Cape (48%), Gauteng (48%), Mpumalanga (47%), and Limpopo (47%). The lowest rates are found in North West (24%) and the Northern Cape (30%). Rates among conditionally registered centres are highest in Gauteng (51%) followed by Limpopo (43%) and the Free State (41%) while the lowest rates are in the Eastern Cape (28%), North West (30%), and Mpumalanga (33%). There is less variation among unregistered centres with a high of 39% in Gauteng and a low of 26% in the Free State with all centres within 10% of the national average of 35%.

Centres were asked additional questions regarding the presence of other facilities aimed at making the ECD infrastructure more accommodating to those with physical disabilities or impairments. One such question was about whether ECD centres had wheelchair ramps, to which 17% of fully registered, 16% of conditionally registered, and 12% of unregistered centres did.

Rates were not particularly high in any province. Among fully registered centres, Gauteng (24%) and the Western Cape (22%) had the highest rates while Gauteng (35%) is the only province significantly above average for conditionally registered centres. KwaZulu-Natal (17%) had the greatest proportion of unregistered centres with wheelchair ramps followed closely by

Gauteng (16%). Most other provinces had rates above 10% for most registration statuses though there are some exceptions.

Handrails for assisting the physically impaired with mobility are found in 9% of centres nationwide. As illustrated by Figure 201, handrails are found in 10% of both fully registered centres and conditionally registered centres, and 8% of unregistered centres, which were generally lower than those with ramps.

Both the Free State and Gauteng with 14% and Mpumalanga and the Western Cape with 13% show the highest rates of handrails while rates are as low as 4% in North West with other provinces between 7% and 9%. Conditionally registered centres show a greater variation, likely due to a smaller sample size. Gauteng (23%) and KwaZulu-Natal (21%) have the highest rates while only 4% of conditionally registered centres in the Eastern Cape have handrails. Rates for unregistered centres in nearly all provinces are between 5% and 10% with exceptions in the Northern Cape (12%), Limpopo (4%), and North West with slightly less than 5%.

Clear passages allow for those with disabilities to move more freely throughout the centres. Clear passages were reported in 57% of fully registered, 49% of conditionally registered, and 53% of unregistered ECD centres.

Gauteng (73%) has the highest proportion of registered centres with clear passages among all the provinces distantly followed by the Western Cape (62%). The lowest levels are found in North West (37%), the Northern Cape (38%), and the Eastern Cape (46%), to a lesser extent. Of conditionally registered centres, over half had clear passages in Mpumalanga (65%), KwaZulu-Natal (62%), Gauteng (62%), and the Western Cape (61%) with a significant gap between the Western Cape and the Eastern Cape (50%). Clear passages are found in 39% of conditionally registered centres in Limpopo. Among unregistered centres, Gauteng (64%) has the largest proportion with clear passages followed by Mpumalanga (56%). The lowest rates are seen in Limpopo (37%) and North West (41%).

Inquiry into the accessibility of classrooms to children with disabilities reveals that 63% of fully registered, 68% of conditionally registered, and 60% of unregistered ECD centres report their classrooms are accessible.

Of fully registered centres, Gauteng (72%), Limpopo (72%), and Mpumalanga (71%) report the greatest proportion with classrooms accessible to children with disabilities. Most provinces are near the national average of 68% although North West (38%) and the Northern Cape (42%) are significantly below. Slightly more conditionally registered centres have accessible classrooms with a high of 78% in the Free State and a low of 38% in the Eastern Cape. The smaller sample size likely accounts for the greater variability. Unregistered centres show rates close to the national average of 60% in most provinces with the exception of the Northern Cape (34%) and North West (45%). The highest level is found in Gauteng (66%) followed closely by Limpopo (64%). It should be noted that based on the low levels of modifications specifically to meet the needs of those with disabilities, the percentage of classrooms accessible to children with disabilities appears high. This suggests that no special modifications were made to accommodate children with disabilities and the centre itself believes the classroom would be

accessible especially as there were no specific requirements to rating the classroom as accessible.

Fewer than 50% of the audited centres across the country have centres that have sufficient light for visually impaired children. Comparatively, fully registered centres have the highest proportion of centres responding positively to this question (48%) followed by conditionally registered centres (46%), and unregistered centres (44%).

Individual provinces do show a majority of centres with sufficient light. Among fully registered centres, Gauteng (56.3%), the Western Cape (54.6%), and the Eastern Cape (52.1%) fit this category. Provinces with the lowest rates for fully registered centres are: Mpumalanga (37.9%), the Northern Cape (38.4%), the Free State (39.0%), and North West (40.0%). Among conditionally registered centres, Gauteng (64.8%) and the Western Cape (58.0%) are well above the national average of 46.1% while the Mpumalanga (22.2%) and the Eastern Cape (27.7%) are more than 10% below any other province. Unregistered centres show less variation with a high of 53.2% in the Eastern Cape (53.2%) to a low of 30.8% in the Northern Cape. All other provinces are roughly 5% from the national average of 44.3%.

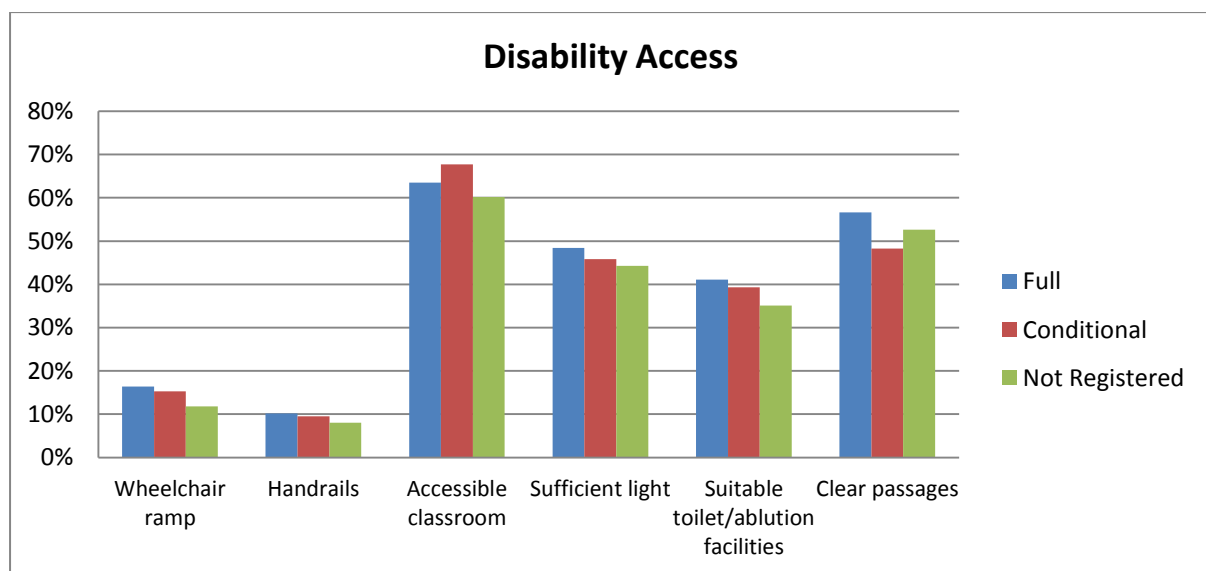


Figure 149: Accommodation for those with disabilities

4.8.2.4 Water and energy sources

Water and energy sources provide an indication of public services that are available to those living in the area and also inform on the relative poverty level in the area with a strong correlation between access to public services and economic opportunities.

Tap water inside the building is the primary source of water for a majority of centres across the country. The analysis of the collected data shows that 58% of the fully registered ECD centres in South Africa meet this criterion, with 38% of conditionally registered and 62% of unregistered centres having the same. Rates are as high as 89% of fully registered centres in both the

Western Cape and Gauteng. Conditionally registered and unregistered centres in these provinces have similar levels. In fully registered centres, the lowest rates are seen in Limpopo (31%), the Eastern Cape (34%), KwaZulu-Natal (37%) and North West (38%). Less than half of conditionally registered centres in Limpopo (15%), the Eastern Cape (24%), KwaZulu-Natal (28%), and North West (44%) meet this requirement. Among unregistered centres, levels are generally higher than conditionally registered centres though below 50% in Limpopo (21%), North West (40%), the Eastern Cape (48%) and the Northern Cape (49%).

Tap water on-site is found at roughly half the level of those where it is available in the building and accounts for 23% of fully registered, 32% of conditionally registered, and 21% of unregistered centres. In fully registered centres, rates are over 30% in North West with 34%, the Northern Cape (32%), the Free State (31%) and KwaZulu-Natal (30%). Among conditionally registered centres, Limpopo (43%), the Free State (40%) and North West (37%) are above the national average. Rates are above 30% in North West (37%), Limpopo (35%), the Northern Cape (33%), the Free State (32%) and Mpumalanga (31%).

Rainwater tanks on-site account for the main source of water in 7% of fully registered centres, 8% of conditionally registered centres, and 3% of unregistered ECD centres. Levels in the Eastern Cape and KwaZulu-Natal are far higher than other provinces. In fact, outside these two provinces rates are below 5% in all but fully registered (7%) and unregistered (6%) centres in Mpumalanga. In the Eastern Cape, over a quarter of centres rely on rainwater tanks for water in fully (27%) and conditionally (29%) registered centres. In KwaZulu-Natal the equivalent rates are 16% and 40% of centres respectively. Rates are lower in unregistered centres in both the Eastern Cape (15%) and KwaZulu-Natal (13%). These centres may be more likely to be urban with connections to the public water system.

Borehole water use is generally low in all provinces apart from Limpopo and North West. Among fully registered centres borehole water is the main source in 17% of centres in Limpopo and 5% in North West compared to the national average of 3%. Among conditionally registered centres, North West (7%) is slightly higher than Limpopo (6%) but much higher than the national average of 3%. Limpopo (6%), North West (2%), and Mpumalanga (2%) are the only provinces above the national average of 2% of unregistered centres relying on borehole water.

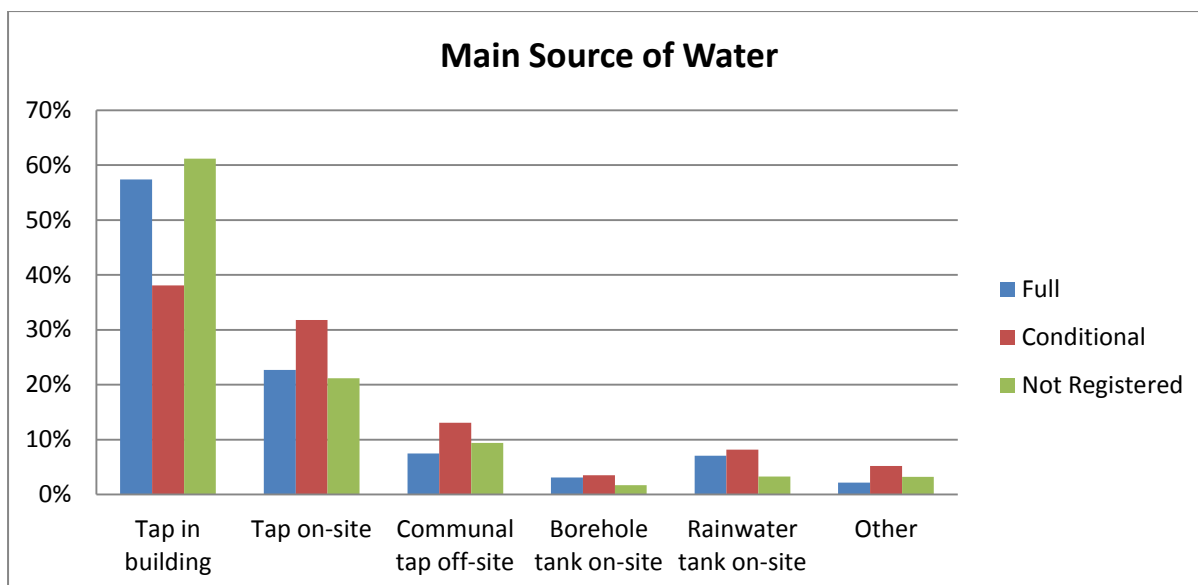


Figure 150: Water source

Public or communal taps off-site account for a sizable portion of fully registered (8%), conditionally registered (13%), and unregistered (9%) ECD centres, especially more prevalent in some provinces. Among fully registered centres, 21% of those in North West use communal taps off-site, followed by 15% in Limpopo, 13% in the Eastern Cape, and 12% in KwaZulu-Natal. These provinces are also above the national average in conditionally registered centres with the highest incidents to be found in Limpopo (22%) and 11% in North West. Among unregistered centres, Limpopo is again the highest (27%) with North West (18%), the Eastern Cape (13%), KwaZulu-Natal (13%), and the Northern Cape (11%) having more than 10% of centres using communal taps off-site as their main source of water.

A distributional analysis of the distance individuals at centres have to travel to access a public or communal water source reveals that across all three types of registration centres, the minimum distance that centres responded with, is zero (0) metres. This suggests that the tap is right outside the ECD centre's property. Among fully registered centres, 50% of the centres have to travel between 1 metre and 15 metres; among conditionally registered centres, 50% of centres have to travel between 1 metre and 50 metres; similarly, among unregistered centres, 50% of centres have to travel between 1 metre and 45 metres to access the nearest public tap. It is worth noting, however, that the maximum distance any centre has to travel is lowest among fully registered centres (4.8 kilometres). There are certain conditionally registered centres that are around 12 kilometres away from the nearest source of water, while certain unregistered centres are 10 kilometres away from the nearest off-site tap. The conditionally registered centres that are 12 kilometres away from the nearest water source is in the Northern Cape, while the unregistered centre which is 10 kilometres away from the closest communal tap is in Limpopo.

Table 8: Distance to nearest off-site water point

Province	Registration status	Distance to nearest water point (meters)					
		Total centres	Min	First quartile	Median	Third quartile	Max
EC	Full	154	0	1	3	10	500
	Conditional	26	1	1	2	7	100
	Not Registered	109	1	1	3	10	1500
FS	Full	19	1	1	5	15	200
	Conditional	5	1	1	5	5	10
	Not Registered	27	1	1	1	3	100
GP	Full	7	1	1	2	3	5
	Conditional	0	0	0	0	0	0
	Not Registered	36	1	1	1	2	100
KZN	Full	208	0	1	2	10	2000
	Conditional	42	1	1	2	10	400
	Not Registered	89	0	1	5	48	1000
LP	Full	192	0	1	3	55	3000
	Conditional	229	0	1	3	100	4800
	Not Registered	456	1	1	4	110	9500
MP	Full	25	1	1	2	10	1500
	Conditional	7	1	1	2	5	5
	Not Registered	100	1	1	3	15	1500
NW	Full	84	0	1	3.5	22	1500
	Conditional	9	1	2	2	5	10
	Not Registered	83	1	1	2	16	800
NC	Full	36	0	1	1	325	4800
	Conditional	2	200	200	6100	12000	12000
	Not Registered	11	0	1	3	150	300
WC	Full	8	1	1	1	2	40
	Conditional	5	1	1	1	1	100
	Not Registered	36	1	1	1.5	4.5	500
Total	Full	733	0	1	3	15	4800
	Conditional	325	0	1	3	50	12000
	Not Registered	947	0	1	3	45	9500

As far as the main energy source for light is concerned, an analysis of the data shows that 82% of fully registered, 74% of conditionally registered, and 81% of unregistered centres use electricity from the mains as their primary source for light. In fully registered centres in the Western Cape 97% and Gauteng 95% use electricity from mains for lighting. Levels are lowest in KwaZulu-Natal (65%) and the Eastern Cape (65%). Rates are similar for most provinces in conditionally registered centres except the Eastern Cape (53%) and in KwaZulu-Natal where only 35% of centres in the province use electricity from mains for lighting. This suggests very few conditionally registered centres have electricity in KwaZulu-Natal. Unregistered ECD

centres in the Western Cape (96%) have the highest rates followed by Gauteng (90%) compared to 63% in Mpumalanga and 67% in Limpopo where the lowest rates are found.

Electricity from generators is below 1% except for registered centres in both the Northern Cape and the Eastern Cape where it is slightly higher. In unregistered centres in the Northern Cape it is 2.0%. Generators are more common in conditionally registered centres where the national average is 1% but 3% in Eastern Cape and 2% in both Mpumalanga and Limpopo. Comparing national averages: it is 1% in both fully registered centres and unregistered centres.

Gas, paraffin or candles are the next most commonly used primary source for light: 11% of fully registered centres, 9% of conditionally registered centres, and 9% of unregistered centres. This source of light poses the greatest safety risk. Fully registered centres in the Eastern Cape (23%), the Northern Cape (23%), KwaZulu-Natal (17%) and North West (11%) are above the national average. Among conditionally registered centres, rates are highest in the Eastern Cape (35%), KwaZulu-Natal (16%), and North West (15%). More than 10% of unregistered centres in North West (14%), Limpopo (13%), the Eastern Cape (13%), the Northern Cape (12%) and the Free State (11%).

Some centres have no source of lighting and are therefore assumed to only use natural lighting which may be insufficient in cloudy or rainy conditions. Nationally, 6% of fully registered centres, 14% of conditionally registered centres, and 9% of unregistered ECD centres have no source of lighting. Of fully registered centres, those with no source of lighting are above the national average in KwaZulu-Natal (16%), the Eastern Cape (10%), and Limpopo (8%). Nearly half of conditionally registered centres in KwaZulu-Natal (48%) have no source of lighting compared to 16% in Mpumalanga with other provinces all below 10%. These provinces also rank highest among unregistered centres, 23% in KwaZulu-Natal and 22% in Mpumalanga. The Eastern Cape (14%), Mpumalanga (12%), and the Northern Cape (11%) are also above average. In Gauteng and the Western Cape rates are just over 1% in either category and below 1% for registered centres.

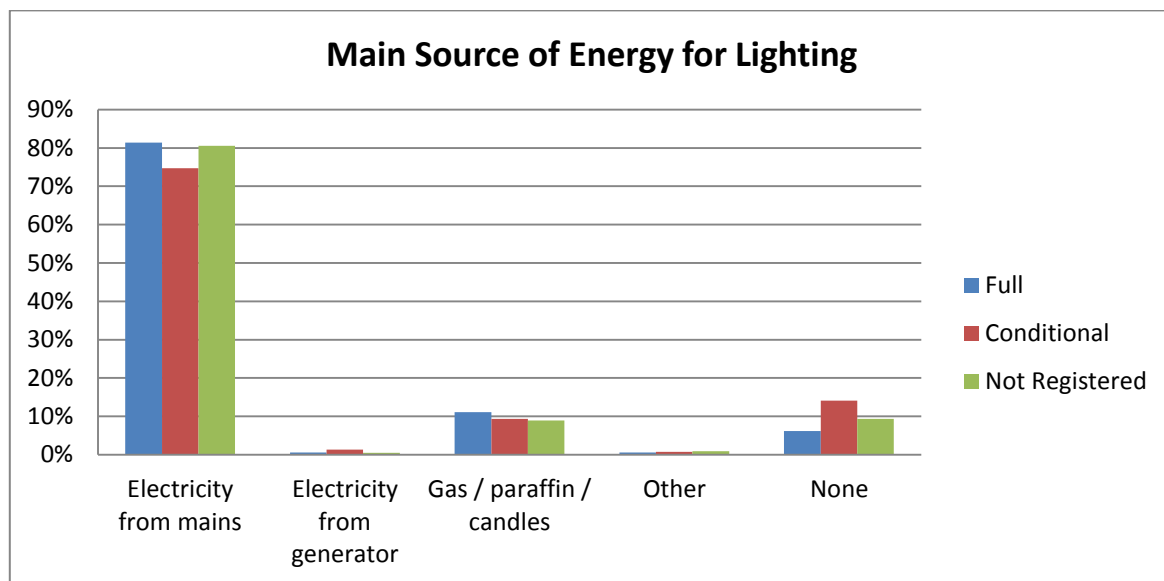


Figure 151: Main source of light

An analysis of the data on the main source of energy for cooking suggests that a majority of the audited centres across the country use electricity from mains for cooking in fully registered (50%) and unregistered centres (60%) yet substantially less in conditionally registered centres (34%). In fully registered ECD centres, rates are highest in the Western Cape (79%) and Gauteng (71%) but less than 50% in other provinces with the lowest rates in Limpopo (23%) and KwaZulu-Natal (34%). Provincial patterns are similar in conditionally registered centres with highs in Gauteng (88%) and the Western Cape (79%). The lowest proportion of conditionally registered that use electricity from mains for cooking are in KwaZulu-Natal (12%) and Limpopo (19%). Only 1% of fully registered centres in the Northern Cape use electricity from generators for cooking in more than 1% of cases.

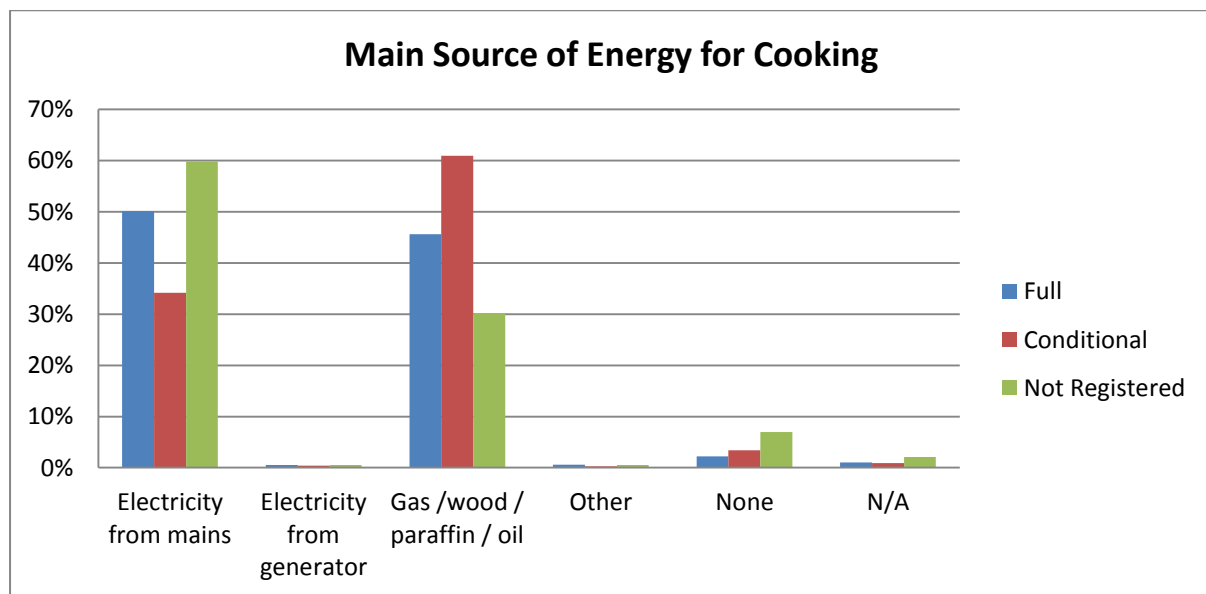


Figure 152: Main source of energy (cooking)

Nearly all the remaining centres use gas, wood, paraffin, or oil for cooking and account for 46% of fully registered, 61% of conditionally registered, and 30% of unregistered centres. More than half of registered centres in Limpopo (72%), KwaZulu-Natal (60%), the Free State (57%), North West (56%), and Mpumalanga (50%) use combustibles for cooking. Provinces where over half of conditionally registered centres use gas, wood, paraffin wax, or oil are Limpopo (78%), KwaZulu-Natal (73%), the Free State (72%), and North West (50%). Rates are significantly lower in unregistered centres with most provinces having roughly a third or less of centres using gas, wood, paraffin, or oil for cooking with Limpopo (64%) being the only notable exception.

Some centres have no source of energy for cooking implying that food served in those centres are not cooked or are cooked off-site and brought to the centres. Nationally, 2% of fully registered, 3% of conditionally registered, and 7% of unregistered centres have no source of energy for cooking. The Eastern Cape and KwaZulu-Natal have the highest proportion of these centres across all registration statuses. Of fully registered centres, however, only the Eastern Cape is significantly above average (6%). For conditionally registered centres, 12% of centres in

KwaZulu-Natal and 10% of centres in the Eastern Cape have no source of energy for cooking while the equivalent rates for unregistered centres are 15% and 21% respectively.

Unregistered centres in the Northern Cape (28%) and Mpumalanga (13%) are also significantly above average with several other provinces with rates above 5%. This suggests that lack of cooking facilities may be a factor preventing registration.

4.8.3 Concluding remarks

Most ECD centres are located either in formal structures built to serve as ECD centres or in houses. The proportion of centres that are housed in informally constructed structures is low, while the proportion is even lower for centres that are in modified containers or other structures.

Studying the responses to questions on the quality of the infrastructure reveals that centres in KwaZulu-Natal and the Northern Cape have the poorest quality infrastructure. KwaZulu-Natal has one of the highest proportion of centres with the greatest need of “urgent maintenance”; the highest proportion of centres with physical defects in the roof and walls; a relatively high proportion of centres with avoidable safety hazards such as sharp and dangerous fixtures as well as obstacles obstructing passages; and high percentage of centres reporting that the overall condition of the building is “Poor”.

The Northern Cape also has a relatively high percentage of centres with sharp and dangerous fixtures and ranks poorly on the overall condition of the centre with many being considered unsafe. Service delivery interruptions as a result of the condition of the ECD centre also appear to be frequent in the province, while many centres expressed that they did not think the buildings were well-suited to act as an ECD centre. This suggests ECD centres are using buildings that were not designed to be used as an ECD centre or that the buildings are relatively old.

Gauteng and the Western Cape, on the other hand, perform relatively well across all indicators of the quality and condition of the infrastructure. Furthermore, Gauteng, in particular, ranks highly among centres that have facilities which promote a safe and healthy environment as well as an environment which promotes the delivery of quality services to both able-bodied and learners with disabilities. Specifically, Gauteng ranks highly in terms of centres with paved surfaces in outdoor play areas, proper heating and ventilation facilities in classrooms, separate rooms for practitioners and separate toilet facilities for adults.

ECD centres tend to access water through taps in their building or on-site more so than through public or communal taps. This, however, varies substantially across provinces with the Eastern Cape and KwaZulu-Natal making use of rainwater tanks and communal taps.

The use of electricity from mains serves as the main source of energy for both lighting and cooking among numerous provinces. Centres in the Eastern Cape, KwaZulu-Natal are least likely to use electricity for lighting relying on candles and paraffin wax or only natural light. Centres in Limpopo and the Northern Cape are also affected albeit to a lower extent. Centres without

electricity and centres without access to any form of energy for cooking do exist. Both these problems could potentially create major issues in terms of the delivery of quality ECD services in affected centres. It would be important to determine whether the centres have physical access to electricity or running water in their areas or whether the cost is acting as the barrier.

4.8.4 Recommendations: Infrastructure

Based on the results extracted from the data, the following recommendations are made to the Department of Social Development on matters related to the infrastructure of ECD centres:

1. Most ECD centres were formally built to be used as an ECD centre. This is the ideal situation, though many centres are home-based or informally built. Home-based ECD centres should be formally assessed for their suitability as an ECD centre and modifications can be made to enhance its functionality. The DSD could consider offering proportional funding in the form of an infrastructure grant to ECD centres after a thorough assessment. This grant should be administered by the management committee in conjunction with the District officials of the DSD. Strict control measure could be implemented for the management, expenditure and accounting of such funds. Alternative funding models for investment in infrastructure particularly from the private sector should also be investigated. Based on specific compliance criteria, minimum standards could possibly be introduced and linked to the registration status of centres. Low-cost but compliant solutions to upgrade functionality in home-based centres should be developed and distributed to centres identified as home-based either directly, through grants/subsidies, or some alternative incentive programme.
2. The building of informal structures should be discouraged. When a need for an ECD centre is identified, community members should be encouraged to contact local DSD officials. The DSD may wish to provide a temporary structure to potential or newly-created ECD centres without adequate facilities. If the centre is successful or the DSD wishes to establish a centre in an underserved community, they may provide funding for a basic structure to be build that easily allows it to expand over time. The structure should have a multi-purpose design, as the structure is likely to still be used even if the ECD centre is ultimately not successful. The DSD may wish to visit informal structures to determine if such centres can be upgraded or need to be replaced.
3. The DSD should prioritise the examination of centres with “many and severe” defects. This could potentially be done through a partnership with local municipalities. This will give the DSD a better view into the construction materials of many of these centres and determine whether these defects can be fixed. These ECD centres will continue to operate, and therefore all possible avenues of intervention into the improvement of existing infrastructure should be examined to limit potential safety risks. Using existing structures will limit the potential costs involved.
4. Centres with a lack of proper sanitation facilities should be mapped to determine if more can be done in these areas to improve basic sanitation over time. Proper ventilation

pipes for pit latrines without ventilation pipes should be installed as a bare minimum and inspected to ensure it does not pose a risk to children using them.

5. Norms should be established for ECD centres to increase accessibility for those with disabilities.
6. Professional building inspections should be done at the time of the ECD inspection, especially in those identified as being unsafe or in poor condition overall, to better determine the exact maintenance needs required at each centre. These can occur less frequently than regular inspections or only at the recommendation of the social worker.

4.9 ECD Service Audit: Transportation

4.9.1 Introductory remarks

This section presents findings on transport policies and provision practices of ECD centres across all nine provinces of the country. Because of the significant potential for injury, transportation provided by centres must follow strict safety procedures. Policy makers and ECD specialists should be aware of any deviance from these norms and must act swiftly to ensure that they are correct as soon as possible.

In order to better understand the level of awareness among centres regarding the provision of transport, inquiries were made about several issues such as whether there is an additional adult in the vehicle with the children when they are being transported; whether vehicles have childproof locks; and if children are allowed to sit in the passenger seat when being driven to and from ECD centres. ECD centres were also asked whether special arrangements were made for children with physical disabilities and if seating space in vehicles complies with regulations.

4.9.2 Audit findings

4.9.2.1 Transport policies and practices

Of all audited centres across the country, 14% have some form of transportation policy while 8% of centres provide transport for their learners. The discrepancy between the two figures suggests that not all centres which have transport policies necessarily provide transportation to their learners.

Disaggregating the statistic on transportation policy by registration status shows that 17% of fully registered centres, 14% of conditionally registered centres, and 12% of unregistered centres have such policies (Figure 208). Similarly, a disaggregation of the result on transport provision shows that 9% of fully registered, 7% of conditionally registered, and 7% of unregistered centres, provide transport services to children attending their facility. Following the national trend, the proportion of centres that provide transport is consistently lower than the proportion of centres that have transportation policies across all three registration statuses.

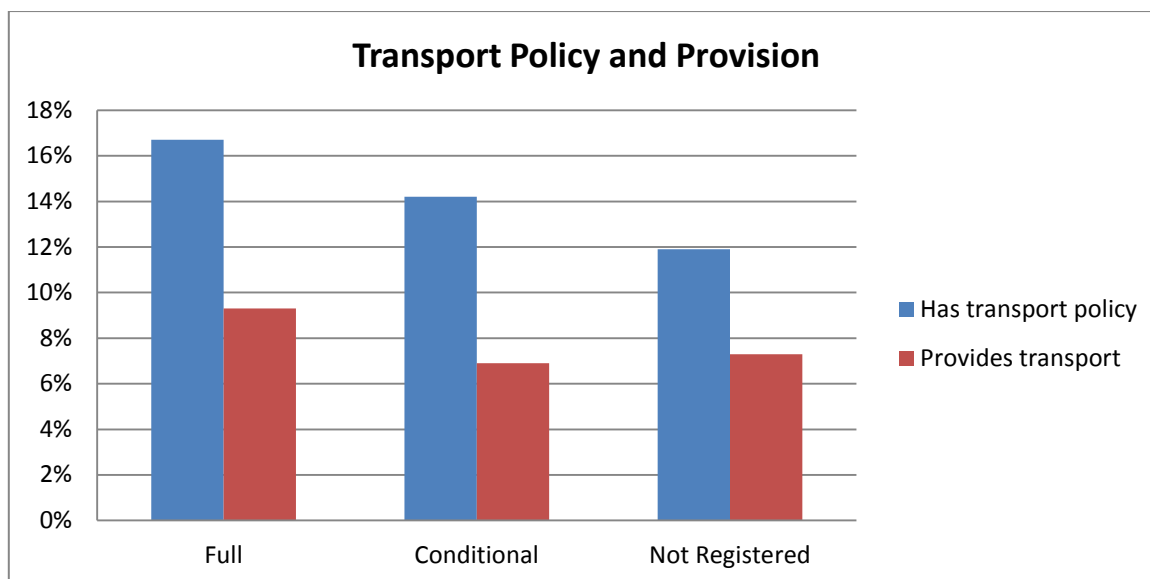


Figure 153: Transport policy and provision

The Western Cape has the highest proportion of centres with transport policies across all registration statuses; 26% of fully registered centres, 32% of conditionally registered centres, and 16% of unregistered centres in the province have a formalised set of policies guiding the transportation of children to and from centres. Gauteng also has a high proportion of centres with transportation policies amongst fully (22%) and conditionally (24%) registered centres. 15% of unregistered centres in KwaZulu-Natal have transportation policies, the second highest relative proportion amongst unregistered centres.

The proportion of centres with transport policies is lower than the respective national average across all three registration statuses in Limpopo, North West and the Northern Cape. In Limpopo, for example, 13% of fully registered centres (3% below average), 8% of conditionally registered centres (6% below) and 7% of unregistered centres (5% below) have transportation policies.

The Western Cape has the highest proportion of centres that provide transportation to their learners across all registration statuses. The collected data shows that 19% of fully registered, 23% of conditionally registered, and 15% of unregistered centres, in the province provide transport to children attending their centre. Gauteng has a relatively high proportion of centres providing transport for fully (14%) and conditionally (17%) registered centres while the Northern Cape (13%) has the second highest relative proportion of unregistered centres that provide transport to learners.

The proportion of centres that provide transport is lower than or equal to the national average across all three registration statuses in the Eastern Cape, Limpopo and Mpumalanga. For example, in Mpumalanga, 8% of fully registered, 3% of conditionally registered, and 3% of unregistered centres provide transport. These proportions are 1% lower for registered ECD centres and approximately 5% lower for conditionally registered and 4% for unregistered centres than the national average.

Centres that provided transportation were asked specific questions regarding standard practices concerning safety. It is important to note that only centres that provide transport were allowed to answer these questions so any reference to “centre” must be understood as “centres that provide transport.” Such a restriction causes the sample size across all provinces to decrease dramatically to roughly 10% of the total sample. Definitive statements about conditionally registered within each province cannot be made due to low sample sizes with Gauteng being the only province with more than 30 conditionally registered ECD centres providing transport. As a result no provincial comparisons among conditionally registered centres will be made.

ECD centres were asked whether at least one adult, in addition to the driver, remains in the vehicle when children are being transported. This adult must supervise the children and ensure they remain safe. A strong majority of centres responded in the affirmative to this question; 88% of fully registered centres, 85% of conditionally registered centres, and 84% of unregistered centres have such a policy in place.

Fully registered centres in the Northern Cape (96%), Free State (94%), and the Western Cape (93%) have the highest relative proportion of positive responses to this question. Only North West (72%) has less than 75% of fully registered centres where there is at least one extra adult in the vehicle when children are being transported. The proportion of centres with such a policy is also lowest in North West among unregistered centres (71%) followed by the Eastern Cape (77%). Provinces with a high proportion of centres with such a practice amongst conditionally registered centres are KwaZulu-Natal (94%) and the Western Cape (93%). Similarly, amongst unregistered centres, it is the Free State (94%) and the Northern Cape (91%).

A little over three-quarters of centres have the driver remain in the driver’s seat while children are being let in or out of the vehicle. This likely strongly correlated to the presence of an additional adult in the vehicle. It is safer when the driver remains in the vehicle as children cannot interfere with any of the vehicles functions. This may not be possible unless another adult is present. Across registration statuses, 76% of fully registered centres, 64% of conditionally registered centres, and 77% of unregistered centres follow this practice.

Mpumalanga has the highest proportion of fully registered centres that follow this practice (87%) followed by the Northern Cape (84%). Conversely, only 50% of fully registered centres in North West follow the same. Amongst unregistered centres, the proportions vary between 82% in Mpumalanga and 59% in the Eastern Cape.

Safety guidelines advise that children under the age of twelve do not sit in the front passenger seat due to an increased risk of severe injuries in a collision. The proportions of centres that allow a child to sit in the passenger seats (i.e. next to the driver) are 43% for fully registered centres, 44% for conditionally registered centres, and 42% for unregistered centres. Other children being transported are assumed to sit in an area behind the driver.

Disaggregating the results by province shows that the Northern Cape (62%) and North West (56%) have the highest proportion of fully registered centres that allow children to be seated in the passenger seat. Conversely, the lowest proportions belong to the Eastern Cape (34%) and Gauteng (39%). A maximum of 64% of unregistered centres in the Northern Cape allow children

to sit in the passenger seat while a minimum of 24% of centres in the Eastern Cape allow the same. This suggests that centres are not aware of latest safety policies that advise that children should not ride in the front passenger seat.

Child-proof locks prevent the doors from being opened from the inside. Children can therefore not open doors or exit while the vehicle is either in motion or stationary. Centres are relatively careful about installing child-proof locks in their vehicles: 85% of fully registered, 84% of conditionally registered, and 86% of unregistered centres have fitted their vehicles with child-proof locks. The proportion of fully registered centres that have done so ranges from 92% in the Northern Cape to 61% in the North West. Over 75% of fully registered centres in the remaining seven provinces have installed child-proof locks in their vehicles with most close to the national average of 85%. Rates are similarly high in unregistered centres with only Mpumalanga (74%) below 75% though there is more variation across provinces.

A large majority of centres across all registration statuses have drivers who are licensed to transport passengers (in possession of a Public Drivers Permit (PDP)); 967% of fully registered, 95% of conditionally registered, and 95% of unregistered centres have such drivers transporting their children. This question may have been misunderstood as drivers with a license to operate a motor vehicle and not a PDP).

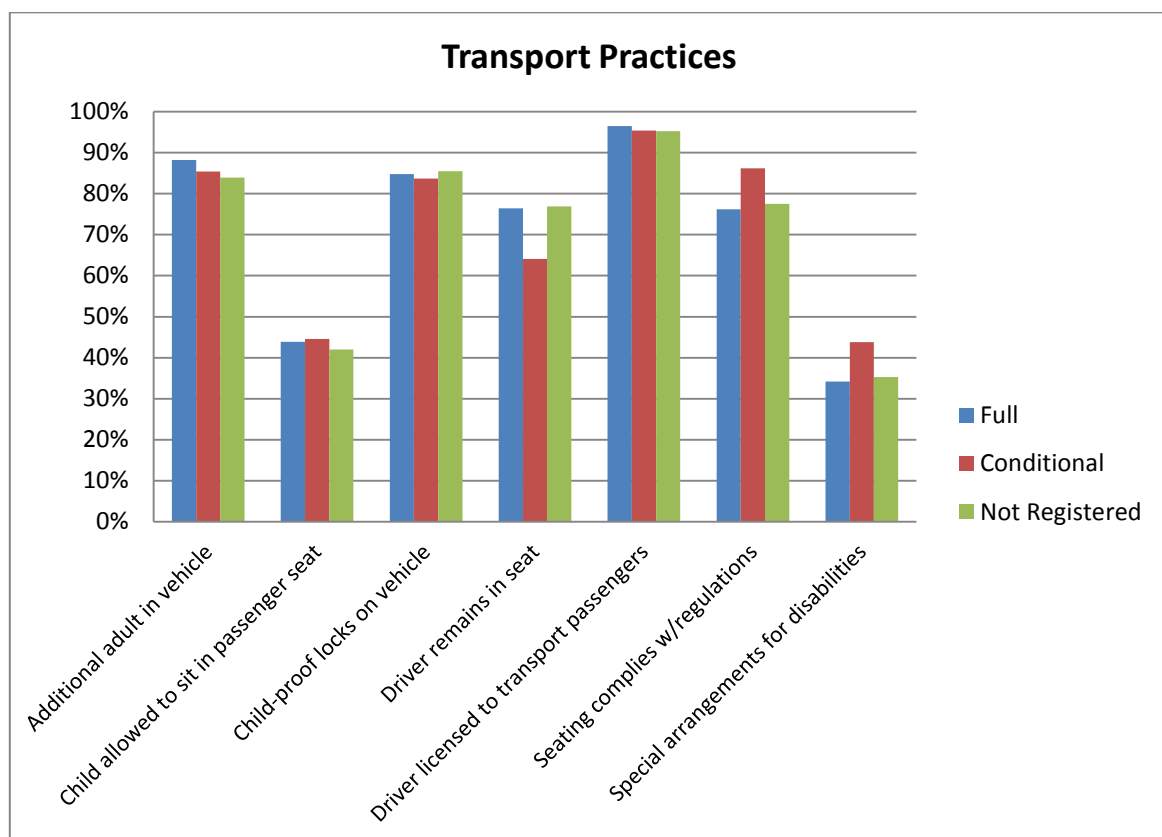


Figure 154: Transportation provision

Amongst fully registered centres, the province with the lowest proportion of centres that have drivers licensed to transport passengers is KwaZulu-Natal (91.3%). Aside from the Eastern Cape (94%), the proportion is above 95% in all the remaining provinces for fully registered centres. The Free State (83%) and Mpumalanga (88%) have the lowest proportion of unregistered centres with drivers licensed specifically to transport passengers. In all other provinces, the proportion is greater than 90%.

Seating space designed to maximise child safety is a regulation that needs to be complied with. The compliance rate in this regard is 76% in fully registered, 86% in conditionally registered and 78% in unregistered centres.

A provincial level disaggregation suggests that the province with the lowest proportion of fully registered centres that have vehicles with seating space that complies with regulation is North West (56%). Conversely, the province with the highest proportion is the Free State (90%). Generally a little more than 80% of unregistered centres comply with seating regulations. This is less in North West (67%), Limpopo (72%), Mpumalanga (74%) and the Western Cape (74%).

The proportion of centres that make special arrangements for disabled children in their vehicles is particularly low. The data shows that only 34% of fully registered centres, 43% of conditionally registered centres, and 36% of unregistered centres make such provisions. This may be because centres generally do not have to transport disabled children; however, this or any other reason for the low proportion cannot be verified in the data. Accommodating the special travel requirements of children with disabilities may also be beyond the financial means of many centres or parents may opt to transport disabled children themselves.

A provincial level disaggregation shows that the range of fully registered centres that make special provisions for disabled children in their vehicles goes from 22% in the North West to 49% in the Northern Cape. Across unregistered centres, the proportion ranges from 26% in Limpopo to 52% in the North West.

In order to partially assess children's geographic access to ECD centres, all centres were asked to estimate the maximum distance a child travelled to reach their ECD centre. This appears to be identical at the broad scale in centres across all three registration statuses. Children in 50% of fully registered, conditionally registered and unregistered centres travel between 1km and 5km's kilometres to the ECD centre. The maximum distance that has to be traversed to transport children is 50km's, while the minimum is zero (implying that they live closer than 1km to the centre). Both these responses appear questionable; the former, because it seems to be too high and the latter, because it would suggest that there is no need for children to be transported by vehicles at all. These data might be the product of incorrect responses or enumerator errors.

The first quartile value is between zero and 2km's in all provinces across all registration statuses while the third quartile value is between 3.5km's and 8km's. There are only small differences between the interquartile ranges computed across the different registration statuses for the nine provinces; this could be indicative of the fact that the distribution of the data within these categories is fairly similar.

4.9.3 Concluding remarks

Few centres were found to have transport policies and less than 10% provide transport to children. Results in this section have successfully demonstrated the extent to which ECD centres across the nation are generally aware of safe transportation practices. In general, a majority of centres which provide transport facilities to children across all provinces appear to implement a number of safety standards and practices. There is, however, plenty of scope for improvement, particularly with regards to getting centres to not allow children in the passenger seat (next to the driver) when transporting them and in terms of addressing the needs of physically disabled learners.

4.9.4 Recommendations

Based on the results presented in this section, the following recommendations are posited to the DSD in no particular priority order:

1. The DSD should include a framework for transport policies and best practices associated with transporting children in a policy manual which can be provided to all ECD centres. Some of the critical themes that should be covered in the framework are: suitable and registered vehicles; necessity of a PDP; thorough screening of drivers; regular servicing of vehicles; and proper facilities inside vehicle for disabled children.
2. The DSD should encourage centres to involve their management committee and parent committees in an oversight role in order to ensure that the transportation being provided follows the established norms and standards.
3. The DSD should consider a national road safety campaign to be implemented in all centres. While these will be aimed at spreading awareness and improving the transportation provided by centres, it may also have a spill-over effect thereby educating the entire community, thus improving road safety overall.
4. The DSD may also wish to research the low provision of transportation provided by ECD centres to determine if this is a barrier to ECD centre access especially among children in rural areas

5 SUMMARIES OF RECOMMENDATIONS

The summaries of recommendations are presented in the following section. These recommendations are intended to support the DSD to further raise the quality and standard at ECD centres and are based on the findings and results of the audit. The listings of the recommendations are in no specific order of priority. The aim of this particular format is to make it easy to access the recommendations as per the respective sections of the analysis and to provide a consolidated list of recommendations of each section. The recommendations do not spell out the modalities for implementation neither does it offer any advice on the resources required, be it financial or human. Therefore further investigation will be required on the feasibility of these recommendations.

Based on the audit results from each section, the following recommendations are posited below in no particular order of importance or preference:

Recommendations: Identifying Details of ECD Centres

1. Accessibility to ECD centres vary by region in South Africa. About two million children live further than five km from their nearest ECD centre. A third of the centres are found in rural villages and settlements. To improve accessibility in rural areas centres must be assisted to provide suitable transportation. This can be in the form of subsidies for taxi fees.
2. Low registration rates are concerning as only 43% of all centres are fully registered. The DSD should actively engage unregistered ECD centres to improve the rate of registration. The DSD can achieve this by deploying staff to visit the centres and tasking them with the responsibility of providing training and guidance in this respect.
3. About a third of all registered centres reported that they did not receive any funding from the DSD. It is not clear why this is the case. The DSD should investigate why fully registered centres are not supported financially by the department. Centres that are eligible for funding should be funded.

Recommendations: ECD Centre

1. Inspections need to be made with regularity to ensure that centres are maintaining minimum norms and standards. Centres that report having never been inspected or that many years have passed since the last inspection need to be examined to determine why these centres have not been audited. A more clear system of keeping ECD centres aware of their registration status needs to be developed.
2. Involvement with ECD centres by the various Departments (DSD, DBE, and DOH) should be assessed with clear guidelines across provinces for the ideal level of interaction.
3. A minimum set administrative documents (including those related to enrolment, employment, and income/expenditure) and policies should be determined and the DSD

should do more to inform centres on what documents they should be keeping through either workshops, an information campaign, or by making template documents readily available so that ECD centres have clearer guidelines on what kind of information should be maintained. These may also be incorporated into ECD training with specialized certificates for ECD centre management.

4. Monthly operating costs and expenditure should be re-examined as many of the responses in this survey were either suspect or not provided. The lengthy nature of the audit made a detailed analysis of costs difficult and centres were not prepared to divulge this information due to privacy concerns. A representative sample should be taken and a more detailed assessment of income/expenditure should be done with a clearer explanation of how this information would be used and that the information would not be used against them in the future.

Recommendations: Human Resources

1. The ECD sector is female dominated with over 90% of staff being female. The Department should decide whether more should be done to promote the field among males.
2. Less than a quarter (22%) of staff is below the age of 30. The DSD should determine whether more can be done to encourage youth to join the ECD profession, especially given high youth unemployment rates.
3. Many provinces have only 10% of staff being temporary. The reasons for high rates of temporary employment are either due to financial issues at the centre or a lack of qualifications in these temporary staff. The DSD may want to consider whether these individuals can receive some form of training so that ECD centres will be more likely to hire them full-time, should this be the issue.
4. Qualifications of staff are generally low with a majority of staff having less than a Grade 12 education. ECD specialisations are also relatively low. The DSD may want to offer additional training or provide low-cost on the job training supplemented through distance education. ECD training facilities may want to develop a system similar to the University of South Africa (UNISA) for working practitioners who may be unable to attend centre-based training.
5. Training workshops should be offered more regularly possibly with incentives to promote attendance at workshops that can upgrade skills and provide information on various aspects of ECD teaching, curriculum development, and management.
6. Staff remuneration appears low, discouraging qualified practitioners from entering the field. They may instead choose to work at Grade R centres or in private ECD centres where remuneration is higher. The DSD may want to increase subsidies or provide minimum levels of payment for qualified ECD practitioners to encourage them to work at registered ECD centres, much like what happened with the formalisation of Grade R. In areas where ECD services are not available due to lack of funding, the DSD may want

to consider paying these salaries directly to ensure the services available are quality services.

7. An ECD practitioner registration or licensing system may be set-up to legitimise ECD practitioners as qualified individuals which may be used to ensure minimum salary levels. A media campaign on the importance of ECD should be developed to counter views that ECD centres are mainly a child-minding service.
8. National Child Protection Clearance certificates should be more easily obtainable. The DSD may want to offer reduced rates in collaboration with SAPS so that expenses are less of a burden on ECD centres and/or staff members.
9. There is a general lack of assistants in ECD centres in most provinces. Given high youth unemployment and relatively low wages of assistants, more should be done to encourage young people to enter the profession. The DSD may want to offer incentives to ECD centres to hire assistants such as increased subsidies. ECD training facilities should also be encouraged to partner with local centres and require an internship (paid or unpaid) at centres to boost the numbers of assistants.

Recommendations: Children

1. The DSD will want to conduct further investigations into the reasons why ECD centres appear to provide care and learning to a greater number of children than are officially enrolled. Furthermore, the investigations must also look into the impact this is having in terms of resource overstretching at ECD centres and the effect of this on the quality of care and learning provided. If there is evidence that resources are being overstretched and if there is further evidence that this is having a negative impact on the quality of care and learning being provided, immediate steps must be taken to ensure that centres are provided with adequate resources to provide high quality care. One potential solution which could be worth investigating is providing subsidies to all children at the centre; another potential solution could be to increase the current subsidy amount being provided to enrolled children.
2. The youngest children must be educated in their home language. This compels ECD centres to build partnerships with parents and families to promote language development. The DSD should develop an accessible parent programme in all the official languages that ECD staff could use to assist parents to better understand their role in laying a strong foundation for learning through the home language.
3. Further investigations must be conducted on the extremely high children-to-teacher ratios in Mpumalanga, the North West and the Northern Cape. If the current results are verified, then measures must be put in place to reduce the ratio as soon as possible. In general, however, policies need to be put in place to train more practitioners and assistants in order to put downward pressure on the children-to-teacher ratios in all provinces.
4. Centres must be encouraged to conduct disability assessments on their learners. Furthermore, the capacity of key staff members such as practitioners, assistant

practitioners, principals/matrons and supervisors must be improved in terms of developing a curriculum which is disability sensitive. That so many centres have not engaged professionals in order to conduct disability assessments may indicate that this model is not well applicable to the South African ECD context. This could be because accessing such professionals is difficult for ECD centres, or even when access is easy centres cannot do so due to resource constraints. Therefore, it is worth considering training key staff members on the ways to identify disabilities among children at a very early stage.

Recommendations: ECD Programmes

1. The ECD centres needs to be provided with clearer guidance to translate the NELDS into day-to-day programmes for teaching and learning.
2. The DSD should take the lead in the development of a suitable national rating scale or quality assurance instrument against which ECD centres could measure their standard of services and performance.
3. Programmes should share the common objective of promoting the best interests of all young children. This must include the following:
 - A safe environment that promotes holistic development (physical, social, emotional, aesthetic, moral/values, intellectual, language) and learning through play.
 - Allow children to have FUN and be free of stress.
 - Well planned teaching and learning activities to ensure that clearly defined objectives are reached.
 - Teaching that is informal, flexible, child-centred and therefore responsive to the needs of individual children, as well as culturally and developmentally appropriate.
 - Allowing every child to develop to his/her full potential.
 - Preparing children for life and formal schooling.
 - Laying a strong foundation for future learning and development.
 - Fostering curiosity, creativity and a love for learning.
4. Formal assessments should be minimised and ECD practitioners should:
 - Only use unobtrusive, informal assessments.
 - Assessment of learning must ensure that assessments follow the principals of fair and reliable assessment.
 - Children should ideally not be aware of assessments as this will influence their behaviour.
5. Grade R programmes at ECD centres should be aligned to the subject content of the National Curriculum and Assessment Policy Statements (CAPS), and implemented through developmentally appropriate, informal and play-based teaching methodologies.
6. Training and awareness on disabilities/developmental delays should be provided to teachers and caregivers to equip them with basic skills to do early identification.

7. Awareness programmes and support plan should be provided to parents who have children with special needs. An annual screening campaign / week should be considered for early identification and awareness.
8. Development of parent programmes which are accessible in all the official languages that ECD staff could use to assist parents to better understand their role in laying a strong foundation for learning.
9. Investment in LTSMs in order to improve the quality of learning and play at ECD centres in all provinces and a minimum standard of resources commensurate with the number of children per site is advisable. It is further recommended that the DSD:
 - Develop a minimum package of learner/ teacher support materials per age group.
 - That the packages prioritise learning and teacher support materials in music and movement, art and craft, fantasy, construction, early numeracy and literacy and life skills.
 - The DSD source the learning resources in such a manner to have the benefit of economies of scale, consistent quality and on time delivery.
 - LTSM such as arts and craft for creative play be provided in suitable quantities once or twice per year.
 - All ECD centres attend a series of workshops on the application, care and maintenance of LTSM. The parent committees should play an oversight role in the care and maintenance and keep an inventory.

Recommendations: Health and Safety

1. ECD centres should be encouraged to maintain immunisation records. These should be updated at least annually possibly at the time of enrolment. Information sharing between ECD centres and local clinics should be facilitated. Guardians could potentially sign consent waiver agreements at the time of enrolment that would release medical records from local clinics directly to ECD centres upon request.
2. More should be done to ensure all teaching staff members are trained to recognise signs of abuse or neglect. This could be easily incorporated into existing ECD training programmes. Clearer guidelines on how and where to report cases of suspected abuse or neglect should be developed and made easily available to ECD centres as there was substantial variation as to whom centres would report suspected cases of abuse or neglect.
3. Workshops on basic health policies and practices should be provided to ensure that ECD centres limit health risks posed to children. Many of these practices are not costly and the fact that many are not done may be due to ECD centres' lack of awareness. Standard policies and administrative documents related to health and safety could be distributed to centres either through the mail or at the time of inspection, reducing the need for formal workshops. These should also be incorporated into existing ECD training programmes. A toll-free hotline could also be set-up to field questions based on the materials provided.

4. First aid training of practitioners is relatively low in most provinces. The DSD in collaboration with the DOH may want to provide low-cost first aid training to practitioners or incorporate it into ECD training programmes. They may also want to offer vouchers to practitioners or subsidies to existing first aid training programmes to include ECD practitioners in their training programmes at reduced cost.
5. Evacuation training should be conducted as regularly as possible and implemented in the centre programmes to prevent serious injury or possible death of children in an emergency situation. The poor infrastructure of some centres likely increases the risk of such situations and reduces the time available to evacuate the centre safely.
6. Fences and lockable gates should be made mandatory at ECD centres. The DSD may want to initiate a public works programme to build fences at centres that comply with minimum infrastructure standards. Communities whom the centre serves could also introduce localised projects of making centres safer by building fences themselves with or without support from government. The simple nature of fences also makes them easy to build quickly by those unskilled in construction allowing local unskilled labour to be used.

Recommendations: Nutrition and Food

1. A greater number of centres must be encouraged to get their menus approved by dietitians or obtain menus that have already been approved by a dietitian. This will help ensure that the diet centres are providing their learners is optimal for their growth and development and also aligned with the developmental stage of the child. If centres are unable to access dietitians easily, then the DSD should consider making provisions which allow dietitians to go to the centres on a regular basis to evaluate the menus. It is possible that the menus can be evaluated by a dietitian during DSD's regular monitoring and inspections of ECD centres. The DSD in collaboration with the Department of Health may also wish to offer a standardized menu that ECD centres may follow.
2. A greater awareness must be developed among centres regarding the importance of vegetables and fruits in a child's diet. While the results provided in these sections are only a snap shot and should therefore not be used to make any judgements about the true nature of the diet provided by centres to children on a regular basis, developing a greater awareness regarding the types of vegetables and fruits most suitable to children is still a worthwhile endeavour. Fresh and vitamin enriched juice are a relatively effective way to supplement diets with additional vitamins and minerals that may be effective against malnutrition. Efforts should be made to increase their prevalence at centres.
3. The proportion of centres claiming to have a food garden can likely be improved. Food gardens may play a critical role in terms of reducing a centre's expenses and in terms of allowing centres to provide children with fresher and more nutritious food. The DSD should therefore seek to encourage the establishment of food gardens in all centres where it is possible.

4. A greater awareness must be developed among centres on how to detect early signs of malnutrition among children and report suspected cases to qualified professionals. Staff must also be made aware of what the best course of action is to treat malnourishment.

Recommendations: Infrastructure

1. Most ECD centres were formally built to be used as an ECD centre. This is the ideal situation, though many centres are home-based or informally built. Home-based ECD centres should be formally assessed for their suitability as an ECD centre and modifications can be made to enhance its functionality. The DSD could consider offering proportional funding in the form of an infrastructure grant to ECD centres after a thorough assessment. This grant should be administered by the management committee in conjunction with the District officials of the DSD. Strict control measure could be implemented for the management, expenditure and accounting of such funds. Alternative funding models for investment in infrastructure particularly from the private sector should also be investigated. Based on specific compliance criteria, minimum standards could possibly be introduced and linked to the registration status of centres. Low-cost but compliant solutions to upgrade functionality in home-based centres should be developed and distributed to centres identified as home-based either directly, through grants/subsidies, or some alternative incentive programme.
2. The building of informal structures should be discouraged. When a need for an ECD centre is identified, community members should be encouraged to contact local DSD officials. The DSD may wish to provide a temporary structure to potential or newly-created ECD centres without adequate facilities. If the centre is successful or the DSD wishes to establish a centre in an underserved community, they may provide funding for a basic structure to be build that easily allows it to expand over time. The structure should have a multi-purpose design, as the structure is likely to still be used even if the ECD centre is ultimately not successful. The DSD may wish to visit informal structures to determine if such centres can be upgraded or need to be replaced.
3. The DSD should prioritise the examination of centres with “many and severe” defects. This could potentially be done through a partnership with local municipalities. This will give the DSD a better view into the construction materials of many of these centres and determine whether these defects can be fixed. These ECD centres will continue to operate, and therefore all possible avenues of intervention into the improvement of existing infrastructure should be examined to limit potential safety risks. Using existing structures will limit the potential costs involved.
4. Centres with a lack of proper sanitation facilities should be mapped to determine if more can be done in these areas to improve basic sanitation over time. Proper ventilation pipes for pit latrines without ventilation pipes should be installed as a bare minimum and inspected to ensure it does not pose a risk to children using them.
5. Norms should be established for ECD centres to increase accessibility for those with disabilities.

6. Professional building inspections should be done at the time of the ECD inspection, especially in those identified as being unsafe or in poor condition overall, to better determine the exact maintenance needs required at each centre. These can occur less frequently than regular inspections or only at the recommendation of the social worker.
7. Most ECD centres were formally built to be used as an ECD centre. This is the ideal situation, though many centres are home-based or informally built. Home-based ECD centres should be formally assessed for their suitability as an ECD centre and modifications can be made to enhance its functionality. The DSD should offer a level funding to existing centres to upgrade their facilities and possibly link it to their registration status. Low-cost solutions to upgrade functionality in home-based centres should be developed and distributed to centres identified as home-based.
8. The building of informal structures should be discouraged. When a need for an ECD centre in a community is identified, the DSD may wish to provide a temporary structure to potential ECD centres. If the centre is successful or the DSD wishes to establish a centre in an underserved community, they may provide funding for a basic structure to be built that easily allows it to expand over time. The structure should have a multi-purpose design as the structure is likely to still be used, even if the ECD centre is ultimately not successful. The DSD may wish to visit informal structures to determine if such centres can be upgraded or need to be replaced.
9. Floor space was adequately answered in this audit with many centres providing improbable space. If the DSD requires more information on floor space, a representative sample should be drawn and assessed in more detail.
10. The DSD should prioritise the examination of centres with many and severe defects. This can be done by officials within the district municipality. This will give the DSD a better view into the construction materials of many of these centres and determine whether these defects can be fixed. These ECD centres will continue to operate and therefore all possible avenues of intervention into the improvement of existing infrastructure should be examined. Using existing structures will limit the potential costs involved.
11. Centres should be informed on the importance of separate areas for adults for administration and lesson planning purposes. These are less important than other factors.
12. Centres with a lack of proper sanitation facilities should be mapped to determine if more can be done in these areas to improve basic sanitation over time. Proper ventilation pipes for pit latrines without ventilation pipes should be installed as a bare minimum and inspected to ensure it does not pose a risk to children using them.
13. Given that many centres may be small, not all ECD centres need to be accessible to children with disabilities. Norms should be established so that ECD centres above a certain size must be made accessible to those with disabilities. This ensures that those with the most resources are those that take responsibility for the ECD provision of these children. Where no ECD centre with accessibility is identified in a given area, funding may be offered to upgrade facilities in that area.

14. Professional building inspections should be done at the time of the ECD inspection to better determine the exact maintenance needs required at each centre. These can occur less frequently than regular inspections or only at the recommendation of the social worker.

Recommendations: Transportation

1. The DSD should include a framework for transport policies and best practices associated with transporting children in a policy manual which can be provided to all ECD centres. Some of the critical themes that should be covered in the framework are: suitable and registered vehicles; necessity of a PDP; thorough screening of drivers; regular servicing of vehicles; and proper facilities inside vehicle for disabled children.
2. The DSD should encourage centres to involve their management committee and parent committees in an oversight role in order to ensure that the transportation being provided follows the established norms and standards.
3. The DSD should consider a national road safety campaign to be implemented in all centres. While these will be aimed at spreading awareness and improving the transportation provided by centres, it may also have a spill-over effect thereby educating the entire community, thus improving road safety overall.
4. The DSD may also wish to research the low provision of transportation provided by ECD centres to determine if this is a barrier to ECD centre access especially among children in rural areas

5. Addendum

5.1. Section 1: Identifying details

5.1.1. Location

Table 9: Type of Area in which ECD centre is located: Urban (Table 1 of 2)

Prov.	Type of area: Urban														
	Urban: Informal housing (%)			Urban: Non-residential area (%)			Urban: Suburbs (%)			Urban: Townships (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	4.5	9.5	8.5	0.9	0.9	1.8	11.8	9.5	26.8	22.4	7.8	22.5	1010	116	680
FS	9.4	21.3	15.1	0.6	0.3	1.2	14.0	6.4	21.5	70.0	39.9	48.8	810	296	404
GP	3.0	6.7	12.2	0.9	0.0	0.7	19.8	17.8	18.0	72.3	74.4	66.5	1084	90	2039
KZN	5.6	0.9	6.5	1.1	0.0	1.2	8.6	4.2	20.7	13.6	5.1	15.2	1400	215	492
LP	5.4	2.5	3.5	0.4	0.1	0.5	4.2	1.6	3.2	11.7	4.8	9.3	947	795	1271
MP	10.5	6.4	13.0	2.3	0.6	1.2	5.5	6.4	11.4	25.5	28.2	18.3	474	156	1073
NW	0.2	1.1	8.0	0.0	0.0	1.5	7.3	19.5	13.8	20.8	28.7	27.1	409	87	413
NC	2.5	44.4	5.8	0.8	11.1	0.0	40.8	11.1	45.2	14.5	22.2	10.6	365	9	104
WC	10.1	13.6	17.7	0.9	0.0	1.7	52.0	35.7	53.1	24.1	31.4	21.0	1416	140	1309
Total	6.2	7.1	11.0	0.9	0.3	1.1	19.6	7.7	21.8	31.3	18.8	32.0	7915	1904	7785

Table 10: Type of Area in which ECD centre is located: Rural/Other (Table 2 of 2)

Prov.	Type of area: Rural/Other																	
	Rural: Farm (%)			Rural: Reservation (%)			Rural: Semi-urban (%)			Rural: Village/settlement (%)			Other (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	1.4	2.6	1.5	2.7	6.0	2.1	7.8	6.0	4.6	48.2	56.0	31.5	0.4	1.7	0.9	1010	116	680
FS	0.6	0.0	0.7	0.1	0.0	0.2	1.5	2.7	2.2	3.7	29.4	8.9	0.1	0.0	1.2	810	296	404
GP	0.1	0.0	0.3	0.0	0.0	0.0	1.8	1.1	0.8	1.5	0.0	1.4	0.6	0.0	0.1	1084	90	2039
KZN	8.8	9.3	6.7	5.1	14.4	1.8	9.4	10.2	8.7	46.9	55.3	36.8	0.8	0.5	2.2	1400	215	492
LP	3.1	2.0	2.0	0.8	0.0	0.5	4.2	14.7	11.0	69.9	74.1	69.9	0.2	0.1	0.1	947	795	1271
MP	1.5	5.1	2.9	0.0	0.0	0.2	6.5	4.5	9.8	48.1	48.1	42.9	0.0	0.6	0.4	474	156	1073
NW	1.7	1.1	2.7	2.2	0.0	0.5	7.1	4.6	7.7	60.1	43.7	38.7	0.5	1.1	0.0	409	87	413
NC	4.4	11.1	2.9	1.4	0.0	0.0	11.5	0.0	19.2	23.8	0.0	13.5	0.3	0.0	2.9	365	9	104
WC	6.6	16.4	3.7	0.4	0.0	0.0	2.5	2.1	1.4	2.1	0.7	1.3	1.1	0.0	0.2	1416	140	1309
Total	3.7	3.8	2.2	1.6	2.0	0.4	5.3	8.9	5.3	30.9	51.2	25.7	0.5	0.3	0.4	7915	1904	7785

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 11: ECD centre's reason for conditional registration

Prov.	Reason for conditional registration									Total
	Inadequate infrastructure (%)	Inadequate support material (%)	Inadequate equipment (%)	Inadequate curriculum (%)	Not enough staff (%)	Inadequate staff skills or training (%)	Inadequate nutrition (%)	Inadequate health and safety (%)	Other (%)	
EC	44.1	40.7	46.6	27.1	35.6	42.4	23.7	25.4	5.1	118
FS	57.4	27.0	34.1	13.5	11.8	33.8	5.1	14.9	6.4	296
GP	35.6	11.1	24.4	8.9	11.1	10.0	12.2	7.8	14.4	90
KZN	57.6	38.7	68.7	23.0	27.2	52.1	19.4	33.6	1.8	217
LP	53.0	28.2	41.4	25.9	36.6	37.1	22.4	27.6	8.0	804
MP	52.9	61.1	58.6	16.6	21.7	22.3	30.6	12.1	7.0	157
NW	75.9	27.6	27.6	14.9	6.9	20.7	27.6	37.9	14.9	87
NC	44.4	0.0	11.1	11.1	22.2	33.3	11.1	33.3	11.1	9
WC	32.6	12.5	17.4	13.2	17.4	23.6	4.2	16.7	18.1	144
Total	52.3	30.5	41.7	20.7	26.4	34.3	18.5	23.7	8.2	1922

Table 12: Distance to the nearest primary school

Prov.	Distance to nearest primary school																							
	1 km or less (%)			1-3 km (%)			3-5 km (%)			5-10 km (%)			10-20 km (%)			20-50km (%)			50km+			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	C	U	U
EC	61.8	59.1	57.6	12.9	11.3	11.8	18.1	13.9	17.3	5.0	7.8	7.0	1.3	5.2	2.8	0.9	1.7	3.2	0.0	0.9	0.3	1015	115	684
FS	50.6	65.4	49.6	20.6	15.9	22.0	20.8	17.6	19.8	5.4	1.0	6.7	1.2	0.0	1.2	1.3	0.0	0.5	0.0	0.0	0.3	816	295	405
GP	54.9	55.6	54.4	19.7	10.0	18.2	19.0	26.7	19.8	4.5	6.7	6.0	1.8	1.1	1.3	0.0	0.0	0.1	0.1	0.0	0.2	1085	90	2046
KZN	54.9	43.3	55.4	16.5	16.1	17.0	20.5	21.2	17.2	5.6	15.2	7.3	1.9	4.1	3.0	0.6	0.0	0.0	0.0	0.0	0.2	1402	217	495
LP	66.7	74.6	63.3	14.6	10.5	16.7	13.3	12.0	15.2	3.8	2.4	3.5	1.4	0.4	0.9	0.2	0.2	0.2	0.0	0.0	0.1	943	802	1274
MP	65.9	30.1	57.3	13.7	14.7	16.7	14.7	51.3	19.6	4.8	3.8	5.3	0.6	0.0	1.0	0.0	0.0	0.0	0.2	0.0	0.1	475	156	1073
NW	53.3	32.2	39.6	15.1	28.7	20.5	24.3	31.0	23.9	5.2	4.6	10.6	1.5	1.1	4.3	0.5	1.1	1.0	0.0	1.2	0.0	403	87	414
NC	53.7	50.0	51.5	19.6	37.5	13.6	18.4	0.0	21.4	5.0	0.0	10.7	2.1	12.5	1.9	1.2	0.0	1.0	0.0	0.0	0.0	337	8	103
WC	61.2	57.3	62.4	15.4	10.5	12.9	16.3	21.0	15.3	5.0	9.1	5.6	1.5	2.1	2.0	0.6	0.0	1.7	0.0	0.0	0.2	1452	143	1356
Total	58.4	60.8	56.9	16.4	13.3	16.5	18.2	19.4	18.1	4.9	4.9	5.9	1.5	1.3	1.7	0.6	0.3	0.7	0.0	0.1	0.1	7928	1913	7850

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 13: Distance to the nearest clinic

Prov.	Distance to nearest clinic																							
	1 km or less (%)			1-3 km (%)			3-5 km (%)			5-10 km (%)			10-20 km (%)			20-50 km (%)			50km+			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	30.5	28.2	35.9	14.9	7.7	12.2	23.4	18.8	24.3	17.0	21.4	13.6	10.6	20.5	8.5	3.1	1.7	4.0	0.4	1.7	1.5	1017	117	682
FS	28.3	30.1	27.7	21.3	30.7	25.4	33.5	34.1	29.9	11.9	3.4	11.6	3.4	1.0	3.7	1.6	0.7	1.7	0.0	0.0	0.0	816	296	405
GP	34.4	50.0	35.7	18.5	13.3	17.0	29.7	10.0	29.3	13.1	25.6	14.1	4.1	1.1	3.1	0.2	0.0	0.7	0.1	0.0	0.2	1085	90	2046
KZN	28.4	21.2	26.4	13.2	11.1	19.2	28.0	21.2	27.0	18.9	23.5	13.7	6.7	15.7	10.5	4.2	7.4	3.0	0.5	0.0	0.2	1412	217	496
LP	30.3	30.4	25.8	18.2	17.8	16.2	31.0	25.2	30.7	13.4	16.0	18.4	6.0	9.4	7.0	0.7	1.2	1.8	0.3	0.0	0.1	947	802	1275
MP	40.7	16.6	33.4	18.4	10.2	14.8	24.3	58.0	29.4	13.9	12.1	17.8	2.1	1.9	3.7	0.6	1.3	0.8	0.0	0.0	0.1	474	157	1073
NW	36.4	19.5	26.9	13.8	18.4	16.2	27.4	36.8	27.1	15.3	14.9	19.1	4.5	4.6	7.5	2.3	3.4	2.9	0.3	2.3	0.2	398	87	413
NC	33.9	55.6	30.8	17.4	11.1	18.3	28.8	11.1	26.0	12.6	11.1	17.3	4.5	11.1	4.8	2.4	0.0	1.0	0.3	0.0	1.9	333	9	104
WC	46.1	39.2	44.1	18.2	14.7	19.7	22.0	23.8	21.1	8.5	11.9	8.6	3.4	6.3	4.1	1.5	4.2	2.2	0.2	0.0	0.3	1452	143	1353
Total	34.3	29.2	33.7	17.0	17.4	17.2	27.2	28.1	27.4	13.9	15.0	14.5	5.4	8.0	5.2	2.0	2.1	1.8	0.3	0.2	0.3	7934	1918	7847

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Registration and funding status

Table 14: Years since registration of ECD centre with DSD

Prov.	Year registered with the DSD by percentile											
	10th		25th		50th		75th		90th		Total centres	
	F	C	F	C	F	C	F	C	F	C	F	C
EC	1996	1996	1999	2002	2007	2009	2010	2012	2012	2013	894	95
FS	1997	1999	2002	2003	2008	2007	2012	2010	2013	2013	768	292
GP	2002	1994	2006	2007	2008	2009	2010	2012	2012	2013	1064	85
KZN	1998	2005	2004	2007	2008	2009	2009	2011	2011	2012	1377	207
LP	1998	2000	2003	2004	2008	2009	2011	2012	2012	2012	944	797
MP	1999	2002	2003	2007	2008	2010	2011	2012	2012	2013	447	77
NW	2004	2006	2010	2010	2010	2012	2012	2013	2013	2013	394	86
NC	1999	2001	2002	2002	2006	2006	2007	2011	2009	2011	315	7
WC	1999	1997	2007	2007	2011	2011	2012	2012	2013	2013	1360	122
Total	1998	2000	2004	2005	2008	2009	2011	2012	2012	2013	7563	1768

Table 15: Number of children accommodated as per registration certificate

Prov.	Children accommodated according to registration certificate by percentile											
	10th		25th		50th		75th		90th		Total centres	
	Full	Conditional	Full	Conditional	Full	Conditional	Full	Conditional	Full	Conditional	Full	Conditional
Eastern Cape	25	25	30	30	44	40	60	59	78	60	922	99
Free State	27	22	40	31	65	53	103	84	150	123	776	292
Gauteng	26	28	37	35	56	56	90	76	130	94	1062	84
KwaZulu-Natal	23	25	32	36	50	50	72	70	100	100	1366	206
Limpopo	27	21	40	32	61	50	99	80	144	114	941	797
Mpumalanga	29	20	40	28	60	51	94	66	150	120	446	78
North West	30	30	37	42	50	60	80	90	120	120	395	87
Northern Cape	20	19	30	41	48	73	85	84	126	104	336	8
Western Cape	20	20	30	26	54	41	90	67	135	118	1404	130
Total	24	22	35	32	53	50	82	76	125	113	7648	1781

Table 16: ECD centres with a health and environment certificate

Province	ECD centre with a health and environment certificate					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	45.0	999	33.0	115	32.4	673
Free State	35.6	808	51.4	294	22.4	393
Gauteng	88.4	1085	92.1	89	46.5	2032
KwaZulu-Natal	37.3	1401	35.2	213	11.7	496
Limpopo	63.7	944	46.4	801	13.9	1271
Mpumalanga	75.6	471	52.3	155	23.8	1071
North West	64.8	406	67.8	87	11.8	406
Northern Cape	9.2	347	11.1	9	4.0	99
Western Cape	70.6	1428	60.0	140	30.2	1303
Total	56.8	7889	49.6	1903	28.2	7744

Table 17: ECD centre registered with the Department of Basic Education

<i>Province</i>	<i>ECD centre registered with Department of Basic Education (DBE)</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	25.4	1000	17.2	116	24.4	675
Free State	37.8	810	29.5	295	14.5	394
Gauteng	37.0	1083	41.1	90	18.1	2035
KwaZulu-Natal	37.4	1401	18.5	216	14.9	497
Limpopo	84.7	946	85.3	802	35.7	1273
Mpumalanga	68.6	471	42.3	156	23.5	1073
North West	22.1	408	39.1	87	5.6	411
Northern Cape	30.1	346	0.0	9	19.4	98
Western Cape	35.2	1426	28.2	142	10.7	1312
Total	41.9	7891	52.7	1913	20.0	7768

Table 18: ECD centres receiving subsidy from the DSD

<i>Province</i>	<i>ECD centre receives subsidy from DSD</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	69.5	1012	59.0	117	15.3	672
Free State	69.2	814	84.1	296	9.3	396
Gauteng	68.2	1084	74.4	90	5.4	2037
KwaZulu-Natal	82.5	1407	73.3	217	7.2	498
Limpopo	61.6	947	56.0	803	2.5	1273
Mpumalanga	75.9	473	47.4	156	9.2	1072
North West	63.0	408	52.9	87	0.7	412
Northern Cape	86.6	352	77.8	9	10.2	98
Western Cape	55.5	1436	47.5	141	2.4	1311
Total	68.9	7933	62.0	1916	6.0	7769

5.1.2. Operating time of the ECD Centre

Table 19: ECD centres operating per day of the week

Province	Registration status	Days of operation							Total
		Monday (%)	Tuesday (%)	Wednesday (%)	Thursday (%)	Friday (%)	Saturday (%)	Sunday (%)	
EC	Full	99.0	98.8	98.9	98.8	98.8	1.2	0.5	1025
	Conditional	99.2	94.9	94.9	94.9	100.0	0.0	0.0	118
	Not Registered	99.3	99.0	99.3	99.0	99.1	1.7	0.3	690
FS	Full	99.8	99.8	99.5	99.5	99.6	0.9	0.1	819
	Conditional	100.0	100.0	100.0	99.7	100.0	0.7	0.0	296
	Not Registered	99.5	99.8	99.8	100.0	99.0	3.2	1.7	405
GP	Full	99.5	99.4	99.4	99.3	99.3	1.9	0.5	1092
	Conditional	100.0	100.0	97.8	100.0	100.0	2.2	0.0	90
	Not Registered	99.6	99.4	99.4	99.5	99.2	2.6	0.6	2048
KZN	Full	99.9	99.7	99.7	99.8	99.6	0.8	0.5	1419
	Conditional	100.0	100.0	99.5	99.5	100.0	0.5	0.0	217
	Not Registered	100.0	100.0	99.8	99.6	99.8	2.0	0.2	500
LP	Full	99.7	99.6	99.6	99.7	99.4	0.5	0.2	949
	Conditional	99.8	99.6	99.8	99.8	99.5	0.9	0.4	804
	Not Registered	100.0	99.8	99.4	99.7	99.8	2.2	0.8	1275
MP	Full	100.0	100.0	99.6	100.0	99.8	1.7	0.6	475
	Conditional	98.7	98.7	99.4	99.4	99.4	1.9	1.3	157
	Not Registered	99.6	99.5	99.4	99.3	99.3	3.1	1.5	1074
NW	Full	99.5	99.5	99.8	99.8	99.3	0.7	0.5	410
	Conditional	100.0	100.0	100.0	100.0	98.9	0.0	0.0	87
	Not Registered	100.0	99.8	99.8	100.0	99.8	1.2	0.5	414
NC	Full	97.8	97.3	97.3	97.5	97.3	0.5	0.3	365
	Conditional	100.0	100.0	100.0	100.0	100.0	0.0	0.0	9
	Not Registered	100.0	98.1	99.0	98.1	99.0	1.0	1.0	104
WC	Full	98.4	98.2	98.2	98.2	97.7	1.4	0.3	1478
	Conditional	100.0	98.6	100.0	98.6	99.3	0.7	0.7	144
	Not Registered	98.4	98.4	98.3	98.3	97.8	2.1	0.9	1382
Total	Full	99.3	99.2	99.1	99.2	99.0	1.1	0.4	8032
	Conditional	99.7	99.3	99.4	99.3	99.6	0.8	0.3	1922
	Not Registered	99.5	99.3	99.2	99.3	99.1	2.3	0.8	7892

Table 20: ECD centre hours of operation

Prov.	ECD centre hours of operation																	
	Less than 5 hours (%)			5-7 hours (%)			7-9 hours (%)			9-11 hours (%)			11 hours or more (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	11.9	21.4	17.6	46.2	49.6	25.9	22.4	15.4	12.5	15.9	10.3	33.5	3.6	3.4	10.4	1012	117	671
FS	0.5	0.3	1.2	2.1	1.0	4.5	20.4	23.1	16.9	69.5	62.0	58.0	7.5	13.6	19.4	802	295	402
GP	1.1	2.2	1.8	1.3	3.3	2.2	4.3	7.8	5.2	66.3	67.8	53.4	27.0	18.9	37.4	1087	90	2043
KZN	9.5	10.6	15.9	32.2	59.9	27.7	31.3	24.9	18.3	21.9	3.7	24.5	5.2	0.9	13.7	1417	217	498
LP	4.5	1.0	2.9	0.6	0.9	3.7	28.6	42.3	34.8	59.3	51.3	47.5	7.0	4.5	11.1	948	803	1275
MP	1.3	0.6	0.9	2.5	5.1	9.3	29.1	22.3	27.1	61.9	49.0	46.3	5.3	22.9	16.3	475	157	1071
NW	1.0	1.1	0.2	10.3	10.3	13.3	45.0	33.3	22.5	39.9	52.9	52.8	3.9	2.3	11.1	409	87	413
NC	12.3	22.2	13.5	30.1	22.2	32.7	35.3	33.3	24.0	20.3	22.2	24.0	1.9	0.0	5.8	365	9	104
WC	3.2	4.3	3.9	3.9	3.5	3.5	7.9	8.5	4.6	49.3	42.6	45.9	35.7	41.1	42.1	1449	141	1358
Total	5.2	3.6	4.5	14.8	11.7	8.4	21.6	29.5	16.1	44.7	44.9	46.5	13.7	10.2	24.5	7964	1916	7835

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 21: ECD centres open during the holidays

Province	ECD centre open during holidays					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	22.2	1015	12.8	117	40.5	684
Free State	77.8	815	65.2	296	69.6	404
Gauteng	83.6	1088	81.1	90	83.9	2044
KwaZulu-Natal	19.7	1418	3.2	217	35.9	499
Limpopo	24.8	947	17.5	802	23.7	1274
Mpumalanga	45.4	474	29.3	157	33.1	1071
North West	19.3	410	25.3	87	44.4	414
Northern Cape	26.5	355	11.1	9	32.7	104
Western Cape	87.3	1450	83.3	144	83.9	1360
Total	49.4	7972	32.2	1919	56.9	7854

5.1.3. Governance of the ECD centre

Table 22: ECD centres with a constitution

Province	Aspect of ECD centre's management: Has constitution (%)					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	95.7	1018	88.9	117	73.6	682
Free State	96.4	814	98.3	296	78.7	404
Gauteng	95.9	1088	98.9	90	83.8	2040
KwaZulu-Natal	95.0	1409	98.1	216	74.3	499
Limpopo	96.8	948	98.5	803	88.0	1274
Mpumalanga	98.1	475	88.5	157	74.5	1071
North West	94.8	407	98.9	87	80.9	414
Northern Cape	93.8	353	100.0	9	79.6	103
Western Cape	91.1	1443	91.0	144	74.8	1354
Total	95.0	7955	96.5	1919	79.7	7841

Table 23: ECD centres with a management committee

Province	Aspect of ECD centre's management: Has management committee (%)					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	95.7	1018	97.5	118	76.1	683
Free State	95.3	816	98.3	296	75.7	403
Gauteng	94.2	1088	94.4	90	78.6	2041
KwaZulu-Natal	99.1	1409	98.6	217	79.2	499
Limpopo	98.1	948	97.4	803	89.2	1274
Mpumalanga	98.5	475	91.7	157	75.3	1071
North West	95.4	410	97.7	87	84.1	414
Northern Cape	97.5	356	88.9	9	86.5	104
Western Cape	85.9	1446	88.7	141	63.0	1354
Total	94.8	7966	96.4	1918	77.2	7843

Table 24: Regularity of ECD centre management committee meetings

Prov.	Regularity of management committee meetings																	
	Monthly (%)			Bi-monthly (%)			Quarterly (%)			Annually (%)			Other (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	54.6	60.5	50.6	7.9	9.6	7.6	35.7	28.1	37.3	1.1	0.0	2.7	0.6	1.8	1.8	971	114	512
FS	45.2	34.4	33.4	4.4	5.8	7.5	49.5	59.1	55.7	0.6	0.3	2.3	0.3	0.3	1.0	774	291	305
GP	34.2	27.1	28.8	8.7	8.2	9.7	55.1	64.7	58.5	0.9	0.0	2.1	1.1	0.0	0.9	1023	85	1599
KZN	65.2	69.5	49.7	6.3	15.0	10.5	26.2	14.6	34.9	1.3	0.9	3.6	1.0	0.0	1.3	1380	213	392
LP	34.6	39.9	28.0	3.1	2.3	3.0	62.0	57.3	67.6	0.2	0.5	1.0	0.1	0.0	0.4	929	779	1134
MP	56.9	58.5	46.8	3.7	3.5	2.8	39.3	35.9	48.9	0.0	0.7	0.8	0.0	1.4	0.8	455	142	786
NW	47.2	34.1	27.0	3.9	1.2	2.6	47.9	64.7	64.9	0.8	0.0	4.9	0.3	0.0	0.6	386	85	348
NC	64.0	62.5	64.4	0.8	0.0	3.3	34.3	25.0	27.8	0.0	12.5	1.1	0.8	0.0	3.3	356	8	90
WC	41.4	27.4	36.4	7.0	4.0	5.8	49.0	65.3	53.2	1.2	1.6	3.5	1.3	1.6	1.2	1221	124	839
Total	48.4	43.6	36.0	5.8	5.2	6.2	44.2	50.2	54.6	0.8	0.6	2.2	0.7	0.4	0.9	7495	1841	6005

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 25: ECD centres whose management committees take minutes

Province	Aspects of ECD management: Committee takes minutes					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	96.1	971	98.2	114	92.7	520
Free State	98.5	778	95.9	291	95.1	304
Gauteng	97.9	1024	98.8	85	93.8	1602
KwaZulu-Natal	98.2	1396	99.1	214	92.4	395
Limpopo	99.5	930	99.5	781	95.5	1135
Mpumalanga	99.6	468	97.2	144	97.4	806
North West	97.7	388	100.0	85	90.2	348
Northern Cape	96.8	345	100.0	8	91.1	90
Western Cape	96.9	1240	93.6	125	92.5	851
Total	97.9	7540	98.2	1847	94.0	6051

Table 26: Management committee portfolios

Prov.	<i>ECD Management Committee: Portfolios represented</i>											
	Chairperson (%)			Secretary (%)			Treasurer (%)			Total Centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	98.8	97.4	96.4	98.1	99.1	94.3	96.5	94.8	92.6	981	115	527
FS	98.7	98.6	97.7	98.2	96.9	95.8	97.3	94.8	93.2	781	291	307
GP	98.1	100.0	97.1	97.9	98.8	97.1	96.1	96.5	93.6	1029	85	1611
KZN	96.2	99.5	97.7	96.5	97.7	96.7	93.6	97.2	94.4	1406	214	396
LP	99.7	98.0	99.6	99.7	99.7	98.9	98.8	96.8	97.9	931	783	1137
MP	99.6	99.3	99.5	97.2	98.6	98.9	95.7	99.3	98.0	468	144	809
NW	99.2	100.0	99.4	99.2	100.0	98.0	99.5	100.0	97.7	391	85	348
NC	96.1	100.0	97.8	95.8	100.0	98.9	96.3	100.0	98.9	356	8	90
WC	95.8	95.3	95.2	95.1	92.2	91.9	92.3	85.9	89.8	1274	128	881
Total	97.8	98.3	97.8	97.4	98.4	96.7	95.7	96.0	94.7	7617	1853	6106

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 27: ECD centres whose management committees have a parents' representative

Province	<i>ECD management committee has parent's representative</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	91.0	973	96.5	115	91.6	522
Free State	97.9	778	99.0	291	95.4	305
Gauteng	94.5	1024	90.6	85	92.6	1603
KwaZulu-Natal	92.1	1397	92.1	214	90.4	395
Limpopo	94.0	930	94.5	781	89.3	1136
Mpumalanga	97.2	468	95.1	144	97.6	806
North West	97.4	391	100.0	85	95.4	348
Northern Cape	96.0	346	100.0	8	94.4	90
Western Cape	91.6	1241	94.5	127	89.8	851
Total	93.8	7548	95.2	1850	92.3	6056

Table 28: Owner of ECD centres

Province	Owner of ECD centre											
	Public (%)			Private (%)			Other (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	87.6	93.2	65.2	9.6	5.1	31.7	2.9	1.7	3.1	1015	118	684
FS	89.7	96.6	75.1	8.8	3.0	24.4	1.5	0.3	0.5	817	296	402
GP	70.1	61.1	72.8	29.2	37.8	26.9	0.7	1.1	0.3	1087	90	2038
KZN	94.3	97.7	74.5	5.6	2.3	25.1	0.1	0.0	0.4	1410	217	499
LP	89.8	96.3	72.6	6.8	3.6	25.5	3.5	0.1	1.9	947	802	1273
MP	94.7	95.5	81.3	5.3	4.5	18.3	0.0	0.0	0.4	475	157	1071
NW	87.8	90.8	78.7	11.5	6.9	20.6	0.7	2.3	0.7	410	87	413
NC	89.9	66.7	59.6	9.0	22.2	33.7	1.1	11.1	6.7	365	9	104
WC	56.1	60.1	42.3	42.6	39.2	56.7	1.2	0.7	1.0	1450	143	1349
Total	81.7	91.5	68.4	17.0	8.0	30.6	1.4	0.5	1.1	7976	1919	7833

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 29: ECD centres where based

Province	Type of ECD centre														
	Community-based (%)			Home-based (%)			School-based (%)			Other (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	79.2	78.6	57.2	11.0	6.8	27.5	8.6	12.8	13.3	1.2	1.7	1.9	1001	117	676
FS	79.7	79.0	60.1	9.7	3.4	20.2	10.1	17.6	19.0	0.5	0.0	0.7	812	295	401
GP	46.0	37.8	27.3	46.0	54.4	62.3	6.4	5.6	8.3	1.6	2.2	2.1	1087	90	2038
KZN	83.5	85.3	62.7	7.4	7.8	25.9	8.1	5.1	10.0	1.1	1.8	1.4	1409	217	498
LP	95.3	91.1	71.3	1.7	3.5	17.7	2.1	3.9	5.5	0.9	1.5	5.5	948	802	1273
MP	85.7	84.1	66.2	3.4	7.0	18.4	9.9	8.9	12.3	1.1	0.0	3.1	475	157	1070
NW	87.8	89.7	70.2	4.0	4.6	13.8	6.7	4.6	13.8	1.5	1.1	2.2	403	87	406
NC	85.5	66.7	66.3	2.2	0.0	11.5	8.5	22.2	17.3	3.8	11.1	4.8	365	9	104
WC	61.3	51.4	48.5	20.0	18.8	35.1	17.7	29.2	15.6	1.0	0.7	0.8	1438	144	1329
Total	75.3	81.6	52.7	14.3	8.0	33.6	9.2	9.2	11.1	1.2	1.2	2.5	7938	1918	7795

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

5.2. Section 2: ECD Centre

5.2.1. Assessment and Monitoring

Table 30: Submission of business/implementation plan

Prov.	<i>ECD centre general administration: Centre has a business plan</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	69.5	22.5	8.1	1015	61.0	25.4	13.6	118	32.9	21.3	45.8	684
FS	64.6	19.3	16.1	814	59.5	21.6	18.9	296	23.9	17.7	58.5	402
GP	70.4	11.3	18.2	1086	70.0	14.4	15.6	90	25.9	13.0	61.1	2038
KZN	50.0	31.8	18.2	1406	61.4	15.8	22.8	215	17.9	20.8	61.3	496
LP	84.7	5.6	9.7	949	77.9	7.6	14.6	804	25.3	11.0	63.7	1275
MP	82.7	12.2	5.1	475	66.2	7.6	26.1	157	32.0	11.9	56.1	1067
NW	77.0	12.5	10.5	409	86.2	3.4	10.3	87	29.2	8.0	62.8	414
NC	66.1	21.2	12.7	354	88.9	11.1	0.0	9	24.5	15.7	59.8	102
WC	63.5	22.5	14.0	1438	64.8	21.8	13.4	142	37.9	24.9	37.2	1354
Total	67.4	19.1	13.5	7946	70.3	13.0	16.7	1918	28.9	15.8	55.3	7832

Table 31: DSD Inspection

Prov.	<i>ECD centre general administration: Centre has been inspected by DSD</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	76.5	14.9	8.7	1015	72.9	18.6	8.5	118	31.6	20.7	47.6	680
FS	76.0	18.6	5.4	814	52.4	38.2	9.5	296	37.1	25.6	37.3	402
GP	79.0	12.9	8.1	1086	74.4	17.8	7.8	90	39.7	15.5	44.8	2037
KZN	73.6	20.2	6.2	1405	80.6	12.5	6.9	216	36.8	25.9	37.4	495
LP	88.2	6.5	5.3	949	85.4	8.8	5.7	804	50.6	12.5	36.9	1274
MP	81.7	14.9	3.4	475	69.4	11.5	19.1	157	43.4	13.4	43.3	1068
NW	80.2	10.5	9.3	410	86.2	9.2	4.6	87	38.6	12.8	48.6	414
NC	45.6	28.2	26.2	355	22.2	44.4	33.3	9	22.3	11.7	66.0	103
WC	61.2	33.7	5.1	1443	45.8	45.1	9.0	144	35.1	36.2	28.7	1355
Total	74.0	18.7	7.3	7952	74.0	17.9	8.1	1921	39.9	19.7	40.4	7828

Table 32: Year of DSD inspection – Full

Prov.	Year of latest DSD inspection																	
	2013/14 (%)			2012 (%)			2011 (%)			2010 (%)			2009 & prior (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	90.1	81.4	72.7	4.3	6.9	14.2	1.5	2.9	4.2	1.2	4.9	3.3	2.9	3.9	5.5	887	102	330
FS	87.7	91.4	86.5	5.5	3.4	5.2	2.5	0.7	3.2	1.6	1.5	2.0	2.7	3.0	3.2	766	268	252
GP	87.7	69.9	80.3	5.5	15.7	9.9	1.5	6.0	2.9	0.9	1.2	2.4	4.4	7.2	4.5	984	83	1116
KZN	86.7	91.3	83.8	8.1	5.6	12.5	0.9	0.5	2.0	0.8	0.0	0.0	3.4	2.6	1.7	1266	196	297
LP	85.7	86.2	80.5	10.2	8.2	14.3	1.7	1.8	3.3	0.8	1.2	1.0	1.5	2.6	0.9	862	740	769
MP	94.9	94.2	89.2	2.4	2.5	7.5	1.3	0.8	0.8	0.2	0.8	1.5	1.1	1.7	1.0	455	120	600
NW	84.2	81.3	74.4	9.7	10.0	18.2	1.8	2.5	4.9	2.6	3.8	0.0	1.8	2.5	2.5	341	80	203
NC	80.2	60.0	54.3	14.3	0.0	28.6	3.2	0.0	2.9	0.8	20.0	2.9	1.6	20.0	11.4	252	5	35
WC	81.3	84.4	80.4	12.0	10.2	10.8	3.8	3.1	5.2	1.3	0.8	1.9	1.5	1.6	1.7	1337	128	932
Total	86.4	86.6	81.1	7.9	7.3	11.3	2.0	1.8	3.3	1.1	1.5	1.7	2.5	2.8	2.6	7150	1722	4534

Table 33: Institutional involvement

Prov.	Organisations involved with ECD centres																				
	DSD (%)			DOH (%)			DBE (%)			Local govt. (%)			NGOs (%)			Other (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	93.5	87.3	55.1	62.3	48.3	49.3	27.0	20.3	20.0	38.5	22.9	21.4	28.1	9.3	18.6	3.5	0.8	8.0	1025	118	690
FS	92.9	97.0	50.4	64.1	58.4	35.8	35.3	29.4	14.3	25.0	19.6	11.9	13.1	8.8	10.6	3.3	1.7	25.2	819	296	405
GP	86.5	72.2	27.6	76.7	80.0	52.5	28.2	31.1	14.6	31.5	47.8	24.2	24.1	26.7	26.2	7.8	5.6	19.8	1092	90	2048
KZN	96.3	95.9	58.2	66.1	66.8	49.8	31.4	33.2	20.8	33.2	32.7	22.0	19.6	37.8	16.8	3.3	2.3	14.8	1419	217	500
LP	93.6	95.1	61.6	75.8	75.0	44.1	77.8	75.2	34.4	42.4	38.8	22.3	36.7	42.3	32.0	5.8	8.1	20.5	949	804	1275
MP	97.5	87.3	59.5	85.3	59.9	47.3	73.3	46.5	27.4	32.4	22.9	17.1	21.3	14.6	17.2	5.1	5.1	17.5	475	157	1074
NW	96.6	97.7	58.7	69.8	75.9	51.9	30.7	51.7	14.5	23.7	36.8	17.1	31.0	18.4	31.2	3.2	1.1	10.4	410	87	414
NC	93.2	77.8	40.4	40.5	22.2	21.2	33.2	0.0	17.3	12.3	11.1	5.8	23.3	22.2	28.8	3.0	22.2	14.4	365	9	104
WC	90.9	90.3	66.0	74.8	77.8	57.2	25.3	19.4	8.2	37.1	27.1	20.6	29.1	27.8	19.0	4.3	2.8	6.1	1478	144	1382
Total	92.9	93.0	51.5	69.8	68.9	49.5	37.7	50.1	19.3	33.1	32.2	20.7	25.2	29.3	22.9	4.5	5.0	15.6	8032	1922	7892

5.2.2. General Administration

Table 34: Employment contracts

Prov.	<i>ECD centre general administration: Employment contracts</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	25.2	8.6	66.2	1013	15.3	11.9	72.9	118	22.4	11.1	66.5	683
FS	65.2	9.2	25.5	811	52.4	12.5	35.1	296	25.1	10.4	64.4	402
GP	76.2	9.4	14.4	1086	77.8	6.7	15.6	90	39.1	9.3	51.5	2034
KZN	22.7	8.1	69.2	1410	25.3	9.2	65.4	217	16.0	9.3	74.6	493
LP	50.6	5.8	43.6	946	43.8	3.7	52.5	804	17.2	6.9	75.9	1272
MP	37.9	10.7	51.4	475	29.3	5.7	65.0	157	16.9	7.7	75.4	1066
NW	62.7	8.0	29.3	410	67.4	4.7	27.9	86	28.7	6.8	64.5	414
NC	39.6	16.2	44.2	351	66.7	11.1	22.2	9	25.5	19.6	54.9	102
WC	73.4	14.1	12.6	1442	59.7	16.0	24.3	144	38.1	16.5	45.4	1357
Total	50.9	9.8	39.3	7944	44.0	7.5	48.5	1921	28.0	10.2	61.8	7823

Table 35: Job descriptions

Prov.	<i>ECD centre general administration: Job descriptions</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	62.3	14.2	23.5	1014	47.5	21.2	31.4	118	38.9	19.5	41.6	681
FS	68.9	11.7	19.4	811	63.9	14.9	21.3	296	30.1	18.7	51.2	402
GP	78.9	10.9	10.2	1087	74.4	13.3	12.2	90	45.5	15.6	38.9	2033
KZN	39.1	20.1	40.8	1408	33.3	15.7	50.9	216	25.4	16.9	57.7	492
LP	76.7	7.4	15.9	946	75.1	8.3	16.6	803	40.3	16.2	43.5	1272
MP	67.6	17.9	14.5	475	62.4	11.5	26.1	157	35.2	19.3	45.5	1066
NW	69.0	8.0	22.9	410	77.9	2.3	19.8	86	36.0	10.9	53.1	414
NC	44.0	24.3	31.7	350	44.4	11.1	44.4	9	24.5	24.5	51.0	102
WC	74.1	15.4	10.6	1438	64.5	19.1	16.3	141	42.4	20.6	37.0	1354
Total	64.8	14.3	20.9	7939	65.1	12.0	22.9	1916	39.3	17.5	43.2	7816

Table 36: Payslips

Prov.	<i>ECD centre general administration: Payslips</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	16.2	6.3	77.5	1012	14.5	9.4	76.1	117	20.3	9.6	70.1	676
FS	53.0	9.5	37.5	811	45.3	10.5	44.3	296	21.4	7.0	71.6	402
GP	62.1	9.8	28.2	1086	51.1	11.1	37.8	90	29.0	7.3	63.8	2031
KZN	18.2	4.7	77.1	1410	29.5	7.8	62.7	217	9.6	3.9	86.6	492
LP	27.4	4.3	68.3	946	23.4	4.2	72.4	804	10.7	4.8	84.5	1272
MP	19.6	7.8	72.6	474	13.4	1.3	85.4	157	9.8	5.6	84.6	1066
NW	39.5	7.6	52.9	408	39.5	2.3	58.1	86	22.5	5.6	72.0	414
NC	24.5	8.0	67.5	351	11.1	0.0	88.9	9	17.6	10.8	71.6	102
WC	56.9	15.3	27.8	1436	43.1	11.8	45.1	144	27.1	13.2	59.7	1351
Total	37.1	8.4	54.5	7934	29.5	6.5	64.0	1920	20.2	7.6	72.2	7806

Table 37: Staff development plans

Prov.	<i>ECD centre general administration: Staff development plans</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	31.9	17.8	50.3	1012	28.0	15.3	56.8	118	21.9	20.0	58.1	676
FS	45.2	20.9	33.9	809	28.4	18.6	53.0	296	19.2	14.9	65.9	402
GP	57.1	16.7	26.3	1085	60.0	14.4	25.6	90	32.5	16.3	51.2	2032
KZN	22.4	23.2	54.4	1407	18.1	11.6	70.4	216	16.5	17.1	66.5	492
LP	61.9	11.1	27.0	946	59.3	9.8	30.8	804	29.3	15.5	55.2	1272
MP	46.8	25.5	27.6	474	58.0	10.8	31.2	157	29.6	20.6	49.7	1066
NW	39.9	11.3	48.8	406	43.0	10.5	46.5	86	18.1	11.1	70.8	414
NC	18.1	18.7	63.2	348	22.2	33.3	44.4	9	16.8	15.8	67.3	101
WC	49.2	22.1	28.7	1437	43.4	21.0	35.7	143	28.0	20.3	51.7	1346
Total	42.4	19.1	38.5	7924	45.8	13.0	41.2	1919	27.2	17.5	55.3	7801

Table 38: Attendance register of staff

Prov.	<i>ECD centre general administration: Staff attendance registers</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	87.2	6.6	6.2	1013	80.5	8.5	11.0	118	60.1	13.3	26.6	677
FS	84.3	8.5	7.2	811	77.4	10.1	12.5	296	53.2	13.4	33.3	402
GP	89.5	5.0	5.5	1085	92.2	4.4	3.3	90	62.5	10.6	26.9	2032
KZN	87.3	6.7	6.0	1408	91.6	2.8	5.6	215	56.1	12.6	31.3	492
LP	96.7	1.5	1.8	946	97.1	1.5	1.4	804	78.4	6.5	15.1	1272
MP	85.3	11.2	3.6	475	76.4	7.6	15.9	157	58.4	15.5	26.1	1066
NW	82.9	7.6	9.5	409	87.2	2.3	10.5	86	59.7	7.5	32.8	412
NC	70.5	20.5	9.1	352	66.7	22.2	11.1	9	50.5	24.8	24.8	101
WC	81.8	10.1	8.1	1435	78.5	10.4	11.1	144	57.7	14.9	27.4	1350
Total	86.3	7.6	6.1	7934	88.5	4.8	6.6	1919	62.3	11.9	25.8	7804

Table 39: Complaints and grievance policy

Prov.	<i>ECD centre general administration: Complaints and grievance policy</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	37.5	9.2	53.4	1012	29.7	11.9	58.5	118	22.5	12.4	65.1	677
FS	33.3	11.7	54.9	810	27.7	12.2	60.1	296	21.1	10.0	68.9	402
GP	54.1	13.4	32.6	1086	62.2	15.6	22.2	90	28.8	11.9	59.3	2032
KZN	25.2	14.5	60.3	1405	20.8	3.2	75.9	216	16.2	11.9	72.0	489
LP	59.7	7.8	32.5	946	55.3	5.0	39.7	803	25.6	9.5	64.9	1272
MP	32.4	18.7	48.8	475	18.5	6.4	75.2	157	22.5	10.6	66.9	1066
NW	43.9	8.3	47.8	408	55.8	4.7	39.5	86	22.5	4.8	72.7	414
NC	20.1	16.6	63.3	349	11.1	33.3	55.6	9	21.0	13.0	66.0	100
WC	63.1	14.4	22.5	1435	50.3	16.1	33.6	143	36.8	17.3	45.9	1339
Total	43.7	12.6	43.7	7926	42.3	7.9	49.8	1918	26.6	11.8	61.5	7791

Table 40: Children’s admission policy

Prov.	<i>ECD centre general administration: Children’s admission policy</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	67.8	10.3	21.9	1010	50.4	22.2	27.4	117	45.0	16.7	38.3	676
FS	68.1	15.3	16.6	809	59.5	12.5	28.0	296	44.6	15.5	39.9	401
GP	81.7	10.9	7.5	1086	80.0	12.2	7.8	90	60.7	13.6	25.7	2032
KZN	49.6	18.5	32.0	1408	55.8	6.9	37.3	217	40.0	16.7	43.3	492
LP	85.5	4.2	10.3	946	85.8	5.1	9.1	804	55.6	12.5	31.9	1272
MP	68.0	17.5	14.5	475	42.7	8.9	48.4	157	47.6	18.9	33.6	1066
NW	74.1	8.1	17.7	406	81.4	1.2	17.4	86	49.6	9.9	40.4	413
NC	60.9	20.3	18.9	350	33.3	44.4	22.2	9	39.2	21.6	39.2	102
WC	74.4	15.8	9.9	1431	73.4	14.0	12.6	143	51.9	18.7	29.4	1347
Total	69.8	13.4	16.8	7921	71.0	8.8	20.2	1919	52.2	15.5	32.3	7801

Table 41: Children’s admission registration forms

Prov.	<i>ECD centre general administration: Children’s admission registration forms</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	64.3	9.2	26.5	1009	51.7	11.0	37.3	118	53.6	13.7	32.6	677
FS	89.3	6.9	3.8	811	86.1	5.7	8.1	296	71.9	12.7	15.4	402
GP	91.7	6.7	1.6	1086	86.7	13.3	0.0	90	83.7	8.2	8.1	2030
KZN	81.2	9.2	9.6	1407	77.9	6.0	16.1	217	65.7	9.6	24.8	492
LP	94.2	2.4	3.4	946	90.4	1.7	7.8	804	70.6	9.0	20.4	1271
MP	85.1	11.2	3.8	475	77.7	7.6	14.6	157	66.2	16.8	17.0	1066
NW	85.0	7.9	7.1	407	90.7	2.3	7.0	86	76.3	8.7	15.0	414
NC	73.5	23.6	2.8	351	55.6	33.3	11.1	9	55.9	27.5	16.7	102
WC	85.1	12.1	2.8	1440	85.8	9.9	4.3	141	66.4	16.9	16.7	1355
Total	83.6	9.0	7.3	7932	84.3	5.2	10.5	1918	71.1	12.1	16.8	7809

Table 42: Admission policy of children with disabilities

Prov.	<i>ECD centre general administration: Admissions policy of children with disabilities</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	39.6	5.1	55.2	1012	21.2	7.6	71.2	118	17.2	9.0	73.8	676
FS	22.3	10.0	67.7	811	12.8	6.8	80.4	296	11.2	6.2	82.6	402
GP	35.1	8.6	56.4	1086	45.6	11.1	43.3	90	16.7	7.2	76.0	2032
KZN	12.2	9.0	78.9	1405	6.5	2.8	90.8	217	11.8	10.2	78.0	492
LP	61.8	4.7	33.5	946	58.3	4.1	37.6	804	28.8	7.6	63.6	1272
MP	23.2	10.7	66.1	475	16.6	9.6	73.9	157	16.0	10.0	73.9	1066
NW	42.4	5.4	52.2	408	36.0	1.2	62.8	86	17.6	4.1	78.3	414
NC	14.2	11.4	74.4	351	11.1	44.4	44.4	9	15.8	9.9	74.3	101
WC	40.1	10.0	49.8	1425	38.9	6.3	54.9	144	23.9	9.9	66.1	1320
Total	33.1	8.2	58.6	7919	36.5	5.6	57.9	1921	19.3	8.3	72.4	7775

Table 43: Admission policy of HIV/AIDS infected and affected children

Prov.	<i>ECD centre general administration: Admission policy of HIV/AIDS infected and affected children</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	51.2	5.3	43.5	1014	34.7	9.3	55.9	118	21.6	9.9	68.5	676
FS	44.7	8.2	47.1	809	35.5	10.8	53.7	296	14.7	9.0	76.4	402
GP	50.4	9.9	39.7	1085	56.7	12.2	31.1	90	23.9	9.4	66.7	2031
KZN	16.5	9.3	74.1	1408	11.1	2.8	86.2	217	15.0	8.1	76.8	492
LP	81.8	4.2	14.0	945	80.4	3.6	15.9	803	41.7	7.2	51.0	1272
MP	28.0	9.9	62.1	475	31.8	6.4	61.8	157	18.0	10.6	71.4	1066
NW	62.0	7.2	30.9	405	47.7	4.7	47.7	86	28.0	4.1	67.9	414
NC	35.0	17.7	47.3	351	44.4	22.2	33.3	9	19.6	16.7	63.7	102
WC	66.0	12.9	21.1	1438	61.5	7.0	31.5	143	42.9	12.2	44.9	1346
Total	49.1	9.1	41.8	7930	54.7	6.0	39.3	1919	28.2	9.4	62.4	7801

Table 44: Universal blood-spill policy for blood injuries

Prov.	<i>ECD centre general administration: Universal blood-spill policy for blood injuries</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	34.1	7.1	58.8	1012	20.3	5.9	73.7	118	19.3	9.3	71.4	674
FS	42.9	13.5	43.6	809	19.9	7.8	72.3	296	19.8	9.0	71.3	400
GP	59.6	11.0	29.5	1086	55.6	17.8	26.7	90	31.6	11.8	56.5	2032
KZN	21.1	12.5	66.5	1404	15.7	2.8	81.6	217	16.1	9.0	74.9	491
LP	77.7	4.5	17.8	946	76.4	3.5	20.1	804	37.4	10.0	52.6	1272
MP	21.7	10.7	67.6	475	21.0	7.6	71.3	157	17.0	9.2	73.8	1066
NW	30.1	6.4	63.6	409	40.7	5.8	53.5	86	13.0	3.9	83.1	414
NC	30.7	12.5	56.8	352	33.3	11.1	55.6	9	15.8	12.9	71.3	101
WC	50.1	15.2	34.7	1424	43.7	10.6	45.8	142	25.8	14.2	60.0	1333
Total	43.2	10.8	46.0	7917	47.6	5.9	46.5	1919	25.7	10.6	63.7	7783

Table 45: Attendance register of children

Prov.	<i>ECD centre general administration: Attendance register of children</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	94.1	4.2	1.7	1016	83.1	10.2	6.8	118	78.6	12.6	8.9	676
FS	91.9	6.7	1.5	811	95.3	2.7	2.0	296	76.5	12.5	11.0	400
GP	96.5	2.5	1.0	1086	95.6	3.3	1.1	90	88.3	5.4	6.3	2032
KZN	94.9	4.0	1.1	1409	94.9	2.3	2.8	217	89.2	4.9	5.9	490
LP	98.6	0.6	0.7	946	98.6	0.6	0.7	803	88.1	5.4	6.5	1271
MP	90.5	7.4	2.1	475	92.4	6.4	1.3	157	76.9	14.6	8.5	1065
NW	93.9	3.2	2.9	408	97.7	0.0	2.3	86	85.0	6.1	9.0	413
NC	78.1	19.6	2.3	352	77.8	11.1	11.1	9	66.7	20.6	12.7	102
WC	90.4	8.3	1.2	1443	86.8	10.4	2.8	144	77.6	14.1	8.3	1352
Total	93.3	5.3	1.4	7946	95.1	3.1	1.9	1920	83.0	9.4	7.6	7801

Table 46: Other administrative documents

Prov.	<i>ECD centre general administration: Other administrative documents</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	31.3	2.7	66.1	979	20.4	2.7	77.0	113	17.5	4.3	78.2	670
FS	12.1	1.1	86.8	745	11.5	0.3	88.1	295	4.1	0.3	95.7	391
GP	17.4	1.6	81.0	1079	30.0	1.1	68.9	90	10.1	1.7	88.3	2027
KZN	40.0	3.4	56.5	1369	21.8	3.2	75.0	216	19.7	2.7	77.6	487
LP	24.3	0.2	75.5	944	25.3	0.5	74.3	800	12.8	0.8	86.4	1269
MP	10.3	0.6	89.0	474	23.6	1.9	74.5	157	8.6	1.5	89.9	1066
NW	21.6	1.4	77.0	366	24.7	2.4	72.9	85	15.3	0.5	84.2	393
NC	29.9	9.0	61.2	335	33.3	22.2	44.4	9	14.6	9.4	76.0	96
WC	22.4	3.4	74.2	1326	26.3	3.0	70.7	133	12.5	4.5	83.0	1235
Total	24.8	2.4	72.8	7617	22.6	1.4	76.0	1898	12.0	2.2	85.8	7634

5.2.3. Financial Resources

Table 47: Separate bank account

Prov.	<i>ECD centre finance: ECD Centre has bank account</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	70.9	11.4	17.7	1014	71.2	15.3	13.6	118	38.5	16.2	45.3	678
FS	60.5	7.4	32.1	810	68.6	9.8	21.6	296	29.0	7.5	63.5	400
GP	79.8	8.7	11.5	1083	81.1	12.2	6.7	90	48.3	8.3	43.5	2029
KZN	55.4	12.5	32.1	1409	69.6	10.6	19.8	217	31.5	12.4	56.1	492
LP	74.6	2.8	22.6	945	78.2	2.0	19.8	804	38.6	5.6	55.8	1272
MP	64.8	7.8	27.4	475	36.3	4.5	59.2	157	34.3	7.2	58.4	1066
NW	75.1	4.6	20.2	410	76.7	2.3	20.9	86	38.0	5.3	56.7	413
NC	25.0	12.5	62.5	352	44.4	22.2	33.3	9	19.8	12.9	67.3	101
WC	66.0	14.7	19.3	1432	57.3	16.1	26.6	143	33.7	13.5	52.8	1350
Total	65.7	9.9	24.5	7930	70.3	6.8	22.9	1920	38.5	9.4	52.1	7801

Table 48: Signatories for bank account

Prov.	<i>ECD centre finance: Number of signatories on bank account</i>														
	Full					Conditional					Not Registered				
	1 (%)	2 (%)	3 (%)	4+ (%)	Total	1 (%)	2 (%)	3 (%)	4+ (%)	Total	1 (%)	2 (%)	3 (%)	4+ (%)	Total
EC	3.9	13.7	81.2	1.2	824	6.0	19.0	75.0	0.0	100	14.3	16.2	67.6	1.9	364
FS	4.4	15.0	79.3	1.3	547	0.4	19.4	79.7	0.4	232	15.9	24.1	58.6	1.4	145
GP	4.0	15.9	77.1	2.9	953	2.4	20.2	77.4	0.0	84	11.7	17.7	68.9	1.7	1142
KZN	2.6	12.5	84.5	0.3	949	0.0	12.1	87.3	0.6	173	20.0	15.3	63.7	0.9	215
LP	3.7	9.3	86.0	1.0	731	1.6	5.1	92.7	0.6	645	5.2	7.9	86.0	0.9	559
MP	2.6	9.3	87.2	0.9	345	3.1	7.8	89.1	0.0	64	6.6	12.4	79.9	1.1	442
NW	1.3	2.9	95.6	0.3	315	2.9	5.9	89.7	1.5	68	8.4	9.6	80.9	1.1	178
NC	6.9	18.3	74.8	0.0	131	16.7	0.0	83.3	0.0	6	9.4	28.1	56.3	6.3	32
WC	16.5	32.3	49.3	1.8	1136	14.4	31.7	52.9	1.0	104	29.2	28.6	40.9	1.3	623
Total	6.0	16.3	76.4	1.3	5931	2.6	12.0	84.8	0.5	1476	13.8	17.1	67.7	1.4	3700

Table 49: Income/Expenditure book

Prov.	<i>ECD centre finance: Centre has income/expenditure book</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	74.4	9.7	15.9	1013	68.6	15.3	16.1	118	35.2	17.1	47.7	677
FS	70.6	14.8	14.6	809	63.9	13.2	23.0	296	38.9	15.5	45.6	401
GP	77.6	13.8	8.6	1082	71.1	20.0	8.9	90	44.7	15.0	40.3	2025
KZN	67.0	18.9	14.2	1405	53.5	12.9	33.6	217	30.8	15.9	53.3	490
LP	88.2	4.8	7.1	946	86.3	5.8	7.8	804	49.4	12.0	38.6	1272
MP	77.7	13.9	8.4	475	73.2	8.3	18.5	157	37.9	16.9	45.2	1066
NW	85.3	7.6	7.1	409	88.4	2.3	9.3	86	52.7	13.3	34.1	414
NC	59.2	26.7	14.1	348	55.6	11.1	33.3	9	42.4	18.2	39.4	99
WC	67.6	20.0	12.4	1424	62.9	21.0	16.1	143	37.3	19.5	43.2	1346
Total	73.7	14.6	11.8	7911	74.5	10.2	15.3	1920	41.6	15.8	42.6	7790

Table 50: Budget

Prov.	<i>ECD centre finance: Centre has budget</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	39.6	14.2	46.2	1014	32.8	9.5	57.8	116	24.6	17.7	57.7	674
FS	54.6	15.2	30.2	809	36.1	11.8	52.0	296	27.3	18.0	54.8	400
GP	68.9	14.7	16.4	1082	73.3	12.2	14.4	90	36.3	16.1	47.6	2025
KZN	35.8	20.0	44.2	1405	45.6	10.6	43.8	217	19.3	11.8	68.8	491
LP	68.7	6.3	24.9	946	65.5	7.8	26.7	803	27.7	11.6	60.7	1271
MP	66.7	17.7	15.6	475	43.3	8.3	48.4	157	27.5	17.6	54.9	1066
NW	51.4	9.6	39.0	405	70.9	5.8	23.3	86	24.2	11.4	64.5	414
NC	37.0	20.5	42.5	346	44.4	11.1	44.4	9	24.5	18.4	57.1	98
WC	56.2	20.7	23.1	1415	49.0	21.0	30.1	143	30.8	19.4	49.9	1343
Total	53.1	15.9	31.0	7897	54.2	10.0	35.8	1917	29.4	15.9	54.7	7782

Table 51: Fee register

Prov.	<i>ECD centre finance: Centre has fee register</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	67.2	11.4	21.4	1007	50.9	12.9	36.2	116	56.5	13.6	29.8	674
FS	82.9	11.0	6.1	808	83.1	7.1	9.8	295	58.8	18.8	22.5	400
GP	88.0	8.1	3.9	1082	86.7	7.8	5.6	90	74.8	12.4	12.8	2025
KZN	70.0	11.0	18.9	1405	62.3	9.8	27.9	215	55.6	14.1	30.3	491
LP	95.9	2.2	1.9	945	96.9	2.0	1.1	804	81.8	7.0	11.2	1271
MP	84.6	12.8	2.5	475	87.9	3.8	8.3	157	62.9	17.7	19.3	1066
NW	88.6	7.4	4.0	403	87.2	2.3	10.5	86	71.8	9.0	19.2	412
NC	66.4	25.8	7.8	345	55.6	33.3	11.1	9	52.5	31.3	16.2	99
WC	76.7	15.0	8.3	1426	75.4	12.0	12.7	142	57.4	20.4	22.2	1343
Total	79.4	10.9	9.7	7896	84.6	5.6	9.7	1914	67.3	14.2	18.5	7781

Table 52: Fee receipt book

Prov.	<i>ECD centre finance: Centre has fee receipt book</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	71.5	10.9	17.6	1011	61.0	8.5	30.5	118	60.2	11.8	28.0	676
FS	87.0	8.9	4.1	809	93.2	4.1	2.7	296	71.6	12.5	16.0	401
GP	90.6	6.9	2.5	1082	90.0	8.9	1.1	90	82.7	8.9	8.4	2027
KZN	77.9	9.5	12.6	1408	66.4	11.1	22.6	217	68.0	9.6	22.4	491
LP	96.2	1.0	2.9	946	92.8	2.0	5.2	804	76.7	5.9	17.5	1272
MP	86.7	11.4	1.9	474	88.5	3.2	8.3	157	64.7	17.1	18.2	1066
NW	92.2	6.4	1.5	409	96.5	1.2	2.3	86	87.9	6.3	5.8	414
NC	70.7	24.1	5.2	348	55.6	33.3	11.1	9	62.0	27.0	11.0	100
WC	79.6	13.2	7.2	1424	80.4	9.8	9.8	143	61.9	19.5	18.6	1347
Total	83.2	9.5	7.3	7911	86.5	4.8	8.6	1920	72.2	11.9	15.9	7794

Table 53: Asset register

Prov.	<i>ECD centre finance: Centre has asset register</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	70.8	8.2	20.9	1012	65.0	8.5	26.5	117	34.2	14.1	51.8	676
FS	61.3	12.6	26.1	808	43.2	11.1	45.6	296	25.8	11.0	63.2	400
GP	65.4	13.4	21.2	1082	71.1	11.1	17.8	90	32.3	12.8	54.8	2025
KZN	64.5	15.4	20.1	1407	66.7	5.1	28.2	216	31.0	11.2	57.8	490
LP	91.5	2.6	5.8	946	88.3	3.1	8.6	804	47.6	8.2	44.3	1272
MP	76.8	12.6	10.5	475	72.6	6.4	21.0	157	37.0	12.0	51.0	1066
NW	62.6	9.9	27.6	406	67.4	4.7	27.9	86	28.6	3.4	68.0	413
NC	48.7	19.9	31.4	347	44.4	11.1	44.4	9	28.0	19.0	53.0	100
WC	56.1	18.4	25.5	1417	50.7	14.6	34.7	144	28.6	14.0	57.5	1340
Total	66.8	12.7	20.5	7900	71.4	6.5	22.0	1919	34.3	11.6	54.1	7782

Table 54: Audit report

Prov.	<i>ECD centre finance: Centre has audit report</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	48.7	12.3	39.1	1011	46.2	10.3	43.6	117	20.1	10.0	69.9	672
FS	64.3	13.7	22.0	809	69.3	8.4	22.3	296	18.7	11.7	69.6	401
GP	68.2	14.0	17.8	1082	76.7	11.1	12.2	90	33.6	12.7	53.8	2026
KZN	60.9	18.0	21.1	1407	49.1	9.7	41.2	216	16.3	8.5	75.2	492
LP	72.8	5.3	21.9	946	64.8	4.2	31.0	804	14.9	4.6	80.5	1272
MP	71.7	11.6	16.7	474	32.5	7.0	60.5	157	20.4	5.1	74.6	1066
NW	65.0	2.9	32.1	408	66.3	3.5	30.2	86	17.4	4.1	78.5	414
NC	27.5	13.0	59.5	346	11.1	33.3	55.6	9	20.4	12.2	67.3	98
WC	59.5	17.5	23.0	1419	45.8	13.9	40.3	144	18.5	10.8	70.8	1330
Total	61.3	13.3	25.5	7902	58.9	7.2	33.9	1919	22.1	9.0	69.0	7771

5.2.4. Monthly operating costs and cost items (per child)

Table 55: Average monthly expenditure per child– Food

Prov.	<i>Average monthly expenditure per child by percentile: Food (where meals are provided)</i>																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	23	29	5	45	44	23	71	61	51	95	89	78	121	103	100	684	61	279
FS	29	36	23	44	51	35	65	72	50	90	98	77	110	116	100	641	260	285
GP	36	27	26	61	59	38	98	101	60	133	127	89	156	160	125	806	65	1634
KZN	22	22	6	40	50	17	65	92	39	100	143	61	154	198	93	1059	118	223
LP	21	19	16	34	29	25	52	48	35	70	67	49	85	84	67	743	611	978
MP	17	17	18	33	29	28	62	56	43	86	82	67	107	106	91	346	116	687
NW	23	17	14	37	32	24	59	56	40	86	83	59	110	103	81	295	65	318
NC	31	7	4	55	37	23	97	96	41	128	125	100	179	125	139	278	7	46
WC	25	28	19	42	44	32	66	60	50	95	83	79	118	117	103	931	96	817
Total	24	21	18	42	35	30	67	58	47	98	84	73	130	113	100	5783	1399	5267

Table 56: Average monthly expenditure per child– Salaries

Prov.	Average monthly expenditure per child by percentile: Salaries																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	25	14	18	51	39	40	80	69	79	115	115	127	168	158	204	780	76	393
FS	36	46	18	62	74	34	96	100	56	134	133	100	170	167	159	716	274	278
GP	53	32	36	87	50	56	134	97	89	190	138	133	246	196	198	902	80	1679
KZN	24	25	14	45	43	29	73	64	59	105	97	113	149	123	190	1133	120	269
LP	25	22	17	41	36	29	64	54	43	90	80	62	123	106	83	760	667	946
MP	28	22	18	63	37	33	98	78	59	130	111	100	174	149	148	411	130	815
NW	33	25	22	57	44	37	87	67	60	122	105	88	156	141	125	327	74	342
NC	38	14	18	68	58	33	100	77	99	153	138	143	210	222	213	280	8	57
WC	67	69	41	114	104	67	169	72	120	249	230	203	329	339	315	1038	107	970
Total	32	25	23	59	43	40	95	72	71	148	109	120	215	153	194	6347	1536	5749

Table 57: Average monthly expenditure per child– Rent

Prov.	Average monthly expenditure per child by percentile: Rent																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	0	0	0	0	0	0	0	0	0	8	9	0	44	810	90	486
FS	0	0	0	0	0	0	0	0	0	3	0	0	10	3	17	600	218	291
GP	0	0	0	0	0	0	6	8	4	15	20	15	28	30	28	962	87	1677
KZN	0	0	0	0	0	0	0	0	0	0	0	2	5	0	50	1262	165	378
LP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	881	774	1225
MP	0	0	0	0	0	0	0	0	0	3	5	4	13	16	17	466	154	1004
NW	0	0	0	0	0	0	0	0	0	2	4	7	12	11	13	292	79	361
NC	0	0	0	0	0	0	0	0	0	6	3	13	19	4	27	257	7	73
WC	0	0	0	0	0	0	1	0	0	13	12	14	38	23	48	805	84	711
Total	0	0	0	0	0	0	0	0	0	4	0	7	17	6	23	6335	1658	6206

Table 58: Average monthly expenditure per child– Child practitioner support materials

Prov.	Average monthly expenditure per child by percentile: Child practitioner support materials																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	0	1	3	0	10	11	4	24	27	16	41	40	26	718	77	456
FS	0	0	0	2	0	0	6	5	4	14	14	13	24	25	21	662	250	297
GP	0	0	0	0	4	0	7	8	4	13	19	11	21	26	20	878	69	1628
KZN	0	0	0	0	0	0	1	0	0	6	2	5	15	10	12	1112	127	317
LP	0	0	0	0	0	0	1	1	0	7	5	2	14	12	8	620	575	1032
MP	0	0	0	0	0	0	3	0	0	8	4	5	17	11	13	413	147	976
NW	0	0	0	0	3	0	4	4	2	8	6	6	15	11	12	292	68	348
NC	0	0	0	0	0	0	3	7	3	9	17	7	15	26	15	232	7	64
WC	0	0	0	3	3	0	10	10	6	20	20	15	33	34	26	903	96	862
Total	0	0	0	0	0	0	5	2	2	13	9	9	24	19	18	5830	1416	5980

Table 59: Average monthly expenditure per child– Lighting, heating, and cooking

Prov.	Average monthly expenditure per child by percentile: Lighting, heating, and cooking																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	0	3	2	0	5	6	4	10	10	10	16	16	18	793	83	434
FS	1	2	0	3	4	3	5	8	6	10	12	11	15	17	18	692	269	298
GP	1	4	1	4	6	5	8	10	9	14	16	15	22	23	23	907	79	1604
KZN	0	0	0	2	0	0	6	3	3	11	9	8	19	14	19	1163	142	312
LP	0	0	0	1	1	0	4	4	3	8	8	7	12	13	11	805	722	1112
MP	0	0	0	2	1	0	4	4	4	8	7	8	13	10	12	425	143	898
NW	1	0	0	3	2	2	5	5	5	10	8	10	14	14	14	334	77	346
NC	0	0	0	1	0	0	5	6	3	9	19	8	15	20	18	269	7	68
WC	0	0	0	5	6	4	10	10	10	19	19	17	27	26	27	1033	107	955
Total	0	0	0	3	2	2	6	5	6	11	10	12	18	16	19	6421	1629	6027

Table 60: Average monthly expenditure per child– Transport costs

Prov.	Average monthly expenditure per child by percentile: Transport costs																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	0	0	2	0	7	7	0	14	13	6	21	17	17	778	83	461
FS	0	1	0	1	3	0	4	5	2	7	9	6	10	12	9	676	248	308
GP	0	0	0	0	1	0	6	7	4	10	11	8	17	16	14	909	72	1716
KZN	0	0	0	2	3	0	5	7	0	9	13	4	14	17	9	1146	140	349
LP	0	1	0	2	3	0	5	7	3	10	12	7	15	17	11	812	673	1173
MP	0	0	0	0	2	0	4	4	0	6	6	4	9	8	7	382	125	917
NW	1	1	0	3	3	0	7	6	3	13	13	7	21	16	12	349	75	356
NC	0	0	0	2	0	0	6	8	2	15	12	7	27	25	17	256	7	70
WC	0	0	0	0	0	0	3	5	0	10	14	7	22	26	17	915	98	760
Total	0	0	0	1	3	0	5	6	2	10	11	7	17	16	13	6223	1521	6110

Table 61: Average monthly expenditure per child– Maintenance: Infrastructure and garden services

Prov.	Average monthly expenditure per child by percentile: Maintenance of infrastructure and garden services																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	0	0	0	0	5	4	2	12	15	10	21	21	17	751	79	464
FS	0	0	0	1	0	0	4	3	2	9	7	8	14	12	13	682	245	307
GP	0	0	0	0	0	0	5	4	3	11	13	9	17	17	15	871	83	1608
KZN	0	0	0	0	0	0	1	0	0	6	3	4	12	6	12	1064	126	334
LP	0	0	0	0	0	0	2	1	0	7	6	1	20	20	7	845	715	1185
MP	0	0	0	0	0	0	2	0	0	6	2	3	11	6	8	399	145	947
NW	0	0	0	0	0	0	2	2	0	8	6	2	13	10	8	281	64	321
NC	0	0	0	0	0	0	0	0	0	6	15	4	14	27	8	227	7	62
WC	0	0	0	0	0	0	6	5	3	14	11	10	24	24	19	920	96	780
Total	0	0	0	0	0	0	3	1	0	9	6	6	17	15	14	6040	1560	6008

Table 62: Average monthly income per child– Fees

Prov.	Average monthly income per child by percentile: Fees																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	1	2	3	10	18	19	40	50	47	94	89	131	149	739	68	390
FS	28	11	24	52	36	61	79	59	94	109	95	136	147	124	180	685	284	295
GP	78	19	87	121	79	128	176	127	179	238	157	231	300	254	300	887	65	1569
KZN	0	0	5	6	2	14	23	6	49	53	14	100	85	29	209	1017	149	310
LP	31	42	44	53	56	63	75	76	85	100	98	105	125	113	130	819	748	1087
MP	18	23	31	37	46	61	61	80	99	100	134	140	136	175	188	421	132	868
NW	15	29	33	39	50	78	76	81	116	111	113	158	160	145	210	350	81	357
NC	1	12	4	4	13	8	21	18	30	42	66	67	75	110	111	272	4	57
WC	20	13	58	54	60	106	114	130	174	220	211	318	361	340	448	1006	103	954
Total	4	8	29	25	41	69	68	70	113	123	100	182	213	138	261	6196	1634	5887

Table 63: Average monthly income per child– Subsidies

Prov.	Average monthly income per child by percentile: Subsidies																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	0	0	0	0	79	2	0	222	156	0	318	259	87	682	74	491
FS	0	0	0	0	110	0	140	169	0	200	222	0	256	286	73	674	257	317
GP	0	0	0	0	0	0	118	52	0	279	225	0	347	330	15	826	61	1661
KZN	0	0	0	7	0	0	118	79	0	206	222	0	306	321	0	1095	126	403
LP	0	0	0	0	0	0	46	0	0	232	175	0	385	278	0	775	690	1209
MP	0	0	0	0	0	0	143	0	0	291	212	0	401	371	0	329	122	959
NW	0	0	0	0	0	0	106	0	0	211	218	0	305	343	0	339	78	370
NC	0	0	0	84	124	0	215	239	0	302	250	0	388	370	104	268	5	72
WC	0	0	0	0	0	0	160	34	0	275	257	0	342	330	0	952	91	651
Total	0	0	0	0	0	0	124	78	0	242	202	0	334	300	0	5940	1504	6133

Table 64: Average monthly income per child– Donations

Prov.	Average monthly income per child by percentile: Donations																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	0	0	0	0	0	0	0	5	0	15	121	3	784	84	511	
FS	0	0	0	0	0	0	0	0	0	0	0	7	0	0	683	276	322	
GP	0	0	0	0	0	0	0	0	0	0	0	0	14	0	955	73	1721	
KZN	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1194	177	407	
LP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	878	777	1215	
MP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	461	149	989	
NW	0	0	0	0	0	0	0	0	0	0	0	10	0	0	309	83	374	
NC	0	0	0	0	0	0	0	0	0	0	0	32	50	6	264	5	74	
WC	0	0	0	0	0	0	0	0	0	0	0	56	26	6	809	84	673	
Total	0	0	0	0	0	0	0	0	0	0	0	7	0	0	6337	1708	6286	

Table 65: Average monthly income per child– Fundraising

Prov.	Average monthly income per child by percentile: Fundraising																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	0	0	0	0	0	0	1	4	0	13	18	12	741	81	457	
FS	0	0	0	0	0	2	0	0	7	5	2	15	11	9	615	256	294	
GP	0	0	0	0	0	0	0	0	8	17	0	29	80	14	924	66	1695	
KZN	0	0	0	0	0	0	0	0	0	0	0	2	0	0	1193	177	406	
LP	0	0	0	0	0	0	0	0	0	0	0	7	0	0	879	776	1214	
MP	0	0	0	0	0	0	0	0	0	0	0	11	2	0	461	149	990	
NW	0	0	0	0	0	0	0	0	2	2	0	14	16	6	306	84	373	
NC	0	0	0	0	0	0	4	0	11	23	13	28	188	48	250	6	73	
WC	0	0	0	0	0	0	0	0	7	5	0	18	9	10	589	63	558	
Total	0	0	0	0	0	0	0	0	3	0	0	14	7	6	5958	1658	6060	

Table 66: Average monthly income per child– Lotto

Prov.	Average monthly income per child by percentile: Lotto																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	770	84	510
FS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	662	275	322
GP	0	0	0	0	0	0	0	0	0	0	0	0	5	0	955	73	1718	
KZN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1185	176	406	
LP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	872	776	1213	
MP	0	0	0	0	0	0	0	0	0	0	0	71	0	0	460	149	989	
NW	0	0	0	0	0	0	0	0	0	0	0	0	0	0	289	81	371	
NC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	243	5	71	
WC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755	78	651	
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6191	1697	6251	

Table 67: Monthly fees charged per child by percentile: 0-18 months

Prov.	Monthly fees charged per child by percentile: 0-18 months																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	10	10	10	20	10	20	30	20	100	100	80	150	200	150	250	446	53	259
FS	90	70	80	110	90	110	140	120	150	170	150	180	200	170	250	635	250	278
GP	180	150	180	200	180	200	250	250	260	300	300	300	350	400	350	731	69	1405
KZN	20	6	20	40	20	40	80	20	100	120	50	170	150	60	250	903	131	240
LP	80	80	80	100	100	100	130	120	130	150	150	150	200	170	200	727	667	938
MP	19	50	50	80	120	100	100	150	170	170	200	250	250	300	300	273	106	707
NW	50	50	50	100	100	150	150	145	190	200	194	250	250	250	300	254	56	300
NC	4	80	4	30	80	50	90	90	100	150	100	250	235	100	600	110	2	37
WC	50	25	100	130	110	160	200	200	208	250	250	300	400	300	450	727	86	755
Total	30	30	70	80	80	120	150	120	200	200	150	250	300	200	350	4806	1420	4919

Table 68: Monthly fees charged per child by percentile: 19-36 months

Prov.	Monthly fees charged per child by percentile: 19-36 months																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	10	7	10	20	10	20	30	20	60	100	60	150	180	150	200	547	65	329
FS	80	60	70	100	70	100	110	100	120	150	120	150	170	150	200	689	274	283
GP	150	150	150	180	150	180	230	200	220	280	280	270	350	360	300	844	77	1552
KZN	20	10	20	28	16	30	50	20	50	100	30	150	150	50	200	1048	170	305
LP	60	60	60	80	80	80	100	100	100	120	120	120	150	130	150	779	755	1026
MP	30	50	16	50	80	80	100	120	150	150	160	200	200	200	250	384	137	823
NW	40	40	35	50	80	100	100	100	150	150	150	200	200	200	220	335	78	342
NC	12	16	6	25	20	20	50	40	55	80	100	100	120	100	120	234	6	50
WC	50	20	80	100	90	130	150	150	180	240	200	300	370	300	400	901	102	852
Total	20	20	50	50	60	100	100	100	150	170	120	210	250	170	300	5761	1664	5562

Table 69: Monthly fees charged per child by percentile: 37-48 months

Prov.	Monthly fees charged per child by percentile: 37-48 months																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	10	10	10	20	10	20	30	20	50	80	50	120	150	150	250	583	71	358
FS	75	60	70	100	70	90	100	100	100	130	100	140	150	130	150	698	285	291
GP	150	140	150	160	150	160	200	200	200	250	260	250	300	350	280	858	77	1518
KZN	20	10	20	25	18	30	50	20	50	80	30	130	120	50	200	1080	172	321
LP	50	50	50	70	65	70	100	80	100	100	100	100	140	120	130	811	783	1099
MP	37	50	30	50	60	70	100	100	120	120	150	150	160	160	200	423	139	850
NW	39	50	60	50	70	100	100	100	150	150	130	160	170	150	200	347	74	328
NC	16	20	9	25	24	20	50	50	50	70	100	70	100	100	100	275	7	58
WC	50	20	70	100	80	120	150	150	150	225	200	300	360	300	400	977	105	872
Total	20	20	50	50	50	80	100	80	140	150	100	200	250	150	250	6052	1713	5695

Table 70: Monthly fees charged per child by percentile: 49-60 months

Prov.	Monthly fees charged per child by percentile: 49-60 months																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	10	10	10	20	16	20	30	20	50	80	60	100	125	100	250	450	51	293
FS	80	60	70	90	70	88	100	100	100	130	100	130	150	128	150	669	273	264
GP	140	140	140	150	150	150	200	200	200	250	240	250	300	300	270	797	75	1396
KZN	20	10	20	25	15	30	50	20	50	90	30	130	120	50	200	1009	146	278
LP	50	50	50	70	60	70	90	80	100	100	100	100	130	100	120	620	690	941
MP	40	50	30	50	60	70	100	100	100	120	145	150	160	155	200	368	114	676
NW	33	50	84	50	75	110	100	100	150	150	135	150	170	150	190	289	68	270
NC	20	30	7	25	50	20	50	50	50	70	100	70	100	100	100	260	5	59
WC	50	20	70	100	80	120	150	150	150	240	200	300	360	300	400	931	97	758
Total	20	20	50	50	50	80	100	80	130	150	100	200	250	150	250	5393	1519	4935

Table 71: Monthly fees charged per child by percentile: 61+ months (Grade R)

Prov.	Monthly fees charged per child by percentile: 61+ months (Grade R)																	
	10th (Rand)			25th (Rand)			50th (Rand)			75th (Rand)			90th (Rand)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	10	10	20	20	13	30	50	26	100	100	90	330	200	195	1000	273	40	233
FS	80	50	70	90	70	90	100	100	100	130	100	130	150	120	150	562	227	201
GP	140	130	128	150	150	150	200	190	200	270	220	250	400	320	400	583	58	849
KZN	20	10	20	25	20	30	50	20	50	80	25	110	120	50	170	622	80	142
LP	50	50	50	70	70	70	100	90	100	120	100	120	200	120	175	263	335	491
MP	50	50	50	60	80	80	100	120	120	140	150	180	240	270	250	243	58	399
NW	44	50	60	60	100	100	100	100	150	150	150	150	200	156	200	195	47	216
NC	19	30	16	25	50	50	50	50	70	80	100	100	110	100	250	162	5	34
WC	50	8	70	100	28	120	150	150	200	283	280	400	500	420	550	560	43	375
Total	25	20	50	60	60	100	100	100	150	160	100	200	270	160	375	3463	893	2940

Table 72: Fee exemptions & social grant receipt

Prov.	<i>Children exempt from fees and receiving social grants as a percentage of children enrolled</i>														
	Exempt (%)			CSG recipients (%)			Foster Care Grant recipients (%)			Care Dependency Grant recipients (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	48.5	51.7	52.2	92.1	99.4	67.5	13.5	13.3	8.8	1.3	1.0	0.6	950	108	648
FS	30.2	39.6	24.9	74.5	86.1	66.2	18.0	5.4	13.5	0.6	0.1	0.6	802	295	391
GP	21.9	24.1	23.3	59.9	70.5	56.9	10.3	5.9	12.0	0.4	3.0	0.3	1039	88	1869
KZN	51.5	37.6	32.4	89.5	107.0	67.4	7.8	3.8	3.5	1.1	0.4	0.6	1365	211	483
LP	38.3	17.5	28.8	88.2	89.8	90.7	6.4	3.3	2.4	0.2	0.1	0.1	923	787	1243
MP	46.9	38.7	40.2	87.8	92.3	83.0	0.6	0.4	2.5	0.0	0.0	0.0	473	157	1059
NW	48.7	45.8	38.2	85.7	71.6	83.8	23.6	2.9	5.9	0.2	0.4	2.0	386	87	396
NC	38.9	24.2	50.8	80.5	90.1	65.6	24.0	29.3	23.5	1.6	0.0	2.6	345	9	97
WC	37.4	53.3	41.8	72.8	81.7	67.2	46.5	41.1	52.9	0.4	3.2	0.1	1406	136	1313
Total	38.8	30.7	33.6	79.6	88.9	70.9	17.6	6.5	14.9	0.6	0.5	0.4	7689	1878	7499

5.3. Section 3: Human Resources

Table 73: Staff by job title (ECD Staff)

Prov.	Job titles as a percentage of total staff														
	Principal/ Matron (%)			Supervisor (%)			Practitioner (%)			Assistant practitioner (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	13.8	18.2	21.6	11.6	6.4	6.6	35.6	46.8	37.9	8.1	5.9	9.7	2172	203	1241
FS	14.6	14.5	22.8	0.6	0.9	1.1	55.0	55.3	52.5	3.0	0.7	5.5	3792	1008	957
GP	10.0	10.9	18.1	1.0	1.1	1.8	58.8	64.9	58.0	4.7	2.5	5.6	5035	285	5548
KZN	5.4	10.4	11.7	9.4	3.0	8.6	43.6	41.8	51.7	4.0	4.1	8.1	4960	779	1151
LP	15.5	20.8	25.9	2.6	2.1	2.9	39.2	35.2	35.9	2.8	2.7	2.5	4002	3328	3537
MP	14.3	12.3	23.2	1.8	0.4	0.7	44.2	52.0	47.0	3.2	3.2	5.0	2604	710	2957
NW	2.9	4.5	13.3	17.2	16.3	16.1	44.9	53.6	44.9	1.8	1.1	2.1	1484	375	1065
NC	15.6	14.3	17.2	6.7	0.0	7.1	40.6	57.1	46.3	5.3	0.0	8.4	1484	14	309
WC	17.0	19.3	24.3	2.0	1.1	2.1	51.8	44.3	50.6	10.8	10.9	11.8	5215	368	3063
Total	12.3	16.4	21.0	4.6	2.6	3.4	47.7	43.5	48.5	5.2	3.0	6.2	30748	7070	19828

Table 74: Staff by job title (ECD Support Staff)

Prov.	Job titles as a percentage of total staff																				
	Administrative personnel (%)			Caretaker/Security (%)			Cleaner/Janitor (%)			Cook (%)			Gardener (%)			Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	1.3	1.5	1.6	0.9	0.0	1.0	2.6	2.5	3.9	16.9	10.8	9.7	5.8	4.9	3.2	3.3	3.0	4.8	2172	203	1241
FS	0.8	1.1	0.6	0.7	2.9	0.7	3.1	1.7	2.2	14.1	14.6	10.9	7.0	7.8	2.3	1.1	0.6	1.4	3792	1008	957
GP	2.4	0.0	1.4	1.2	1.4	0.7	3.4	1.1	2.2	13.3	14.7	9.4	3.1	1.8	0.8	2.0	1.8	1.9	5035	285	5548
KZN	1.8	0.3	0.8	4.7	5.1	2.7	4.9	9.8	3.1	16.2	18.2	9.5	6.9	6.4	2.3	3.0	0.9	1.5	4960	779	1151
LP	0.5	0.5	0.6	4.1	3.2	2.1	4.0	3.3	2.4	19.7	20.9	20.9	9.3	10.1	4.9	2.3	1.4	1.8	4002	3328	3537
MP	0.7	0.4	0.5	2.7	1.7	1.2	5.5	4.2	3.3	17.3	15.2	14.7	8.5	8.5	3.6	2.0	2.1	0.8	2604	710	2957
NW	1.0	0.5	0.9	0.9	0.5	0.8	6.2	2.4	3.2	17.3	14.9	15.8	6.6	5.9	2.3	1.1	0.3	0.8	1484	375	1065
NC	1.9	0.0	1.9	0.4	0.0	1.3	5.3	7.1	5.2	17.3	21.4	8.4	5.7	0.0	1.6	1.2	0.0	2.6	1484	14	309
WC	1.9	6.3	1.4	1.6	4.6	0.6	2.8	2.4	2.0	8.9	7.6	4.6	0.9	0.5	0.4	2.2	3.0	2.2	5215	368	3063
Total	1.5	0.8	1.1	2.2	3.0	1.2	3.9	3.7	2.6	14.9	17.6	11.9	5.6	8.0	2.3	2.1	1.4	1.8	30748	7070	19828

Table 75: Gender of supervisory staff

Prov.	Gender by job title: Supervisory staff											
	Principal/Matron						Supervisor					
	Full		Conditional		Not Registered		Full		Conditional		Not Registered	
	Female (%)	Total	Female (%)	Total	Female (%)	Total	Female (%)	Total	Female (%)	Total	Female (%)	Total
EC	99.3	300	97.3	37	97.8	268	99.6	253	100.0	13	98.8	82
FS	97.8	554	96.6	146	99.1	218	86.4	22	77.8	9	72.7	11
GP	98.2	505	96.8	31	98.0	1004	100.0	52	100.0	3	85.3	102
KZN	97.8	270	97.5	80	98.5	135	98.5	467	82.6	23	94.9	99
LP	99.0	619	99.0	691	98.8	916	97.2	106	100.0	70	94.2	103
MP	98.7	371	100.0	87	98.3	687	97.8	46	100.0	3	95.2	21
NW	100.0	43	100.0	17	97.2	142	100.0	254	98.4	61	95.9	171
NC	95.3	214	100.0	2	96.1	51	97.0	100	-	0	95.5	22
WC	98.0	887	100.0	70	99.1	740	97.1	105	100.0	4	98.5	65
Total	98.2	3763	98.6	1161	98.4	4161	98.5	1405	96.2	186	94.1	676

Table 76: Gender of teaching staff

Prov.	Gender by job title: Teaching staff											
	Practitioner						Assistant practitioner					
	Full		Conditional		Not Registered		Full		Conditional		Not Registered	
	Female (%)	Total	Female (%)	Total	Female (%)	Total	Female (%)	Total	Female (%)	Total	Female (%)	Total
EC	99.1	773	100.0	94	98.9	470	99.4	176	100.0	12	100.0	120
FS	98.2	2086	97.8	557	99.2	502	100.0	115	100.0	7	100.0	53
GP	99.4	2960	100.0	185	99.0	3213	98.3	238	100.0	7	96.8	313
KZN	99.3	2160	99.4	326	99.0	595	99.0	197	100.0	32	96.8	93
LP	99.1	1567	99.7	1170	99.0	1271	95.6	114	97.8	89	98.9	90
MP	97.8	1151	99.2	369	98.6	1389	100.0	84	95.7	23	98.0	148
NW	99.0	667	98.5	201	99.0	478	100.0	26	100.0	4	100.0	22
NC	98.5	603	100.0	8	96.5	141	96.2	79	-	0	100.0	26
WC	99.4	2693	100.0	163	98.9	1546	99.3	561	100.0	40	98.9	357
Total	99.0	14660	99.2	3073	98.9	9605	98.8	1590	98.6	214	98.3	1222

Table 77: Gender of other staff

<i>Prov.</i>	<i>Gender by job title: Other staff</i>					
	Full		Conditional		Not Registered	
	Female (%)	Total	Female (%)	Total	Female (%)	Total
Eastern Cape	78.4	670	78.7	47	84.7	308
Free State	71.4	1015	65.4	289	82.1	173
Gauteng	81.6	1283	84.5	58	89.8	921
KwaZulu-Natal	76.9	1872	83.3	329	83.7	233
Limpopo	82.9	1600	86.1	1310	92.7	1159
Mpumalanga	75.5	951	71.8	227	83.8	711
North West	78.6	495	71.7	92	88.0	250
Northern Cape	80.2	469	100.0	4	87.7	65
Western Cape	85.4	971	91.1	90	88.3	368
Total	79.1	9326	81.4	2446	88.3	4188

Table 78: Gender of other staff by job title

<i>Job title</i>	<i>Gender by job title: Other staff</i>					
	Full		Conditional		Not Registered	
	Female (%)	Total	Female (%)	Total	Female (%)	Total
Administrative person	88.2	449	93.3	60	90.9	209
Caretaker/Security	46.9	671	62.7	212	65.7	230
Cleaner/Janitor	93.2	1206	94.2	259	96.5	519
Cook	99.3	4578	99.4	1240	99.1	2367
Gardener	22.5	1714	40.1	564	33.3	451
Other	85.0	654	91.7	96	85.4	362

Table 79: Age group - Principal/Matron

Prov.	Age group by job title: Principal/Matron																				
	30 & younger (%)			31-40 (%)			41-50 (%)			51-60 (%)			61-70 (%)			71 & older			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	5.9	8.1	8.0	19.0	21.6	26.0	37.2	18.9	34.4	30.0	45.9	21.8	7.2	5.4	9.2	0.7	0.0	0.8	290	37	262
FS	5.8	5.5	11.2	19.3	23.4	32.6	34.0	31.0	31.2	29.3	28.3	18.1	9.6	11.0	6.0	2.0	0.7	0.9	553	145	215
GP	4.8	9.7	5.2	14.7	19.4	22.6	32.3	32.3	37.4	32.1	32.3	25.1	13.7	6.5	8.5	2.4	0.0	1.1	502	31	996
KZN	7.2	16.3	9.4	29.1	43.8	29.1	28.3	22.5	29.1	23.9	11.3	26.0	6.8	6.3	5.5	4.8	0.0	0.8	251	80	127
LP	4.7	4.1	5.9	17.6	17.4	26.6	45.5	52.7	45.2	24.1	20.5	17.4	6.5	4.4	4.0	1.6	1.0	1.0	615	689	903
MP	10.1	11.8	10.9	20.7	22.4	25.2	39.9	44.7	37.5	19.8	14.1	19.8	8.7	7.1	5.8	0.8	0.0	0.9	368	85	678
NW	4.7	5.9	7.0	9.3	17.6	26.8	39.5	23.5	35.9	30.2	23.5	26.1	14.0	29.4	4.2	2.3	0.0	0.0	43	17	142
NC	17.1	0.0	3.8	25.5	0.0	21.2	31.5	100.0	50.0	19.0	0.0	21.2	6.5	0.0	1.9	0.5	0.0	1.9	216	2	52
WC	5.5	13.2	7.9	19.2	19.1	21.5	32.3	35.3	40.6	31.3	25.0	23.0	10.4	4.4	6.3	1.3	2.9	0.7	872	68	697
Total	6.6	6.5	7.4	19.4	20.6	24.8	35.7	44.3	39.0	27.4	21.8	21.6	9.2	6.0	6.3	1.7	0.9	0.9	3710	1154	4072

Table 80: Age group - Supervisor

Prov.	Age group by job title: Supervisor																				
	30 & younger (%)			31-40 (%)			41-50 (%)			51-60 (%)			61-70 (%)			71 & older			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	8.3	0.0	15.0	21.4	15.4	18.8	35.3	53.8	33.8	29.0	30.8	26.3	5.6	0.0	6.3	0.0	0.0	0.0	252	13	80
FS	22.7	11.1	50.0	31.8	44.4	20.0	36.4	33.3	20.0	4.5	11.1	10.0	4.5	0.0	0.0	0.0	0.0	0.0	22	9	10
GP	19.6	0.0	26.7	17.6	0.0	28.7	31.4	100.0	21.8	25.5	0.0	14.9	3.9	0.0	5.9	0.0	0.0	0.0	51	3	101
KZN	12.2	21.7	12.1	19.1	43.5	29.7	31.7	8.7	28.6	19.7	13.0	19.8	13.5	4.3	8.8	0.0	0.1	0.0	451	23	91
LP	3.8	1.5	10.1	29.2	30.9	29.3	32.1	39.7	34.3	29.2	22.1	18.2	4.7	4.4	7.1	0.0	0.0	0.0	106	68	99
MP	11.4	0.0	30.0	27.3	50.0	20.0	40.9	0.0	25.0	9.1	0.0	10.0	11.4	50.0	5.0	0.0	0.0	0.1	44	2	20
NW	5.9	3.3	8.9	22.0	18.0	33.1	37.8	49.2	34.9	26.4	16.4	16.6	5.9	9.8	3.6	0.0	0.0	0.0	254	61	169
NC	10.1	-	13.6	32.3	-	36.4	33.3	-	31.8	23.2	-	18.2	1.0	-	0.0	0.0	-	0.0	99	0	22
WC	27.5	25.0	23.0	29.4	25.0	31.1	21.6	50.0	32.8	15.7	0.0	9.8	3.9	0.0	3.3	0.0	0.0	0.0	102	4	61
Total	11.1	5.4	15.8	23.0	26.9	28.9	33.2	39.8	30.9	23.0	17.7	17.3	7.8	5.9	5.4	0.0	0.0	0.0	1381	186	653

Table 81: Age group - Practitioner

Prov.	Age group by job title: Practitioner																				
	30 & younger (%)			31-40 (%)			41-50 (%)			51-60 (%)			61-70 (%)			71 & older			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	20.9	18.1	36.0	34.3	31.9	30.1	28.0	33.0	25.1	15.7	16.0	7.9	0.9	0.0	0.7	0.0	0.0	0.0	762	94	455
FS	27.7	30.5	38.6	36.7	38.4	33.5	24.2	22.4	19.9	9.9	6.8	6.7	1.4	1.8	1.0	0.0	0.0	0.0	2077	557	492
GP	30.0	34.6	41.7	34.6	39.5	29.9	23.4	18.9	19.0	10.3	5.9	7.4	1.6	0.0	1.6	0.0	0.0	0.0	2944	185	3160
KZN	33.6	36.1	36.3	35.4	39.9	33.6	19.7	19.0	21.4	9.1	4.4	7.1	2.0	0.3	1.6	0.0	0.0	0.0	2102	321	575
LP	22.3	19.0	26.6	36.5	37.7	37.6	32.6	33.2	27.9	7.6	9.4	6.6	1.0	0.5	1.1	0.0	0.0	0.0	1561	1155	1239
MP	33.1	37.1	42.8	36.4	35.7	32.6	23.8	21.0	19.0	5.6	5.7	4.6	1.0	0.3	0.9	0.0	0.0	0.0	1143	367	1361
NW	26.7	33.8	36.6	29.5	34.3	31.7	31.3	20.4	20.4	11.3	9.0	9.7	1.2	2.5	1.5	0.0	0.0	0.0	662	201	476
NC	29.8	62.5	33.8	35.8	12.5	32.3	25.4	25.0	22.6	7.4	0.0	9.0	1.2	0.0	1.5	0.0	0.0	0.0	583	8	133
WC	31.8	33.5	41.4	30.1	32.3	28.8	25.0	23.4	19.2	10.9	8.9	8.6	1.9	1.9	1.9	0.0	0.0	0.0	2547	158	1403
Total	29.3	27.9	38.7	34.4	37.2	31.7	25.0	26.0	20.8	9.7	7.9	7.2	1.5	0.9	1.4	0.0	0.0	0.0	14381	3046	9294

Table 82: Age group – Assistant practitioner

Prov.	Age group by job title: Assistant practitioner																				
	30 & younger (%)			31-40 (%)			41-50 (%)			51-60 (%)			61-70 (%)			71 & older			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	22.3	41.7	28.6	33.1	25.0	33.9	28.6	25.0	28.6	14.9	8.3	6.3	1.1	0.0	2.7	0.0	0.0	0.0	175	12	112
FS	38.6	0.0	38.0	31.6	57.1	20.0	17.5	14.3	22.0	8.8	28.6	16.0	3.5	0.0	4.0	0.0	0.0	0.0	114	7	50
GP	31.0	14.3	37.9	34.5	28.6	28.8	20.7	42.9	23.3	12.5	14.3	8.1	0.4	0.0	1.6	0.0	0.0	0.0	232	7	309
KZN	35.8	45.2	32.6	32.6	19.4	33.7	17.9	9.7	21.7	8.9	12.9	8.7	3.7	9.7	3.3	0.0	0.0	0.0	190	31	92
LP	32.5	24.7	30.2	36.0	37.1	29.1	19.3	29.2	26.7	8.8	9.0	10.5	1.8	0.0	2.3	0.0	0.0	0.0	114	89	86
MP	41.5	47.8	42.9	30.5	30.4	34.7	18.3	13.0	12.9	9.8	4.3	8.2	0.0	4.3	1.4	0.0	0.0	0.0	82	23	147
NW	23.1	50.0	40.9	42.3	25.0	18.2	19.2	25.0	27.3	11.5	0.0	13.6	3.8	0.0	0.0	0.0	0.0	0.0	26	4	22
NC	48.7	-	42.3	34.6	-	11.5	12.8	-	38.5	3.8	-	7.7	0.0	-	0.0	0.0	-	0.0	78	0	26
WC	44.1	35.1	46.3	26.0	29.7	20.5	19.9	27.0	21.7	8.4	2.7	9.6	1.6	5.4	1.9	0.0	0.0	0.0	512	37	322
Total	37.0	32.4	39.1	31.1	31.9	27.2	20.1	23.8	22.6	9.8	8.6	9.0	1.6	2.9	2.0	0.0	0.0	0.0	1523	210	1166

Table 83: Age group – Other staff (Prov.)

Prov.	Age group by job title: Other staff																				
	30 & younger (%)			31-40 (%)			41-50 (%)			51-60 (%)			61-70 (%)			71 & older			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	14.5	16.3	20.7	19.1	16.3	20.1	32.7	25.6	28.1	27.6	37.2	24.1	4.8	4.7	5.0	0.0	0.0	0.0	660	43	299
FS	16.6	19.9	18.5	23.3	25.4	23.2	28.3	26.8	26.2	23.0	24.7	24.4	7.7	2.4	4.8	0.0	0.0	0.0	1008	287	168
GP	20.2	21.1	23.6	26.1	26.3	26.5	28.0	29.8	28.1	20.2	21.1	16.6	4.8	1.8	4.4	0.0	0.0	0.0	1270	57	905
KZN	24.1	19.1	20.3	23.4	23.8	26.7	25.1	34.1	27.2	19.9	17.5	20.3	5.8	4.4	4.6	0.0	0.0	0.0	1760	320	217
LP	14.8	13.7	17.4	26.4	25.8	30.8	31.2	34.4	31.1	23.1	22.0	18.2	3.7	3.5	2.1	0.0	0.0	0.0	1592	1295	1125
MP	17.4	28.6	22.0	22.6	24.7	28.8	31.2	24.2	27.8	23.0	18.1	17.5	4.7	3.5	3.2	0.0	0.0	0.0	940	227	687
NW	14.8	16.5	16.5	24.5	19.8	25.3	30.7	30.8	32.1	22.2	26.4	20.1	6.4	4.4	5.2	0.0	0.0	0.0	486	91	249
NC	20.6	0.0	23.4	23.5	25.0	29.7	27.9	75.0	29.7	22.1	0.0	15.6	5.1	0.0	1.6	0.0	0.0	0.0	452	4	64
WC	18.7	19.5	26.8	24.6	25.3	22.1	29.5	28.7	26.3	21.0	24.1	17.7	5.6	2.3	5.9	0.0	0.0	0.0	948	87	339
Total	18.5	17.0	20.8	24.1	25.0	27.1	29.0	31.9	28.9	22.1	21.8	18.6	5.3	3.4	3.8	0.0	0.0	0.0	9116	2411	4053

Table 84: Age group – Other staff by job title

Prov.	Age group by job title: Other staff																				
	30 & younger (%)			31-40 (%)			41-50 (%)			51-60 (%)			61-70 (%)			71 & older			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
Administrative person	41.5	34.5	40.0	27.1	38.2	34.1	17.3	16.4	10.7	9.6	10.9	6.8	3.2	0.0	5.9	0.0	0.0	0.0	439	55	205
Caretaker/Security	20.6	20.9	22.8	23.2	22.3	25.6	27.5	29.9	25.6	19.5	23.2	18.7	7.3	3.8	6.4	0.0	0.0	0.0	641	211	219
Cleaner/Janitor	20.6	18.4	19.8	25.0	23.9	31.0	29.7	34.9	29.0	20.6	19.2	16.8	3.5	2.7	2.4	0.0	0.0	0.0	1172	255	500
Cook	14.2	14.9	17.4	25.2	26.0	27.1	32.1	33.8	32.6	23.5	22.0	19.0	4.5	3.0	3.3	0.0	0.0	0.0	4498	1225	2307
Gardener	17.1	15.6	17.8	19.5	21.4	22.2	27.2	30.7	29.8	25.5	24.6	24.0	8.3	5.4	5.3	0.0	0.0	0.0	1656	557	433
Other	29.5	29.5	34.9	25.1	31.6	24.1	20.3	23.2	17.3	17.7	13.7	17.3	6.0	1.1	4.5	0.0	0.0	0.0	645	95	352
Total	18.4	17.0	20.7	24.1	24.9	27.1	29.0	32.0	29.0	22.1	21.9	18.5	5.3	3.5	3.8	0.0	0.0	0.0	9051	2398	4016

Table 85: Population group – Principal/Matron

Prov.	Population group by job title: Principal/Matron																	
	Black African (%)			Coloured (%)			Indian/Asian (%)			White (%)			Foreigner/Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	86.1	89.2	58.3	7.5	8.1	10.6	0.3	0.0	0.4	5.8	2.7	29.9	0.3	0.0	0.8	295	37	264
FS	91.7	98.6	83.0	2.9	0.0	4.1	0.0	0.0	0.0	5.2	1.4	12.4	0.2	0.0	0.5	553	146	218
GP	89.9	100.0	86.2	1.2	0.0	1.0	0.6	0.0	0.6	7.8	0.0	11.2	0.6	0.0	1.0	503	31	1000
KZN	92.8	100.0	69.8	1.5	0.0	10.9	3.0	0.0	14.0	2.6	0.0	3.1	0.0	0.0	2.3	265	78	129
LP	97.1	98.7	97.6	0.3	0.3	0.2	0.2	0.0	0.0	2.3	1.0	2.2	0.2	0.0	0.0	618	690	914
MP	94.3	100.0	95.0	2.2	0.0	0.6	0.8	0.0	0.3	1.9	0.0	3.7	0.8	0.0	0.4	371	87	683
NW	72.1	58.8	84.5	0.0	29.4	0.7	2.3	0.0	2.1	25.6	11.8	12.7	0.0	0.0	0.0	43	17	142
NC	72.7	50.0	71.7	21.6	50.0	13.2	0.4	0.0	0.0	5.2	0.0	15.1	0.0	0.0	0.0	231	2	53
WC	30.0	27.9	35.8	51.1	51.5	48.3	0.0	0.0	0.0	18.8	19.1	15.6	0.1	1.5	0.3	880	68	726
Total	76.4	93.8	78.6	14.8	4.0	10.3	0.5	0.0	0.7	8.0	2.2	9.8	0.3	0.1	0.5	3759	1156	4129

Table 86: Population group – Supervisor

Prov.	Population group by job title: Supervisor																	
	Black African (%)			Coloured (%)			Indian/Asian (%)			White (%)			Foreigner/Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	94.2	100.0	80.0	3.7	0.0	11.3	0.4	0.0	1.3	1.7	0.0	7.5	0.0	0.0	0.0	242	13	80
FS	68.2	100.0	81.8	9.1	0.0	9.1	0.0	0.0	0.0	22.7	0.0	9.1	0.0	0.0	0.0	22	9	11
GP	82.7	100.0	78.4	5.8	0.0	0.0	0.0	0.0	0.0	11.5	0.0	18.6	0.0	0.0	2.9	52	3	102
KZN	98.1	100.0	90.7	1.5	0.0	5.2	0.2	0.0	4.1	0.2	0.0	0.0	0.0	0.0	0.0	465	23	97
LP	99.1	97.1	99.0	0.0	1.4	0.0	0.0	0.0	0.0	0.9	1.4	1.0	0.0	0.0	0.0	106	70	103
MP	97.8	100.0	85.7	0.0	0.0	0.0	0.0	0.0	4.8	2.2	0.0	9.5	0.0	0.0	0.0	45	3	21
NW	96.9	95.1	97.7	2.7	3.3	0.6	0.4	0.0	0.0	0.0	1.6	1.8	0.0	0.0	0.0	255	61	171
NC	79.0	-	77.3	19.0	-	0.0	0.0	-	0.0	2.0	-	22.7	0.0	-	0.0	100	0	22
WC	10.5	25.0	18.5	66.7	25.0	61.5	0.0	0.0	0.0	22.9	50.0	20.0	0.0	0.0	0.0	105	4	65
Total	88.2	95.7	82.9	8.4	2.2	8.3	0.2	0.0	0.9	3.2	2.2	7.4	0.0	0.0	0.4	1392	186	672

Table 87: Population group – Practitioner

Prov.	Population group by job title: Practitioner																	
	Black African (%)			Coloured (%)			Indian/Asian (%)			White (%)			Foreigner/Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	85.2	94.7	71.4	8.6	4.2	15.5	0.3	0.0	0.2	5.6	0.0	12.3	0.4	1.1	0.6	771	95	465
FS	93.4	98.9	85.6	3.5	0.4	5.2	0.1	0.0	0.0	2.9	0.7	9.0	0.0	0.0	0.2	2076	557	501
GP	90.6	93.5	84.5	1.8	3.8	1.2	0.5	0.5	0.4	5.1	1.6	10.7	1.9	0.5	3.3	2952	185	3199
KZN	96.0	99.4	83.1	1.5	0.6	4.2	1.3	0.0	7.3	1.2	0.0	3.6	0.0	0.0	1.9	2146	319	591
LP	96.0	97.8	96.1	0.4	0.3	0.2	0.2	0.0	0.2	3.1	1.6	3.0	0.3	0.3	0.5	1564	1168	1266
MP	97.6	99.5	93.6	0.5	0.5	0.8	0.2	0.0	0.0	1.7	0.0	5.0	0.0	0.0	0.6	1150	369	1387
NW	94.6	75.6	93.7	1.5	8.5	0.6	0.2	0.0	0.0	3.6	15.9	4.4	0.2	0.0	1.3	663	201	476
NC	66.0	50.0	60.8	32.5	50.0	28.7	0.2	0.0	0.7	1.3	0.0	9.8	0.0	0.0	0.0	603	8	143
WC	38.1	48.1	35.2	51.4	46.2	53.9	0.2	0.0	0.4	10.2	3.8	9.6	0.2	1.9	0.9	2659	158	1507
Total	82.2	93.9	79.0	12.4	3.8	10.8	0.4	0.0	0.7	4.5	2.1	7.9	0.5	0.3	1.6	14584	3060	9535

Table 88: Population group –Assistant practitioner

Prov.	Population group by job title: Assistant practitioner																	
	Black African (%)			Coloured (%)			Indian/Asian (%)			White (%)			Foreigner/Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	88.6	91.7	75.8	6.9	8.3	15.0	1.1	0.0	0.8	2.9	0.0	8.3	0.6	0.0	0.0	175	12	120
FS	75.7	57.1	73.6	8.7	0.0	11.3	0.0	0.0	0.0	15.7	42.9	15.1	0.0	0.0	0.0	115	7	53
GP	80.1	100.0	78.7	2.5	0.0	3.5	0.0	0.0	0.0	14.0	0.0	13.9	3.4	0.0	3.9	236	7	310
KZN	95.9	100.0	80.6	1.0	0.0	2.2	0.5	0.0	15.1	2.0	0.0	0.0	0.5	0.0	2.2	196	32	93
LP	88.6	94.3	98.9	0.0	0.0	0.0	0.0	0.0	0.0	9.6	5.7	1.1	1.8	0.0	0.0	114	88	88
MP	91.7	100.0	88.5	0.0	0.0	0.7	1.2	0.0	0.0	4.8	0.0	4.7	2.4	0.0	6.1	84	23	148
NW	76.9	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	23.1	0.0	0.0	0.0	0.0	0.0	26	4	22
NC	51.9	-	30.8	44.3	-	46.2	1.3	-	0.0	2.5	-	23.1	0.0	-	0.0	79	0	26
WC	19.2	31.6	21.0	69.3	57.9	69.7	0.0	0.0	0.6	10.0	7.9	6.9	1.5	2.6	1.7	548	38	347
Total	61.2	83.4	63.8	28.3	10.9	24.2	0.3	0.0	1.4	8.8	5.2	8.2	1.4	0.5	2.4	1573	211	1207

Table 89: Population group –Other staff (Provincial)

Prov.	Population group by job title: Other staff																	
	Black African (%)			Coloured (%)			Indian/Asian (%)			White (%)			Foreigner/Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	94.2	95.7	85.3	4.6	0.0	7.0	0.1	0.0	0.3	1.0	4.3	7.0	0.0	0.0	0.3	668	46	299
FS	94.6	97.6	90.1	4.2	2.1	4.7	0.0	0.0	0.0	1.2	0.3	5.2	0.0	0.0	0.0	998	289	172
GP	94.8	87.9	89.4	1.9	0.0	1.3	0.2	0.0	0.8	1.9	0.0	4.6	1.3	12.1	3.9	1277	58	914
KZN	98.4	100.0	93.0	0.7	0.0	0.9	0.3	0.0	3.5	0.5	0.0	1.3	0.2	0.0	1.3	1849	322	228
LP	98.4	99.4	98.4	0.5	0.2	0.5	0.0	0.0	0.0	0.8	0.3	0.4	0.3	0.2	0.6	1595	1308	1152
MP	98.7	99.1	97.7	0.7	0.4	0.3	0.0	0.0	0.0	0.5	0.0	1.1	0.0	0.4	0.8	950	227	710
NW	96.7	90.2	95.6	1.6	9.8	1.2	0.2	0.0	0.0	1.4	0.0	2.4	0.0	0.0	0.8	490	92	250
NC	71.8	25.0	70.8	27.4	75.0	24.6	0.0	0.0	0.0	0.8	0.0	4.6	0.0	0.0	0.0	471	4	65
WC	35.8	24.1	37.7	56.2	65.1	53.5	0.4	0.0	0.0	6.9	10.8	7.1	0.7	0.0	1.7	956	83	353
Total	89.3	95.8	88.9	8.6	3.1	6.3	0.2	0.0	0.4	1.6	0.7	2.9	0.3	0.4	1.5	9254	2429	4143

Table 90: Population group –Other staff (Job title)

Job title	Population group by job title: Other staff																	
	Black African (%)			Coloured (%)			Indian/Asian (%)			White (%)			Foreigner/Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
Administrative person	68.2	64.3	51.7	14.0	19.6	16.1	1.4	0.0	1.5	15.8	16.1	29.3	0.7	0.0	1.5	444	56	205
Caretaker/Security	90.2	91.9	87.3	8.0	7.1	6.1	0.2	0.0	0.9	1.2	0.9	3.5	0.5	0.0	2.2	666	211	228
Cleaner/Janitor	87.7	96.5	87.6	11.4	3.5	9.3	0.2	0.0	0.4	0.3	0.0	0.2	0.3	0.0	2.5	1206	258	516
Cook	91.0	97.4	94.3	8.4	2.2	4.1	0.0	0.0	0.1	0.4	0.0	0.4	0.3	0.4	1.0	4551	1238	2353
Gardener	95.8	98.0	95.6	3.8	1.4	2.7	0.0	0.0	0.0	0.0	0.0	0.2	0.4	0.5	1.6	1696	562	450
Other	79.0	87.4	73.8	12.9	5.3	11.3	0.6	0.0	2.0	7.2	5.3	11.0	0.3	2.1	2.0	652	95	355
Total	89.4	95.8	89.3	8.5	3.1	5.9	0.2	0.0	0.4	1.6	0.7	2.9	0.3	0.4	1.4	9215	2420	4107

Table 91: Highest qualification - Principal/Matron

Prov.	Highest education qualification achieved: Principal/Matron																				
	Below Grade 12 (%)			ABET Level 1-4 (%)			Grade 12 (%)			Post-matric diploma (%)			Degree (%)			Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	42.3	37.8	30.3	10.1	21.6	11.6	33.6	29.7	36.0	6.4	2.7	12.0	1.3	5.4	6.4	6.4	2.7	3.7	298	37	267
FS	44.1	51.4	45.9	12.7	5.5	7.8	32.0	37.0	30.7	4.3	2.1	6.4	1.8	0.0	3.2	5.1	4.1	6.0	553	146	218
GP	40.0	58.1	50.4	7.6	16.1	4.1	40.4	16.1	34.7	7.2	3.2	5.3	2.2	3.2	3.3	2.8	3.2	2.2	503	31	1000
KZN	37.5	30.9	28.4	11.4	8.6	6.7	37.5	56.8	50.0	4.5	1.2	6.7	3.4	2.5	3.0	5.7	0.0	5.2	264	81	134
LP	27.2	27.1	33.2	5.7	8.7	5.9	59.4	57.2	54.3	4.7	4.9	2.5	0.2	0.0	0.9	2.9	2.2	3.2	618	691	915
MP	20.7	18.4	29.9	9.1	5.7	7.4	54.6	67.8	56.1	7.8	5.7	3.2	1.1	1.1	2.2	6.7	1.1	1.2	372	87	686
NW	41.9	58.8	38.0	2.3	0.0	7.0	34.9	41.2	43.0	0.0	0.0	3.5	9.3	0.0	2.1	11.6	0.0	6.3	43	17	142
NC	26.8	0.0	20.8	26.0	0.0	24.5	35.1	50.0	37.7	1.7	0.0	5.7	1.3	0.0	3.8	9.1	50.0	7.5	231	2	53
WC	33.1	36.8	39.4	13.4	13.2	14.5	29.7	33.8	28.6	7.9	10.3	8.2	5.1	4.4	2.4	10.8	1.5	7.0	882	68	718
Total	34.8	35.5	35.1	10.9	9.9	9.9	39.7	43.3	41.2	4.9	3.3	5.9	2.9	2.1	3.0	6.8	7.2	4.7	3764	1160	4133

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 92: Highest qualification - Supervisor

Prov.	Highest education qualification achieved: Supervisor																				
	Below Grade 12 (%)			ABET Level 1-4 (%)			Grade 12 (%)			Post-matric diploma (%)			Degree (%)			Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	46.2	84.6	39.0	12.3	7.7	4.9	30.4	0.0	31.7	3.2	7.7	7.3	1.2	0.0	1.2	6.7	0.0	15.9	253	13	82
FS	31.8	44.4	50.0	9.1	11.1	0.0	31.8	44.4	50.0	13.6	0.0	0.0	9.1	0.0	0.0	4.5	0.0	0.0	22	9	10
GP	53.8	66.7	44.6	1.9	0.0	3.0	36.5	33.3	40.6	1.9	0.0	5.9	3.8	0.0	2.0	1.9	0.0	4.0	52	3	101
KZN	25.8	8.7	32.7	8.9	4.3	4.1	50.4	82.6	48.0	5.6	0.0	0.0	1.1	0.0	3.1	8.2	4.3	12.2	462	23	98
LP	30.2	30.0	35.0	11.3	8.6	3.9	55.7	55.7	54.4	0.9	4.3	1.0	0.0	0.0	1.0	1.9	1.4	4.9	106	70	103
MP	21.7	0.0	38.1	8.7	33.3	0.0	56.5	66.7	52.4	2.2	0.0	9.5	4.3	0.0	0.0	6.5	0.0	0.0	46	3	21
NW	42.1	43.3	35.3	6.7	10.0	7.1	43.3	40.0	48.8	3.1	3.3	2.9	0.4	0.0	0.6	4.3	3.3	5.3	254	60	170
NC	42.0	0.0	45.5	11.0	0.0	4.5	37.0	0.0	36.4	4.0	0.0	0.0	2.0	0.0	0.0	4.0	0.0	13.6	100	0	22
WC	39.0	25.0	32.8	14.3	0.0	17.2	25.7	50.0	35.9	10.5	25.0	12.5	2.9	0.0	0.0	7.6	0.0	1.6	105	4	64
Total	37.0	37.8	39.2	9.4	9.4	5.0	40.8	46.6	44.2	5.0	5.0	4.3	2.8	0.0	0.9	5.1	1.1	6.4	1400	185	671

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 93: Highest qualification - Practitioner

Prov.	Highest education qualification achieved: Practitioner																				
	Below Grade 12 (%)			ABET Level 1-4 (%)			Grade 12 (%)			Post-matric diploma (%)			Degree (%)			Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	51.2	46.8	46.8	7.9	19.1	6.0	31.0	28.7	35.5	1.8	0.0	4.9	0.9	1.1	1.5	7.1	4.3	5.3	771	94	468
FS	53.0	54.3	49.0	8.1	4.7	4.4	34.2	35.6	38.4	1.2	0.5	2.0	0.2	0.2	2.0	3.2	4.7	4.2	2082	556	500
GP	50.2	60.0	51.6	4.7	4.3	2.4	41.2	33.5	39.7	1.8	0.5	3.7	0.8	0.0	1.1	1.3	1.6	1.4	2956	185	3208
KZN	37.8	32.5	39.2	6.5	8.0	6.2	49.8	54.6	45.9	1.2	0.9	2.0	0.5	0.0	0.5	4.1	4.0	6.2	2148	326	595
LP	38.2	37.7	45.8	7.5	5.2	5.4	50.9	52.8	42.5	1.9	0.8	2.4	0.3	0.2	0.4	1.3	3.3	3.4	1565	1169	1268
MP	34.5	40.7	35.9	6.2	1.6	4.7	55.6	55.8	55.9	1.5	0.8	1.4	0.0	0.0	0.6	2.3	1.1	1.4	1150	369	1387
NW	49.8	45.8	45.5	4.9	5.0	5.0	38.4	46.8	44.9	0.4	0.0	1.0	0.7	0.5	0.0	5.7	2.0	3.6	667	201	477
NC	41.0	0.0	39.9	13.8	0.0	16.1	37.3	62.5	32.9	0.8	12.5	4.2	0.2	0.0	0.0	7.0	25.0	7.0	603	8	143
WC	42.7	37.7	46.4	12.2	8.6	9.9	33.5	45.1	32.1	5.3	3.1	5.9	1.0	0.6	1.0	5.3	4.9	4.7	2635	162	1497
Total	44.3	39.5	44.5	8.0	7.1	6.7	41.3	46.2	40.9	1.8	2.1	3.1	0.5	0.3	0.8	4.1	5.7	4.1	14577	3070	9543

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 94: Highest qualification – Assistant practitioner

Prov.	Highest education qualification achieved: Assistant practitioner																				
	Below Grade 12 (%)			ABET Level 1-4 (%)			Grade 12 (%)			Post-matric diploma (%)			Degree (%)			Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	62.3	75.0	58.3	5.7	0.0	3.3	22.3	25.0	24.2	0.6	0.0	2.5	0.6	0.0	2.5	8.6	0.0	9.2	175	12	120
FS	47.8	28.6	50.9	1.7	0.0	1.9	47.8	14.3	41.5	0.9	14.3	0.0	0.0	0.0	1.9	1.7	42.9	3.8	115	7	53
GP	50.2	28.6	48.2	1.7	0.0	3.5	43.5	42.9	41.5	2.1	0.0	2.2	0.0	0.0	1.0	2.5	0.0	3.5	237	4	313
KZN	53.3	50.0	44.1	5.1	21.9	7.5	38.1	25.0	47.3	0.0	0.0	0.0	0.5	0.0	0.0	3.0	3.1	1.1	197	32	93
LP	49.1	40.9	43.8	4.4	4.5	6.7	43.9	47.7	33.7	0.9	1.1	0.0	0.0	0.0	1.1	1.8	5.7	14.6	114	88	89
MP	40.5	47.8	44.9	4.8	8.7	6.8	53.6	39.1	48.3	0.0	4.3	0.0	1.2	0.0	0.0	0.0	0.0	0.0	84	23	147
NW	42.3	0.0	45.5	3.8	25.0	4.5	46.2	75.0	45.5	3.8	0.0	0.0	0.0	0.0	0.0	3.8	0.0	4.5	26	4	22
NC	49.4	0.0	57.7	7.6	0.0	23.1	40.5	0.0	15.4	0.0	0.0	3.8	0.0	0.0	0.0	2.5	0.0	0.0	79	0	26
WC	45.3	30.8	49.7	9.6	5.1	7.7	39.9	43.6	33.4	1.5	17.9	4.7	0.0	2.6	0.0	3.7	0.0	4.4	541	39	338
Total	48.9	37.7	49.2	4.9	8.2	7.2	41.8	39.1	36.8	1.1	4.7	1.5	0.3	0.3	0.7	3.1	6.5	4.6	1568	209	1201

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 95: ECD Specialisations – Principal/Matron

Prov.	ECD specialisations: Principal/Matron																	
	ECD certificate (%)			ECD diploma (%)			ECD degree (%)			Other (%)			None (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	51.0	56.8	37.7	8.3	8.1	4.9	2.0	5.4	2.6	17.0	5.4	13.8	29.7	29.7	44.0	300	37	268
FS	44.5	21.2	16.5	10.1	6.2	0.5	0.2	0.0	1.4	10.8	41.1	6.4	36.9	35.6	75.2	555	146	218
GP	30.9	22.6	16.0	6.5	22.6	3.3	0.6	0.0	1.2	26.7	22.6	14.7	38.2	58.1	67.1	505	31	1004
KZN	44.4	50.6	35.6	3.7	1.2	3.0	0.4	1.2	0.0	14.1	3.7	13.3	38.1	38.3	51.1	270	81	135
LP	44.3	47.9	23.4	13.6	20.0	6.9	0.6	0.6	0.4	15.0	19.7	12.3	32.8	24.9	59.9	619	691	917
MP	38.7	33.3	17.6	12.1	18.4	3.6	0.8	2.3	0.4	9.1	2.3	6.3	43.3	42.5	73.2	372	87	687
NW	27.9	11.8	21.1	14.0	5.9	7.0	7.0	0.0	0.0	34.9	11.8	21.8	30.2	76.5	52.1	43	17	142
NC	45.5	100.0	41.5	6.9	0.0	5.7	2.2	0.0	3.8	2.2	0.0	3.8	39.4	0.0	35.8	231	2	53
WC	42.0	33.8	25.6	13.8	15.5	7.1	2.6	0.0	1.1	2.6	14.1	12.5	28.9	38.0	46.4	889	71	743
Total	41.0	42.0	26.1	9.9	12.2	4.7	1.8	1.9	1.6	14.7	15.1	11.7	35.3	38.2	56.1	3784	1163	4167

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 96: ECD Specialisations – Supervisor

Prov.	ECD specialisations: Supervisor																	
	ECD certificate (%)			ECD diploma (%)			ECD degree (%)			Other (%)			None (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	60.1	61.5	32.9	4.7	0.0	6.1	0.4	0.0	0.0	9.9	7.7	6.1	31.2	30.8	56.1	253	13	82
FS	27.3	11.1	27.3	4.5	0.0	0.0	4.5	0.0	0.0	4.5	33.3	0.0	59.1	55.6	72.7	22	9	11
GP	28.8	0.0	8.8	1.9	0.0	2.9	1.9	0.0	2.0	23.1	33.3	9.8	50.0	66.7	75.5	52	3	102
KZN	52.4	43.5	31.3	4.5	8.7	0.0	0.4	0.0	0.0	16.7	17.4	17.2	27.8	43.5	51.5	468	23	99
LP	25.5	41.4	15.5	18.9	10.0	1.9	1.9	0.0	1.0	37.7	8.6	12.6	25.5	47.1	70.9	106	70	103
MP	50.0	66.7	9.5	6.5	0.0	4.8	0.0	0.0	0.0	4.3	0.0	0.0	41.3	33.3	90.5	46	3	21
NW	48.2	24.6	17.5	11.4	8.2	4.7	0.0	0.0	0.0	12.9	26.2	10.5	36.5	45.9	67.8	255	61	171
NC	58.0	-	40.9	16.0	-	0.0	0.0	-	4.5	7.0	-	0.0	15.0	-	45.5	100	0	22
WC	25.7	0.0	18.5	9.5	25.0	7.7	1.9	0.0	0.0	5.7	0.0	6.2	55.2	75.0	64.6	105	4	65
Total	41.8	31.1	22.5	8.7	6.5	3.1	1.2	0.0	1.1	13.5	15.8	6.9	38.0	49.7	66.1	1407	186	676

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 97: ECD Specialisations – Practitioner

Prov.	ECD specialisations: Practitioner																	
	ECD certificate (%)			ECD diploma (%)			ECD degree (%)			Other (%)			None (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	36.4	45.3	20.2	1.7	0.0	2.8	0.6	0.0	0.6	10.6	4.2	11.1	51.1	49.5	63.8	773	95	470
FS	24.7	11.7	10.4	4.7	0.7	1.4	0.4	0.0	0.4	7.7	25.3	7.6	61.2	63.2	80.5	2087	557	502
GP	15.5	11.4	6.4	0.8	2.2	1.8	0.3	1.1	0.4	11.8	5.4	7.0	71.9	80.5	84.8	2961	185	3218
KZN	36.6	32.8	21.0	1.1	0.6	0.7	0.1	0.0	0.0	14.0	12.0	13.6	49.2	54.3	65.5	2165	326	595
LP	24.3	22.6	9.5	5.6	4.1	1.7	0.6	0.0	0.2	13.7	16.2	8.3	57.5	59.7	81.2	1567	1170	1271
MP	22.8	27.4	6.7	1.8	3.0	1.2	0.1	0.0	0.1	8.5	2.2	4.0	67.4	68.6	88.4	1151	369	1389
NW	27.6	9.0	11.3	2.2	0.5	1.0	0.1	0.0	0.0	9.7	10.0	7.9	54.9	78.6	78.9	667	201	478
NC	46.6	25.0	22.4	5.8	0.0	4.2	0.5	0.0	0.0	1.8	0.0	0.7	41.1	75.0	65.7	603	8	143
WC	33.1	28.8	19.1	6.7	4.3	3.3	1.1	0.0	1.0	8.7	12.9	8.1	8.7	49.7	55.8	2703	163	1551
Total	29.7	23.8	14.1	3.4	1.9	2.0	0.4	0.2	0.4	9.6	11.0	7.6	51.4	64.3	73.8	14677	3074	9617

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 98: ECD Specialisations – Assistant Practitioner

Prov.	ECD specialisations: Assistant practitioner																	
	ECD certificate (%)			ECD diploma (%)			ECD degree (%)			Other (%)			None (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	18.8	25.0	15.8	2.3	0.0	0.0	0.0	0.0	0.0	12.5	0.0	6.7	66.5	75.0	75.8	176	12	120
FS	13.9	0.0	1.9	0.9	0.0	1.9	0.0	0.0	0.0	3.5	71.4	1.9	78.3	28.6	90.6	115	7	53
GP	6.7	0.0	3.5	0.8	0.0	0.3	0.0	0.0	0.0	8.8	0.0	2.9	79.5	100.0	93.0	119	7	313
KZN	23.4	3.1	6.5	1.0	0.0	2.2	0.0	0.0	0.0	6.1	3.1	3.2	71.1	90.6	90.3	197	32	93
LP	10.5	6.7	0.0	4.4	0.0	0.0	0.0	0.0	0.0	2.6	7.9	3.3	82.5	88.8	96.7	114	89	90
MP	8.3	13.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0	2.4	0.0	1.4	88.1	87.0	97.3	84	23	148
NW	7.7	25.0	4.5	0.0	25.0	0.0	0.0	0.0	0.0	19.2	0.0	4.5	73.1	75.0	90.9	26	4	22
NC	22.8	-	7.7	1.3	-	0.0	0.0	-	0.0	1.3	-	0.0	70.9	-	84.6	79	0	26
WC	12.0	40.0	7.5	1.9	0.0	0.6	0.2	0.0	0.6	4.6	17.5	6.4	63.5	57.5	65.4	565	100	361
Total	13.8	14.1	5.4	1.4	3.1	0.6	0.0	0.0	0.1	6.8	12.5	3.4	74.8	75.3	87.2	1475	274	1226

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 99: Training attended in past 24 months – Supervisory staff

Prov.	Training attended in the past 24 months: Supervisory staff											
	Principal/Matron						Supervisor					
	Full		Conditional		Not Registered		Full		Conditional		Not Registered	
	Yes (%)	Total staff	Yes (%)	Total staff	Yes (%)	Total staff	Yes (%)	Total staff	Yes (%)	Total staff	Yes (%)	Total staff
EC	58.1	291	35.1	37	32.7	266	53.4	253	69.2	13	50.6	81
FS	57.9	554	50.0	146	39.9	218	33.3	21	77.8	9	18.2	11
GP	58.8	503	67.7	31	47.3	1002	48.1	52	33.3	3	25.5	102
KZN	48.5	266	45.6	79	47.4	135	58.6	464	56.5	23	47.4	97
LP	61.3	618	54.7	691	35.6	915	48.1	106	32.9	70	22.3	103
MP	76.9	372	69.0	87	50.0	684	69.6	46	66.7	3	28.6	21
NW	55.8	43	47.1	17	46.5	142	54.2	253	41.0	61	31.2	170
NC	44.2	199	100.0	2	48.9	45	37.5	96	-	0	19.0	21
WC	64.2	877	60.9	69	60.5	721	46.5	101	50.0	4	42.9	63
Total	58.4	3723	58.9	1159	45.4	4128	49.9	1392	53.4	186	31.7	669

Table 100: Training attended in past 24 months – Teaching staff

Prov.	Training attended in the past 24 months: Teaching staff											
	Practitioner						Assistant practitioner					
	Full		Conditional		Not Registered		Full		Conditional		Not Registered	
	Yes (%)	Total staff	Yes (%)	Total staff	Yes (%)	Total staff	Yes (%)	Total staff	Yes (%)	Total staff	Yes (%)	Total staff
EC	41.2	769	46.8	94	33.7	466	35.8	176	25.0	12	22.5	120
FS	40.0	2077	34.1	557	29.3	502	13.2	114	42.9	7	11.3	53
GP	41.6	2957	29.7	185	27.4	3210	36.6	238	42.9	7	25.9	313
KZN	47.6	2147	31.4	322	33.7	591	25.5	196	9.7	31	19.4	93
LP	37.1	1565	26.8	1170	17.3	1269	15.8	114	14.6	89	13.5	89
MP	55.4	1149	47.7	369	29.9	1387	27.4	84	34.8	23	9.5	148
NW	24.5	662	17.9	201	16.6	476	23.1	26	25.0	4	9.1	22
NC	33.0	591	12.5	8	32.9	140	18.4	76	-	0	19.2	26
WC	47.0	2594	43.1	160	41.6	1468	34.5	498	32.5	40	27.1	321
Total	40.8	14511	32.2	3066	29.2	9509	25.6	1522	28.4	213	17.5	1185

Table 101: National Child Protection Clearance certificate

Province	Staff has National Child Protection Clearance certificate					
	Full		Conditional		Not Registered	
	Yes (%)	Total staff	Yes (%)	Total staff	Yes (%)	Total staff
Eastern Cape	33.3	2169	29.3	198	19.8	1241
Free State	8.8	3789	29.7	1008	6.7	956
Gauteng	42.8	5033	39.3	285	21.5	5549
KwaZulu-Natal	23.7	4910	50.0	788	12.1	1144
Limpopo	15.7	4005	12.0	3327	4.2	3537
Mpumalanga	27.8	2603	12.8	709	15.7	2954
North West	26.8	1477	39.1	373	6.4	1063
Northern Cape	13.7	1469	35.7	14	6.5	307
Western Cape	49.8	5124	43.3	367	40.0	3028
Total	29.0	30579	23.5	7069	18.0	19779

Table 102: Staff with disability/impairments

Prov.	Staff with disability/impairments																							
	None (%)			Physical (%)			Visual (%)			Hearing (%)			Speech (%)			Mental (%)			Other (%)			Total staff		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	96.9	96.5	96.6	1.3	2.4	1.5	0.9	0.5	0.7	0.5	0.5	0.4	0.4	1.0	0.5	0.2	1.0	0.1	0.3	0.5	0.6	2166	200	1237
FS	93.3	93.8	95.1	3.2	0.9	2.2	2.7	3.0	1.9	0.6	1.3	0.6	0.1	0.3	0.3	0.1	0.1	0.3	0.3	1.9	0.6	3788	1008	957
GP	98.6	98.2	98.6	0.4	0.7	0.4	0.7	0.3	0.6	0.3	0.0	0.2	0.2	0.0	0.1	0.1	0.3	0.0	0.2	0.3	0.3	5031	284	5553
KZN	98.2	98.6	97.7	1.2	0.4	0.9	0.8	0.4	0.4	0.8	0.4	0.3	0.8	0.1	0.3	0.6	0.4	0.4	0.4	0.0	0.5	4938	789	1150
LP	97.2	98.2	98.0	2.0	0.8	1.1	1.3	0.4	0.9	1.2	0.3	0.7	1.0	0.1	0.4	0.9	0.3	0.5	0.8	0.7	0.5	4003	3313	3537
MP	97.2	97.3	98.2	2.2	2.8	1.7	0.7	0.1	0.8	0.7	0.0	0.9	0.6	0.0	0.8	0.5	0.1	0.5	0.5	0.0	0.3	2604	710	2954
NW	97.8	98.1	99.0	0.7	0.0	0.5	0.9	1.6	0.4	0.3	0.0	0.2	0.3	0.0	0.0	0.1	0.3	0.1	0.2	0.5	0.1	1473	372	1064
NC	92.9	100	94.5	1.9	0.0	1.6	4.1	0.0	3.6	0.5	0.0	1.6	0.3	0.0	0.3	0.3	0.0	0.0	0.6	0.0	0.0	1350	13	291
WC	98.5	98.1	98.4	0.5	1.1	0.6	0.5	0.3	0.4	0.2	0.8	0.2	0.2	0.3	0.2	0.1	0.3	0.1	0.4	0.0	0.4	5187	366	3065
Total	97.1	97.5	98.0	1.4	1.0	0.9	1.2	0.8	0.7	0.6	0.4	0.4	0.4	0.2	0.3	0.3	0.3	0.2	0.4	0.6	0.4	30540	7055	19808

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

5.4. Section 4: Children

Table 103: Enrolled children

Prov.	Number of children enrolled per centre by percentile																	
	10th			25th			50th			75th			90th			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	13	8	10	21	19	17	33	30	29	50	40	45	70	59	61	950	108	648
FS	20	20	11	37	30	18	63	52	30	100	74	46	143	103	68	802	295	391
GP	22	16	11	33	31	20	51	41	33	83	58	54	122	83	85	1039	88	1869
KZN	14	13	9	24	23	15	40	36	25	73	55	45	111	77	65	1365	211	483
LP	23	20	11	36	31	18	55	48	30	82	71	44	114	96	63	923	787	1243
MP	24	15	10	38	25	17	63	47	27	95	80	46	138	125	71	473	157	1059
NW	14	17	10	24	27	16	44	54	29	72	88	50	110	127	77	386	87	396
NC	15	17	10	23	26	15	40	40	25	72	60	46	106	76	80	345	9	97
WC	15	11	9	26	20	15	48	38	26	76	67	42	113	101	64	1406	136	1313
Total	16	17	10	28	28	17	47	45	30	78	70	47	117	100	70	7689	1878	7499

Table 104: Children present by age group

Prov.	Number of children present by age group																	
	0-18 months. (%)			19-36 months. (%)			37-48 months. (%)			49-60 months. (%)			61+ months. (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	14.3	19.7	13.3	28.2	23.9	23.4	31.6	28.9	30.0	18.0	19.7	19.9	7.9	7.8	13.4	40704	4993	28947
FS	12.8	12.9	15.3	21.3	22.9	20.5	25.5	26.1	24.2	24.9	24.9	23.7	15.5	13.2	16.4	66145	18042	16097
GP	12.9	18.6	15.1	22.5	23.1	24.1	26.1	23.9	26.0	24.1	20.9	23.1	14.5	13.5	11.6	74768	5968	90465
KZN	12.5	18.7	11.6	24.1	27.8	23.4	31.1	34.2	32.1	23.5	17.2	22.3	8.9	2.1	10.6	82001	9925	17051
LP	12.0	8.5	11.7	25.0	24.3	23.4	36.1	35.5	30.6	23.5	27.4	26.7	3.4	4.3	7.6	67015	47680	47542
MP	8.9	11.6	11.8	21.6	20.8	22.5	31.3	27.5	28.4	25.8	27.9	24.7	12.5	12.1	12.5	40368	10859	42942
NW	8.7	6.4	10.0	23.0	24.1	21.6	29.4	31.5	28.0	25.7	26.6	23.9	13.3	11.5	16.5	23340	5837	17936
NC	11.3	1.6	10.4	20.2	21.6	21.6	28.4	27.0	29.7	27.4	34.0	25.7	12.7	15.7	12.5	22193	426	4288
WC	11.5	12.4	15.0	23.2	24.5	24.1	26.5	27.0	27.2	26.1	26.4	23.4	12.6	9.7	10.2	80830	6915	43780
Total	12.0	11.6	13.4	23.4	24.0	23.3	29.4	31.4	28.0	24.2	25.4	23.7	11.1	7.7	11.6	497364	110645	309048

Table 105: Children present by population group

Prov.	Number of children present by population group																	
	Black (%)			Coloured (%)			Indian/Asian (%)			White (%)			Foreign/Other (%)			Total children		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	85.1	86.5	75.6	8.7	7.7	12.5	1.0	0.6	1.2	3.8	3.8	9.3	1.4	1.4	1.4	40704	4993	28947
FS	93.5	97.0	85.3	3.2	1.2	5.8	0.2	0.4	0.6	2.6	1.0	7.7	0.4	0.4	0.6	66145	18042	16097
GP	89.8	78.7	84.1	2.4	6.0	2.7	0.9	2.0	1.5	5.1	9.0	9.4	1.8	4.2	2.4	74768	5968	90465
KZN	95.5	98.0	81.0	1.2	1.0	5.1	1.2	0.3	8.6	1.3	0.5	2.5	0.9	0.3	2.8	82001	9925	17051
LP	96.1	97.0	95.6	0.9	0.4	1.0	0.4	0.4	0.6	1.8	1.5	1.7	0.9	0.6	1.1	67015	47680	47542
MP	96.4	95.4	96.4	1.1	1.0	0.9	0.4	1.2	0.5	1.5	1.1	1.5	0.7	1.3	0.7	40368	10859	42942
NW	91.1	93.1	91.0	3.6	3.5	2.2	0.6	1.3	1.3	3.6	1.8	4.4	1.0	0.3	1.2	23340	5837	17936
NC	67.9	52.1	67.4	29.5	44.6	24.0	0.6	0.0	0.7	1.6	0.2	7.2	0.3	3.1	0.7	22193	426	4288
WC	49.0	47.6	45.7	41.2	44.6	41.8	0.5	0.9	0.9	7.7	4.8	8.8	1.5	2.0	2.7	80830	6915	43780
Total	84.7	92.0	81.4	10.1	4.4	9.2	0.7	0.7	1.4	3.5	2.0	6.2	1.1	0.9	1.7	497364	110645	309048

Table 106: Birth certificates kept

Province	Copies of birth certificates kept for each child					
	Full (%)	Total centres	Conditional (%)	Total centres	Not Registered (%)	Total centres
Eastern Cape	91.7	1003	94.8	116	82.8	670
Free State	93.7	807	96.3	296	81.4	398
Gauteng	94.3	1078	96.7	90	89.5	2028
KwaZulu-Natal	96.8	1402	94.5	217	83.8	493
Limpopo	98.2	948	97.5	803	87.6	1271
Mpumalanga	98.7	473	96.1	155	84.1	1066
North West	97.0	394	97.7	87	89.2	408
Northern Cape	96.3	350	100.0	9	90.1	101
Western Cape	88.5	1409	89.9	138	74.3	1313
Total	94.3	7864	96.1	1911	84.5	7748

Table 107: Disability assessments (1 of 2)

Prov.	Centres where professional assessments made for disability/impairments (1 of 2)																	
	Learning (%)			Developmental delays (%)			Physical (%)			Visual (%)			Hearing (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	9.7	14.4	12.8	14.5	13.6	14.5	7.9	11.0	9.4	5.2	7.6	7.0	8.4	10.2	9.4	1025	118	690
FS	10.5	12.2	11.9	15.1	18.6	15.3	17.3	14.5	12.6	10.7	8.4	11.1	11.7	9.1	8.9	819	296	405
GP	22.2	11.1	16.3	23.3	24.4	17.6	14.7	15.6	12.7	16.6	17.8	12.0	14.4	17.8	12.5	1092	90	2048
KZN	18.1	5.5	14.6	26.6	35.9	19.4	17.5	6.9	10.6	9.5	3.7	5.2	12.5	6.9	7.0	1419	217	500
LP	14.5	15.2	12.2	16.6	21.8	14.7	16.4	14.8	11.2	10.9	10.9	6.1	12.5	14.7	9.1	949	804	1275
MP	8.2	46.5	14.5	16.0	15.3	14.0	10.7	5.7	7.8	5.1	1.9	6.1	8.6	3.8	9.6	475	157	1074
NW	7.1	6.9	15.2	12.7	10.3	14.5	7.6	17.2	6.3	6.1	11.5	8.9	7.1	11.5	10.9	410	87	414
NC	8.2	11.1	17.3	13.7	0.0	12.5	10.1	0.0	6.7	5.2	0.0	3.8	5.2	0.0	4.8	365	9	104
WC	18.8	23.6	12.7	17.8	28.5	13.7	10.9	12.5	6.4	12.7	13.9	7.0	12.5	15.3	6.8	1478	144	1382
Total	14.9	16.2	14.1	18.7	21.9	15.5	13.3	12.8	9.9	10.2	9.3	8.2	11.3	11.8	9.6	8032	1922	7892

Table 108: Disability assessments (2 of 2)

Prov.	Centres where professional assessments made for disability/impairments (2 of 2)														
	Speech (%)			Mental (%)			Chronic illness (%)			Behavioural challenges (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	10.0	12.7	11.3	5.1	7.6	4.8	4.4	8.5	6.7	10.9	9.3	11.7	1025	118	690
FS	14.8	11.8	12.1	8.9	8.4	8.9	9.3	7.4	9.1	22.1	17.6	19.5	819	296	405
GP	22.5	15.6	14.9	9.1	4.4	8.1	12.2	7.8	10.2	25.2	18.9	22.9	1092	90	2048
KZN	17.9	5.5	12.4	8.2	2.3	5.0	11.5	7.4	8.0	25.8	15.7	35.6	1419	217	500
LP	15.1	12.4	10.4	11.7	6.8	7.8	8.3	4.4	4.4	17.1	14.7	13.3	949	804	1275
MP	9.7	5.7	13.3	3.6	1.3	3.3	6.5	7.6	4.3	21.3	8.3	19.6	475	157	1074
NW	8.0	14.9	12.8	3.4	3.4	1.0	1.7	4.6	3.4	17.6	16.1	21.7	410	87	414
NC	13.7	22.2	9.6	4.1	0.0	1.9	6.6	11.1	11.5	21.4	33.3	10.6	365	9	104
WC	17.9	23.6	11.2	6.6	7.6	4.1	9.1	15.3	5.9	15.3	22.2	13.8	1478	144	1382
Total	15.7	12.2	12.5	7.4	5.9	5.8	8.6	6.7	6.8	19.6	15.3	18.8	8032	1922	7892

Prov.	<i>Children diagnosed with a disability/impairment</i>																										
	Learning			Developmental delays			Physical			Visual			Hearing			Speech			Mental			Chronic illness			Behavioural challenges		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	159	34	173	200	29	134	98	14	80	65	10	54	85	9	83	95	18	111	33	3	36	86	12	66	260	26	135
FS	93	13	46	83	58	41	136	34	36	42	26	24	55	15	6	136	36	37	59	4	19	38	16	5	328	55	81
GP	369	12	380	265	25	317	93	15	203	104	12	105	96	9	120	262	17	321	41	9	78	129	9	128	414	27	659
KZN	507	21	130	601	147	168	290	14	56	165	14	26	222	23	41	376	15	89	111	14	21	216	18	40	820	82	257
LP	114	112	189	144	239	235	94	105	87	49	76	59	57	68	119	125	72	126	48	41	67	30	23	38	223	211	290
MP	99	17	219	143	64	271	74	30	105	19	11	63	54	33	116	79	14	201	25	11	43	30	27	35	183	24	257
NW	34	4	65	115	11	114	29	14	41	6	2	24	24	1	32	28	10	89	12	0	14	5	2	13	167	11	188
NC	80	2	34	117	0	25	60	0	15	39	0	14	36	0	14	100	5	24	32	0	11	28	10	17	141	12	46
WC	494	69	315	421	83	296	131	19	86	203	27	81	162	26	72	323	35	194	76	13	53	189	16	93	395	71	342
Total	1949	284	1551	2089	656	1601	1005	245	709	692	178	450	791	184	603	1524	222	1192	437	95	342	751	133	435	2931	519	2255

Table 109: Home language of children at centres

Prov.	Home languages of children														Total
	Afrikaans (%)	English (%)	IsiNdebele (%)	IsiXhosa (%)	IsiZulu (%)	Sepedi (%)	Sesotho (%)	Setswana (%)	Sign language (%)	SiSwati (%)	Tshivenda (%)	Xitsonga (%)	Other (%)		
EC	F	5.5	11.3	0.1	80.4	0.3	0.0	1.6	0.2	0.1	0.1	0.0	0.1	0.2	49790
	C	4.5	11.9	0.0	79.9	1.3	0.1	2.2	0.1	0.0	0.1	0.0	0.0	0.1	5113
	U	9.9	15.6	0.1	72.3	0.2	0.2	0.9	0.1	0.1	0.0	0.1	0.1	0.6	27318
FS	F	5.5	2.6	0.3	7.0	3.1	0.5	75.4	4.5	0.0	0.2	0.3	0.2	0.4	64660
	C	1.1	0.4	0.0	1.6	8.8	0.3	81.1	6.0	0.0	0.0	0.0	0.0	0.5	17786
	U	10.4	5.4	0.1	5.5	3.3	0.5	68.5	5.4	0.1	0.0	0.2	0.1	0.7	15257
GP	F	4.2	6.1	3.9	6.2	23.1	12.8	18.4	13.9	0.1	1.1	3.0	5.8	1.5	71826
	C	7.9	7.6	3.7	7.8	27.6	11.4	20.8	7.7	0.0	0.8	1.4	2.5	0.7	4612
	U	7.1	8.4	2.8	6.1	23.5	15.0	13.4	12.8	0.1	0.9	2.7	5.1	2.0	86765
KZN	F	0.2	2.6	0.0	2.8	93.2	0.0	0.4	0.1	0.1	0.0	0.0	0.3	0.3	91015
	C	0.0	0.0	0.0	0.9	97.2	0.5	1.1	0.0	0.2	0.1	0.0	0.0	0.1	12137
	U	0.5	15.3	0.1	1.0	80.9	0.2	0.3	0.2	0.2	0.3	0.2	0.2	0.6	19711
LP	F	1.1	3.2	1.4	0.1	0.5	50.4	3.4	1.4	0.1	0.1	15.2	22.8	0.4	65286
	C	0.7	0.1	0.8	0.1	0.7	67.8	0.2	1.6	0.0	0.2	11.0	16.1	0.6	44954
	U	1.1	2.2	1.0	0.2	0.3	62.8	0.8	0.8	0.1	0.3	16.2	13.6	0.6	46945
MP	F	1.1	2.0	14.5	0.9	22.7	8.5	7.1	1.4	0.1	17.1	0.3	24.0	0.3	36717
	C	0.1	1.8	11.8	0.6	13.6	5.5	3.1	0.4	0.5	55.7	0.1	6.7	0.1	9795
	U	1.0	4.0	9.1	0.9	23.0	8.1	6.1	1.2	0.1	30.8	0.6	15.0	0.3	40982
NW	F	3.9	1.7	0.4	2.9	1.7	1.6	4.3	79.9	0.1	0.1	0.4	2.8	0.3	23424
	C	7.7	2.6	1.5	3.9	1.2	1.4	5.4	71.6	0.0	0.2	0.5	3.6	0.4	5921
	U	3.1	3.7	0.6	5.8	1.3	1.4	8.0	72.5	0.0	0.2	0.6	2.3	0.6	16371
NC	F	35.4	5.4	0.4	5.7	0.1	0.0	0.4	51.4	1.0	0.0	0.0	0.0	0.2	23452
	C	56.5	0.2	0.0	12.2	0.0	0.0	0.7	29.8	0.0	0.0	0.0	0.0	0.5	409
	U	39.4	6.0	0.0	6.3	0.1	0.0	0.3	46.4	0.3	0.0	0.0	0.2	0.8	4022
WC	F	35.3	19.3	0.1	43.4	0.2	0.0	0.4	0.0	0.1	0.0	0.1	0.1	1.1	87697
	C	30.3	24.7	0.1	43.1	0.0	0.1	0.2	0.0	0.0	0.2	0.0	0.5	0.8	8373
	U	26.4	29.3	0.1	41.1	0.1	0.0	0.3	0.2	0.0	0.2	0.1	0.4	1.8	47578
Total	F	9.9	6.9	1.9	17.9	21.9	9.0	13.5	8.8	0.1	1.4	2.4	5.6	0.6	513867
	C	4.0	3.2	1.6	8.1	15.1	29.1	15.0	6.0	0.1	5.2	4.6	7.6	0.5	109100
	U	8.6	10.8	2.3	15.5	15.3	15.2	8.8	8.8	0.1	4.5	3.4	5.8	1.2	304949

Table 110: Languages used for teaching

Prov.	Languages used for teaching														Total
	Afrikaans (%)	English (%)	IsiNdebele (%)	IsiXhosa (%)	IsiZulu (%)	Sepedi (%)	Sesotho (%)	Setswana (%)	Sign language (%)	SiSwati (%)	Tshivenda (%)	Xitsonga (%)	Other (%)		
EC	F	10.6	88.0	0.9	86.1	2.1	0.2	3.0	0.2	0.3	0.2	0.2	0.3	0.1	1025
	C	10.2	89.8	0.8	91.5	1.7	0.8	4.2	0.8	0.8	0.8	0.8	0.8	0.8	118
	U	15.2	79.3	0.1	72.6	0.7	0.1	1.0	0.0	0.0	0.0	0.1	0.1	0.4	690
FS	F	13.9	79.9	0.2	5.7	2.9	0.2	85.3	5.3	0.1	0.0	0.0	0.0	0.0	819
	C	7.4	83.4	0.0	1.4	14.5	1.4	91.2	12.5	0.0	0.0	0.0	0.0	0.0	296
	U	20.2	79.5	0.2	4.2	3.2	0.5	74.1	7.2	0.0	0.0	0.2	0.0	0.5	405
GP	F	8.2	94.7	0.9	6.1	38.2	15.9	33.8	24.8	0.2	0.5	3.2	6.1	0.5	1092
	C	17.8	97.8	0.0	10.0	43.3	22.2	42.2	10.0	0.0	0.0	1.1	3.3	1.1	90
	U	9.8	93.7	0.8	5.7	36.7	19.6	21.6	19.2	0.1	0.1	1.6	2.9	0.4	2048
KZN	F	0.7	85.9	0.0	4.1	92.0	0.2	0.1	0.0	0.1	0.0	0.0	0.0	0.1	1419
	C	0.0	67.3	0.0	1.4	81.1	0.0	0.5	0.0	0.0	0.5	0.0	0.0	0.0	217
	U	2.2	82.2	0.2	1.2	77.6	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.4	500
LP	F	2.0	77.7	2.2	0.1	1.5	59.6	3.4	2.2	0.1	0.0	17.1	21.5	0.0	949
	C	1.0	70.1	0.9	0.0	1.6	74.4	0.5	1.1	0.0	0.0	10.9	13.3	0.5	804
	U	2.0	76.2	1.6	0.1	0.5	67.0	0.9	1.1	0.2	0.1	17.1	13.5	0.3	1275
MP	F	2.3	91.8	18.7	0.8	23.6	16.6	8.6	3.2	0.0	18.3	0.2	26.1	0.4	475
	C	1.3	90.4	12.7	0.0	11.5	10.2	6.4	0.0	0.6	63.1	0.0	7.0	0.6	157
	U	3.2	86.6	13.4	0.8	21.7	11.9	6.9	1.6	0.4	34.9	0.2	14.0	0.3	1074
NW	F	5.9	85.6	0.0	1.2	0.2	0.0	2.2	93.2	0.0	0.0	0.0	0.0	0.0	410
	C	8.0	77.0	0.0	1.1	0.0	0.0	0.0	92.0	0.0	0.0	0.0	0.0	0.0	87
	U	4.1	83.6	0.0	2.9	0.0	0.5	11.1	85.3	0.2	0.0	0.0	0.0	0.0	414
NC	F	52.1	49.9	0.0	7.1	0.3	0.0	0.8	55.3	0.3	0.0	0.0	0.3	0.3	365
	C	77.8	66.7	0.0	11.1	0.0	0.0	0.0	44.4	0.0	0.0	0.0	0.0	0.0	9
	U	51.9	49.0	0.0	4.8	1.0	0.0	0.0	43.3	0.0	0.0	0.0	0.0	1.9	104
WC	F	54.9	76.9	0.3	38.4	0.5	0.0	0.5	0.1	0.0	0.0	0.1	0.3	0.5	1478
	C	50.7	71.5	0.0	51.4	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	144
	U	43.5	78.8	0.1	39.4	0.6	0.0	0.2	0.1	0.0	0.0	0.0	0.1	1.0	1382
Total	F	17.1	82.8	1.7	20.7	23.7	10.3	14.8	11.7	0.1	1.2	2.5	5.0	0.2	8032
	C	7.6	76.4	1.5	10.4	15.1	33.2	17.1	7.3	0.1	5.3	4.7	6.3	0.4	1922
	U	14.3	83.5	2.3	15.4	17.8	17.6	11.2	10.8	0.1	4.8	3.2	4.9	0.5	7892

Table 111: Presence and availability of teachers (0-18 months)

Province	Presence and availability of teachers by age group: 0-18 months					
	Full		Conditional		Not Registered	
	Available	Present	Available	Present	Available	Present
EC	1207	986	211	164	679	533
FS	975	818	299	286	451	379
GP	1461	1223	146	108	2335	1888
KZN	1693	1369	206	110	436	357
LP	1293	988	766	662	1198	943
MP	580	319	167	34	905	517
NW	298	180	50	35	288	144
NC	238	186	4	4	63	52
WC	1693	1240	145	115	1370	985
Total	9438	7309	1994	1518	7725	5798

Table 112: Presence and availability of teachers (19-36 months)

Province	Presence and availability of teachers by age group: 19-36 months					
	Full		Conditional		Not Registered	
	Available	Present	Available	Present	Available	Present
EC	1367	1204	221	197	807	684
FS	1001	884	315	273	419	356
GP	1522	1265	139	97	2373	1871
KZN	2109	1835	233	156	576	492
LP	1374	1102	873	756	1293	1020
MP	792	504	118	53	1072	701
NW	406	262	90	62	325	225
NC	351	284	5	5	106	86
WC	1966	1498	197	141	1444	1060
Total	10888	8838	2191	1740	8415	6495

Table 113: Presence and availability of teachers (37-48 months)

<i>Province</i>	<i>Presence and availability of teachers by age group: 37-48 months</i>					
	Full		Conditional		Not Registered	
	Available	Present	Available	Present	Available	Present
EC	1402	1161	208	169	901	767
FS	1036	906	316	285	450	373
GP	1485	1263	118	86	2308	1845
KZN	2204	1911	199	154	573	500
LP	1365	1064	883	757	1277	1007
MP	661	440	134	54	950	629
NW	413	284	104	61	320	221
NC	427	345	6	6	130	89
WC	1922	1495	177	133	1459	1057
Total	10915	8869	2145	1705	8368	6488

Table 114: Presence and availability of teachers (49-60 months)

<i>Province</i>	<i>Presence and availability of teachers by age group: 49-60 months</i>					
	Full		Conditional		Not Registered	
	Available	Present	Available	Present	Available	Present
EC	853	746	174	133	714	628
FS	940	835	284	261	389	347
GP	1376	1158	102	76	2025	1590
KZN	1784	1467	154	119	430	366
LP	976	717	753	640	1108	866
MP	566	314	111	48	727	403
NW	329	187	80	54	283	145
NC	443	350	5	5	125	90
WC	1889	1404	156	122	1226	902
Total	9156	7178	1819	1458	7027	5337

Table 115: Presence and availability of teachers (>60 months)

<i>Province</i>	<i>Presence and availability of teachers by age group: >60 months</i>					
	Full		Conditional		Not Registered	
	Available	Present	Available	Present	Available	Present
EC	441	357	103	86	476	402
FS	690	613	168	150	259	230
GP	888	697	61	46	1217	334
KZN	774	591	45	21	213	153
LP	428	330	311	233	573	423
MP	296	181	64	30	383	260
NW	209	128	30	23	155	92
NC	251	217	4	4	90	68
WC	1055	794	62	48	578	414
Total	5032	3908	848	641	3944	2376

5.5. ECD Programme

5.5.1. Pre-Grade R learners

Table 116: Pre-grade R curriculum approved

<i>Province</i>	<i>Pre grade-R curriculum approved</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	63.7	1010	53.8	117	49.6	680
Free State	64.9	791	62.8	296	47.6	391
Gauteng	64.0	1083	58.9	90	47.7	2020
KwaZulu-Natal	60.0	1393	45.4	216	35.5	493
Limpopo	80.6	949	83.1	804	48.4	1272
Mpumalanga	67.2	475	68.6	121	40.1	1046
North West	56.1	399	58.6	87	36.5	411
Northern Cape	42.0	350	33.3	9	29.7	101
Western Cape	54.0	1351	46.1	128	29.3	1215
Total	62.4	7801	67.7	1868	42.4	7629

Table 117: Pre grade-R curriculum registered

<i>Province</i>	<i>Pre grade-R curriculum registered</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	72.9	998	63.5	115	42.9	669
Free State	77.2	791	66.2	296	35.3	391
Gauteng	66.1	1081	52.2	90	34.6	2008
KwaZulu-Natal	69.3	1393	60.2	216	34.7	484
Limpopo	80.6	949	82.6	804	36.0	1271
Mpumalanga	71.9	474	73.9	119	31.8	1043
North West	55.6	399	44.8	87	29.2	411
Northern Cape	50.9	350	66.7	9	21.8	101
Western Cape	65.2	1326	61.7	120	30.1	1169
Total	69.5	7761	71.0	1856	34.1	7547

Table 118: Pre-grade R type of curriculum

Prov.	Pre grade-R type of curriculum																	
	Montessori (%)			Reggio Emilia (%)			Waldorf (%)			Own (%)			Other (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	9.0	7.1	7.1	0.6	0.0	0.5	1.3	0.9	1.1	79.5	87.5	81.8	9.6	4.5	9.6	969	112	649
FS	8.5	5.4	6.8	0.0	0.7	0.0	0.8	0.0	0.3	71.0	70.3	75.8	19.7	23.6	17.2	780	296	384
GP	5.7	17.8	4.9	2.1	4.4	1.3	0.8	2.2	0.8	63.8	63.3	73.7	27.5	12.2	19.2	1076	90	1987
KZN	4.4	3.3	3.8	0.1	0.0	0.0	0.5	0.5	0.0	73.4	82.1	74.5	21.5	14.2	21.7	1361	212	471
LP	14.3	8.2	6.8	2.7	0.5	1.1	0.4	0.0	0.2	68.0	65.3	79.7	14.6	26.0	12.1	947	801	1264
MP	9.2	16.0	6.3	3.2	1.7	1.5	1.5	24.4	2.1	64.4	38.7	69.0	21.7	19.3	21.1	469	119	1034
NW	15.3	8.0	14.3	0.3	0.0	1.2	0.0	0.0	0.7	70.2	71.3	77.1	14.2	20.7	6.6	393	87	407
NC	10.1	22.2	4.8	0.3	0.0	0.0	0.0	0.0	0.0	80.3	44.4	88.5	9.3	33.3	6.7	365	9	104
WC	6.6	4.3	6.0	0.3	0.0	0.8	2.0	2.6	2.3	68.8	64.7	77.3	22.3	28.4	13.5	1295	116	1108
Total	8.3	7.9	6.3	1.0	0.7	1.0	0.9	2.0	1.0	70.8	67.7	75.9	19.0	21.8	15.8	7655	1842	7408

Table 119: Pre grade-R curriculum follows NELDS

Province	Pre grade-R curriculum follows NELDS					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	85.6	999	79.1	115	74.8	667
Free State	83.8	788	75.0	296	58.2	390
Gauteng	87.1	1079	63.3	90	72.8	2004
KwaZulu-Natal	74.8	1381	73.5	215	54.4	482
Limpopo	81.8	949	89.1	804	56.3	1271
Mpumalanga	73.6	474	79.8	119	46.5	1039
North West	68.2	399	59.8	87	50.0	410
Northern Cape	64.5	349	66.7	9	43.0	100
Western Cape	80.9	1319	73.1	119	59.1	1161
Total	79.8	7737	80.0	1854	60.9	7524

Table 120: Pre grade-R curriculum follows themes

<i>Province</i>	<i>Pre grade-R curriculum follows themes</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	91.7	998	84.3	115	81.7	666
Free State	90.5	790	86.5	296	71.1	391
Gauteng	91.8	1080	73.3	90	82.7	2003
KwaZulu-Natal	89.8	1384	89.8	216	80.2	481
Limpopo	89.4	949	92.7	804	71.5	1270
Mpumalanga	87.6	474	90.8	119	66.9	1039
North West	86.2	398	92.0	87	70.8	411
Northern Cape	89.7	350	77.8	9	73.3	101
Western Cape	93.1	1324	90.8	120	79.6	1160
Total	90.6	7747	89.5	1856	76.5	7522

Table 121: Pre grade-R has structured learning programme

<i>Province</i>	<i>Pre-Grade R has structured learning programme</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	86.3	994	74.8	115	68.8	667
Free State	86.1	787	73.6	296	64.2	391
Gauteng	89.2	1080	71.1	90	76.0	2003
KwaZulu-Natal	79.1	1377	85.1	215	63.6	481
Limpopo	82.0	949	88.2	804	56.2	1271
Mpumalanga	82.3	474	78.2	119	56.9	1037
North West	77.4	399	81.6	87	60.3	411
Northern Cape	74.2	349	66.7	9	47.5	101
Western Cape	86.7	1319	84.0	119	69.5	1159
Total	83.7	7728	82.5	1854	65.7	7521

Table 122: Evidence of Pre-Grade R weekly programme/book

Prov.	<i>Pre grade-R structured learning programme: Evidence of weekly programme/book</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	61.2	13.3	25.5	968	51.9	22.2	25.9	108	48.0	18.2	33.8	627
FS	64.7	10.6	24.7	757	50.7	11.1	38.1	270	45.2	9.7	45.2	341
GP	72.5	9.1	18.5	1060	56.2	11.2	32.6	89	54.7	10.4	34.8	1958
KZN	54.9	10.5	34.6	1334	54.8	6.7	38.6	210	40.0	13.4	46.5	462
LP	66.8	4.5	28.7	935	74.7	3.8	21.6	793	37.7	8.2	54.1	1227
MP	64.8	11.3	23.9	452	75.0	6.9	18.1	116	42.9	13.2	43.9	961
NW	64.5	10.5	25.0	380	69.0	8.0	23.0	87	54.1	11.4	34.5	394
NC	58.0	17.2	24.7	348	33.3	22.2	44.4	9	46.5	15.8	37.6	101
WC	77.5	10.9	11.6	1266	71.6	8.6	19.8	116	53.0	15.7	31.3	1105
Total	65.7	10.3	23.9	7500	65.8	7.5	26.7	1798	47.8	12.2	40.0	7176

Table 123: Pre-Grade R daily programme displayed

Prov.	<i>Pre grade-R structured learning programme: Daily programme displayed</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	84.5	7.8	7.7	976	75.2	8.0	16.8	113	64.1	14.3	21.7	637
FS	85.1	5.3	9.6	760	79.7	2.6	17.7	271	60.2	4.7	35.2	344
GP	83.7	4.9	11.5	1065	67.8	6.7	25.6	90	66.4	6.6	27.0	1965
KZN	86.1	3.8	10.1	1352	89.3	0.5	10.2	215	65.9	7.4	26.7	472
LP	86.4	2.6	11.1	941	90.0	1.9	8.1	799	58.3	5.1	36.6	1226
MP	79.9	7.3	12.7	463	87.0	1.7	11.3	115	54.3	7.8	37.9	962
NW	86.4	4.6	9.0	390	88.5	5.7	5.7	87	70.2	5.2	24.6	403
NC	75.2	14.1	10.7	347	55.6	11.1	33.3	9	57.4	7.9	34.7	101
WC	88.0	5.7	6.3	1279	91.5	2.6	6.0	117	69.7	9.1	21.2	1106
Total	85.0	5.5	9.5	7573	86.0	2.7	11.3	1816	63.5	7.5	29.1	7216

Table 124: Pre grade-R structured learning programme: Programme followed on day of the audit

Prov.	Pre grade-R structured learning programme: Programme followed on day of the audit											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	69.1	11.8	19.1	975	72.6	7.1	20.4	113	54.5	13.2	32.3	638
FS	84.6	4.4	11.1	758	74.0	8.9	17.1	269	58.0	6.4	35.7	345
GP	85.2	5.4	9.4	1064	64.4	7.8	27.8	90	65.1	7.3	27.7	1970
KZN	76.9	7.7	15.4	1344	78.6	6.5	14.9	215	59.0	12.9	28.1	466
LP	77.5	3.8	18.7	937	71.8	8.9	19.2	795	46.3	12.3	41.4	1222
MP	78.9	6.7	14.4	464	57.3	6.0	36.8	117	49.9	11.5	38.6	960
NW	74.3	8.5	17.2	389	65.5	6.9	27.6	87	53.1	9.3	37.5	397
NC	63.8	18.0	18.3	345	66.7	0.0	33.3	9	49.0	16.7	34.3	102
WC	81.3	6.7	12.0	1282	81.9	2.6	15.5	116	64.2	9.5	26.3	1100
Total	78.0	7.4	14.6	7558	72.0	7.7	20.3	1811	57.2	10.1	32.7	7200

Table 125: Pre-Grade R assessments

Prov.	Pre-Grade R assessments made																	
	Written (%)			Oral (%)			Observation (%)			Other (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	72.0	56.8	60.9	78.6	78.0	73.5	67.7	57.6	61.4	2.0	2.5	1.9	4.1	4.2	7.2	1025	118	690
FS	66.8	66.6	60.5	63.2	44.3	57.8	71.1	76.7	63.7	1.2	7.4	2.7	6.0	12.8	16.5	819	296	405
GP	71.8	58.9	67.7	68.2	68.9	66.6	79.4	72.2	70.6	4.2	6.7	3.9	6.1	20.0	9.3	1092	90	2048
KZN	66.5	75.1	66.0	73.6	90.3	72.4	68.1	85.3	64.8	3.2	2.3	2.6	6.9	2.3	9.2	1419	217	500
LP	72.3	80.6	61.1	59.4	73.3	60.5	70.2	74.8	56.1	3.8	6.8	5.4	7.2	4.0	15.3	949	804	1275
MP	67.8	61.1	51.3	75.6	58.0	60.0	76.2	65.0	60.8	4.0	1.9	3.9	9.9	5.1	22.1	475	157	1074
NW	56.8	47.1	49.8	75.1	74.7	63.8	77.8	81.6	59.9	1.7	2.3	2.2	4.4	4.6	11.4	410	87	414
NC	55.6	55.6	41.3	55.1	66.7	47.1	77.3	66.7	64.4	3.0	0.0	1.0	6.8	22.2	21.2	365	9	104
WC	66.2	62.5	52.7	62.7	62.5	53.9	69.5	63.9	56.6	2.1	1.4	0.9	5.4	3.5	10.9	1478	144	1382
Total	67.7	70.8	59.4	68.1	68.8	62.6	71.8	73.7	62.3	2.8	5.1	3.2	6.2	6.1	12.7	8032	1922	7892

Table 126: Pre-Grade R assessment records kept

Prov.	Pre-Grade R assessment records kept																							
	Written observations (%)			Checklists (%)			Reports (%)			Profiles (%)			Children's work (%)			Other (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	55.7	51.7	51.7	21.7	25.4	30.0	41.9	25.4	44.8	43.8	34.7	38.1	77.0	50.0	65.8	1.2	1.7	1.4	6.7	6.8	11.2	1025	118	690
FS	71.3	63.2	61.7	39.4	33.1	25.9	55.7	38.2	42.0	45.7	47.3	32.1	72.6	55.4	57.5	0.7	5.1	1.7	6.6	13.5	19.3	819	296	405
GP	70.7	57.8	65.8	47.3	48.9	42.0	65.5	60.0	54.8	53.3	53.3	43.8	65.4	57.8	63.3	2.5	2.2	1.8	6.3	18.9	10.4	1092	90	2048
KZN	56.8	59.0	49.8	25.7	36.9	19.8	45.0	52.1	40.6	42.1	47.9	30.4	65.5	80.2	61.4	1.7	0.9	0.8	9.7	8.8	14.2	1419	217	500
LP	63.0	74.8	54.8	43.1	46.3	30.6	52.7	56.1	32.6	43.0	48.4	29.0	67.3	74.4	57.9	2.8	4.9	4.5	8.1	4.9	16.9	949	804	1275
MP	60.0	54.1	47.2	48.4	39.5	33.2	56.4	38.9	39.6	50.9	31.8	29.7	58.3	47.1	44.9	1.7	0.6	3.8	10.9	5.7	24.9	475	157	1074
NW	52.4	42.5	40.6	34.9	33.3	30.2	41.0	54.0	37.0	37.3	49.4	28.7	77.1	79.3	64.7	2	4.6	1.7	4.1	5.7	10.6	410	87	414
NC	63.3	66.7	48.1	50.4	55.6	42.3	56.7	33.3	46.2	54.0	44.4	40.4	71.5	55.6	65.4	1.1	0	1	8.5	22.2	22.1	365	9	104
WC	60.7	56.9	46.5	47.8	39.6	34.0	57.6	46.5	40.2	52.8	47.2	38.2	64.2	61.8	55.0	0.9	0	0.9	5.7	4.9	12.7	1478	144	1382
Total	61.7	64.5	54.1	38.6	40.4	33.7	52.7	48.9	43.1	47.1	46.1	35.7	68.1	66.8	58.4	1.6	3.4	2.2	7.4	7.6	14.7	8032	1922	7892

Table 127: Pre-Grade-R assessment regularity

Prov.	Pre-Grade R assessment regularity																							
	Daily (%)			Weekly (%)			Monthly (%)			Quarterly (%)			Annually (%)			Other (%)			Never (%)			Total centres		
	F	C	U	F	C	F	C	U	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	53.6	47.7	52.5	23.4	19.3	0.2	0.9	1.1	7.6	7.7	10.1	11.4	0.9	0.9	0.8	0.2	0.9	1.1	2.8	2.8	0.8	969	117	631
FS	53.0	39.9	52.1	23.0	18.9	0.9	0.0	1.0	8.3	9.5	11.1	9.9	0.4	0.7	0.8	0.9	0.0	1.0	5.3	9.1	0.8	775	296	384
GP	54.6	53.3	54.9	20.2	14.6	0.7	4.5	0.7	8.7	7.7	12.4	7.3	0.4	0.0	1.2	0.7	4.5	0.7	5.0	12.4	1.2	1071	90	1989
KZN	51.2	35.3	44.0	20.6	11.7	0.7	0.0	0.8	14.8	9.8	10.7	9.0	2.2	0.0	1.7	0.7	0.0	0.8	5.8	3.7	1.7	1372	215	480
LP	57.1	30.7	48.1	15.6	21.2	1.8	0.9	4.6	7.7	11.9	14.5	7.9	0.4	0.6	0.5	1.8	0.9	4.6	5.1	3.4	0.5	945	801	1257
MP	53.1	25.5	42.5	16.1	25.2	4.7	4.2	4.2	8.1	9.1	9.2	6.7	0.2	0.0	0.3	4.7	4.2	4.2	5.9	1.7	0.3	473	157	1033
NW	51.3	25.3	50.7	15.8	11.5	0.0	0.0	0.0	9.6	11.7	10.3	7.9	2.6	4.6	6.4	0.0	0.0	0.0	5.6	4.6	6.4	392	87	406
NC	78.9	88.9	80.8	11.8	11.1	0.0	0.0	1.0	5.8	2.7	0.0	3.8	0.5	0.0	0.0	0.0	0.0	1.0	2.2	22.2	0.0	365	9	104
WC	39.2	23.6	37.6	19.4	19.5	1.2	1.7	1.2	11.4	19.6	14.4	19.5	2.2	4.2	3.2	1.2	1.7	1.2	3.7	4.2	3.2	1296	140	1095
Total	52.3	33.6	48.5	19.4	18.9	1.1	1.0	1.9	9.2	10.9	12.6	9.7	1.2	0.9	1.5	1.1	1.0	1.9	4.6	4.8	1.5	7658	1912	7379

5.5.2. Grade R

Table 128: Has grade-R

<i>Province</i>	<i>Has grade-R</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	11.8	956	11.4	114	21.9	657
Free State	64.8	790	44.6	296	36.8	391
Gauteng	60.7	1086	46.7	90	43.6	2012
KwaZulu-Natal	41.4	1378	22.1	213	29.1	481
Limpopo	16.8	945	14.0	798	8.8	1267
Mpumalanga	39.4	475	60.5	119	24.1	1041
North West	34.1	340	37.6	85	36.1	371
Northern Cape	42.1	318	33.3	9	33.0	94
Western Cape	38.1	1313	22.7	132	19.4	1217
Total	38.8	7601	26.0	1856	27.5	7531

Table 129: Grade R curriculum

<i>Province</i>	<i>Grade R curriculum</i>								
	National curriculum statement (%)			Other (%)			Total centres		
	Full	Conditional	Not Registered	Full	Conditional	Not Registered	Full	Conditional	Not Registered
Eastern Cape	83.8	84.6	83.9	16.2	15.4	16.1	111	13	143
Free State	75.2	79.5	71.5	24.8	20.5	28.5	508	132	144
Gauteng	67.0	85.7	70.5	33.0	14.3	29.5	658	42	876
KwaZulu-Natal	80.5	60.4	63.8	19.5	39.6	36.2	564	48	138
Limpopo	79.7	94.6	78.4	20.3	5.4	21.6	158	112	111
Mpumalanga	85.2	90.3	76.5	14.8	9.7	23.5	183	72	243
North West	81.6	87.5	82.1	18.4	12.5	17.9	114	32	134
Northern Cape	83.4	66.7	87.8	16.6	33.3	12.2	181	3	41
Western Cape	77.3	89.7	75.5	22.7	10.3	24.5	494	29	233
Total	76.7	84.5	73.9	23.3	15.5	26.1	2971	483	2063

Table 130: Grade R structured learning programme

Province	Centre has evidence of a structured learning programme for Grade R					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	84.2	114	92.3	13	79.9	144
Free State	94.1	511	92.4	132	81.4	145
Gauteng	93.5	658	85.7	42	87.4	876
KwaZulu-Natal	89.5	570	91.7	48	79.3	140
Limpopo	88.0	158	95.5	112	75.7	111
Mpumalanga	87.7	187	87.5	72	84.5	251
North West	94.0	116	87.5	32	81.3	134
Northern Cape	88.5	131	66.7	3	69.0	29
Western Cape	96.2	499	96.7	30	87.3	237
Total	92.1	2944	91.5	484	84.3	2067

Table 131: Evidence of Grade R weekly programme/book

Prov.	Grade R structured learning programme: Evidence of weekly programme/book											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	72.5	14.7	12.8	109	53.8	38.5	7.7	13	55.0	29.3	15.7	140
FS	74.1	8.3	17.6	506	62.5	15.6	21.9	128	60.9	10.9	28.3	138
GP	78.0	8.6	13.5	654	80.5	2.4	17.1	41	68.1	11.0	20.9	864
KZN	67.5	10.8	21.7	553	66.7	10.4	22.9	48	52.6	16.3	31.1	135
LP	78.5	6.3	15.2	158	89.2	0.9	9.9	111	59.1	7.3	33.6	110
MP	76.2	14.4	9.4	181	85.9	9.9	4.2	71	61.6	16.7	21.6	245
NW	84.5	5.2	10.3	116	80.6	6.5	12.9	31	65.7	8.2	26.1	134
NC	70.0	16.9	13.1	130	66.7	0.0	33.3	3	62.1	20.7	17.2	29
WC	84.6	9.1	6.3	492	83.3	10.0	6.7	30	67.1	22.4	10.5	228
Total	76.0	9.8	14.2	2899	76.5	9.2	14.3	476	64.0	14.3	21.7	2023

Table 132: Grade R structured learning programme: Daily programme displayed

Prov.	Grade-R structured learning programme: Daily programme displayed											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	80.4	11.6	8.0	112	53.8	23.1	23.1	13	62.9	22.1	15.0	140
FS	91.4	2.6	6.0	502	85.9	7.0	7.0	128	76.3	7.9	15.8	139
GP	86.9	5.8	7.3	654	73.8	4.8	21.4	42	77.8	5.9	16.3	866
KZN	88.9	4.5	6.6	561	97.9	0.0	2.1	48	69.9	8.8	21.3	136
LP	89.2	3.8	7.0	158	92.8	2.7	4.5	111	67.6	4.5	27.9	111
MP	80.6	11.8	7.5	186	89.0	5.5	5.5	73	71.4	9.3	19.4	248
NW	91.5	4.3	4.3	117	84.4	6.3	9.4	32	86.6	2.2	11.2	134
NC	83.2	11.5	5.3	131	33.3	0.0	66.7	3	69.0	20.7	10.3	29
WC	89.1	4.8	6.1	495	86.7	10.0	3.3	30	74.0	14.7	11.3	231
Total	87.9	5.5	6.6	2916	86.9	5.4	7.7	480	74.8	8.7	16.5	2034

Table 133: Grade R structured learning programme: Programme followed on day of audit

Prov.	Grade R structured learning programme: Programme followed on day of audit											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	66.7	15.7	17.6	108	53.8	30.8	15.4	13	53.2	19.4	27.3	139
FS	88.3	4.2	7.5	505	79.8	13.2	7.0	129	74.8	7.2	18.0	139
GP	88.3	6.7	5.0	656	76.2	2.4	21.4	42	77.3	7.7	14.9	865
KZN	80.1	9.0	10.9	558	89.6	2.1	8.3	48	69.6	13.3	17.0	135
LP	75.3	12.7	12.0	158	89.3	0.0	10.7	112	54.1	9.0	36.9	111
MP	81.2	12.4	6.5	186	50.0	4.2	45.8	72	62.2	18.1	19.7	249
NW	84.6	9.4	6.0	117	68.8	3.1	28.1	32	74.4	4.5	21.1	133
NC	72.7	13.3	14.1	128	100.0	0.0	0.0	2	62.1	24.1	13.8	29
WC	86.2	5.9	7.9	493	93.1	0.0	6.9	29	70.2	14.5	15.4	228
Total	83.6	8.0	8.5	2909	77.7	5.6	16.7	479	70.7	11.0	18.3	2028

Table 134: Grade R assessments made

Prov.	Grade R assessments made																	
	Written (%)			Oral (%)			Observation (%)			Other (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	51.1	52.9	66.1	47.8	52.9	66.1	47.8	52.9	66.7	3.8	5.9	2.8	1.6	5.9	1.1	182	17	177
FS	77.4	78.0	77.2	69.1	57.6	65.8	76.5	91.7	75.3	1.7	8.3	3.2	0.6	0.8	1.9	541	132	158
GP	84.8	90.5	84.0	76.8	88.1	80.2	87.1	97.6	82.8	5.3	19.0	4.7	0.5	0.0	1.1	665	42	914
KZN	82.4	88.2	80.5	74.8	88.2	72.3	76.6	88.2	73.0	4.6	2.0	1.3	0.3	0.0	1.3	612	51	159
LP	80.4	90.7	77.3	65.6	44.9	49.6	76.1	73.7	68.1	6.1	2.5	10.1	0.6	0.0	1.7	163	118	119
MP	89.8	55.5	81.3	90.4	50.9	76.8	89.8	60.0	74.3	7.0	2.7	8.8	1.6	0.0	1.1	187	110	284
NW	46.8	44.1	37.3	51.1	82.4	53.1	52.7	79.4	52.5	2.7	0.0	3.4	0.0	2.9	1.7	186	34	177
NC	55.2	100.0	63.4	50.8	66.7	58.5	66.3	100.0	65.9	1.1	0.0	2.4	0.6	0.0	0.0	181	3	41
WC	67.4	71.4	50.4	61.2	64.3	49.9	66.6	54.8	50.1	3.2	4.8	1.2	0.0	0.0	0.7	665	42	401
Total	74.3	74.9	72.1	68.0	60.7	68.5	74.0	76.9	70.9	3.8	5.3	4.3	0.5	0.5	1.2	3382	549	2430

Table 135: Pre-Grade-R type of assessment record kept

Prov.	Grade R assessment records kept																										
	Written observations (%)			Checklists (%)			Reports (%)			Profiles (%)			Children's work (%)			Rubrics (%)			Other (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	45.6	52.9	62.7	28.0	17.6	43.5	42.3	35.3	59.9	31.9	17.6	45.8	47.3	41.2	62.1	13.2	5.9	16.4	2.2	0.0	3.4	3.8	0.0	1.7	182	17	177
FS	78.2	74.2	70.9	43.6	46.2	33.5	66.2	47.7	61.4	55.8	57.6	40.5	78.9	75.8	75.9	21.8	18.2	13.9	0.7	6.8	1.3	1.1	0.8	2.5	541	132	158
GP	81.5	81.0	80.2	54.7	71.4	54.5	76.4	81.0	73.2	60.3	76.2	55.1	71.7	83.3	78.6	25.0	40.5	20.4	2.0	7.1	2.0	0.3	0.0	1.3	665	42	914
KZN	65.0	72.5	58.5	31.7	58.8	25.8	64.4	78.4	56.6	49.0	70.6	37.1	68.1	90.2	59.7	9.6	56.9	5.7	2.3	2.0	0.6	0.7	2.0	2.5	612	51	159
LP	60.7	91.5	66.4	55.2	42.4	37.0	68.1	66.9	48.7	58.3	59.3	44.5	66.9	53.4	62.2	7.4	10.2	10.9	1.8	1.7	7.6	0.0	0.8	3.4	163	118	119
MP	71.1	47.3	66.2	65.8	33.6	49.3	81.3	37.3	67.3	62.0	31.8	45.8	70.1	40.0	60.6	20.9	10.0	14.1	3.2	1.8	3.5	1.1	0.9	1.4	187	110	284
NW	39.8	29.4	32.2	30.6	41.2	36.2	43.5	70.6	50.3	25.8	64.7	33.9	51.1	79.4	48.0	14.0	8.8	8.5	3.8	5.9	1.7	0.0	0.0	1.1	186	34	177
NC	52.5	100	51.2	55.2	66.7	56.1	54.7	66.7	51.2	53.0	66.7	48.8	60.8	100	61.0	17.1	33.3	26.8	1.1	0.0	0.0	0.0	0.0	0.0	181	3	41
WC	61.4	66.7	47.6	52.3	54.8	36.2	60.5	57.1	44.6	52.5	54.8	37.2	61.2	64.3	48.4	21.1	4.8	13.7	1.1	0.0	0.7	0.2	0.0	0.7	665	42	401
Total	66.7	69.0	65.2	46.2	45.5	44.7	64.5	57.0	61.7	52.2	54.5	46.1	66.8	64.1	65.6	18.2	18.2	15.6	1.8	3.5	2.1	0.7	0.7	1.5	3382	549	2430

Table 136: Grade R assessment regularity

Prov.	Grade R assessment regularity																							
	Daily (%)			Weekly (%)			Monthly (%)			Quarterly (%)			Annually (%)			Other (%)			Never (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	52.8	46.2	56.3	28.3	7.7	20.4	8.5	30.8	9.2	7.5	15.4	10.6	0.9	0.0	0.7	0.9	0.0	0.0	0.9	0.0	2.8	106	13	142
FS	57.6	53.0	60.8	27.5	23.5	23.8	6.7	6.8	10.5	7.5	14.4	3.5	0.2	1.5	0.0	0.0	0.0	0.0	0.4	0.8	1.4	505	132	143
GP	57.7	61.9	56.8	23.4	21.4	22.9	10.7	9.5	8.2	7.6	7.1	10.7	0.0	0.0	0.9	0.2	0.0	0.0	0.5	0.0	0.5	657	42	873
KZN	58.9	70.2	47.1	18.0	6.4	22.1	9.3	4.3	17.6	10.0	19.1	10.3	3.0	0.0	0.7	0.4	0.0	0.0	0.5	0.0	2.2	562	47	136
LP	50.0	66.1	62.2	19.0	23.2	17.1	6.3	5.4	6.3	24.7	5.4	11.7	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.0	1.8	158	112	111
MP	54.7	50.7	53.2	23.3	26.8	22.1	7.6	14.1	8.1	13.4	8.5	15.3	0.0	0.0	0.0	0.6	0.0	0.0	0.6	0.0	1.3	172	71	235
NW	55.8	75.0	48.5	19.5	15.6	23.9	14.2	6.3	14.9	9.7	0.0	6.0	0.0	3.1	5.2	0.0	0.0	0.0	0.9	0.0	1.5	113	32	134
NC	89.5	66.7	95.1	7.7	33.3	2.4	1.1	0.0	0.0	1.7	0.0	2.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	181	3	41
WC	47.1	65.5	48.3	20.2	10.3	17.0	11.1	3.4	11.7	20.0	20.7	20.9	1.2	0.0	2.2	0.4	0.0	0.0	0.0	0.0	0.0	486	29	230
Total	57.3	60.3	55.6	21.4	20.4	21.3	8.8	7.9	9.6	11.1	10.6	11.4	0.9	0.6	1.1	0.2	0.0	0.0	0.4	0.2	1.0	2940	481	2045

Table 137: Reports issued to parents

Province	Reports issued to parents					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	68.3	996	73.0	115	72.2	670
Free State	88.5	790	80.1	296	73.7	391
Gauteng	92.0	1085	82.2	90	80.1	2019
KwaZulu-Natal	83.4	1394	79.5	215	75.2	491
Limpopo	86.7	949	74.4	804	60.4	1273
Mpumalanga	87.6	475	88.3	154	70.9	1065
North West	75.2	399	72.4	87	62.6	409
Northern Cape	86.7	353	66.7	9	73.8	103
Western Cape	89.5	1402	79.7	133	68.5	1282
Total	84.6	7843	77.5	1903	71.3	7703

Table 138: Regularity of reports issued

Prov.	Regularity of reports issued														
	Monthly (%)			Quarterly (%)			Mid-year (%)			End of year (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	23.2	36.6	23.4	43.3	36.6	44.8	10.2	4.9	14.6	23.4	22.0	17.2	668	82	471
FS	12.8	9.3	12.2	68.1	72.2	61.2	7.2	6.8	9.8	11.8	11.8	16.8	693	237	286
GP	6.9	10.8	8.0	58.2	52.7	49.4	17.6	17.6	18.6	17.2	18.9	24.1	993	74	1606
KZN	13.6	8.3	13.5	40.4	21.4	33.0	10.0	4.8	13.5	36.0	65.5	40.1	1149	168	364
LP	10.6	7.4	11.4	57.6	59.8	48.5	5.0	6.4	5.0	26.8	26.4	35.1	821	592	761
MP	15.9	10.6	13.9	61.9	60.6	51.7	7.7	18.2	15.6	14.6	10.6	18.9	391	132	720
NW	13.0	6.3	6.3	47.3	42.9	52.2	7.5	4.8	9.0	32.2	46.0	32.5	292	63	255
NC	17.3	0.0	31.6	68.3	83.3	53.9	4.2	0.0	5.3	10.1	16.7	9.2	306	6	76
WC	9.6	7.8	16.5	62.9	58.3	45.2	11.4	12.6	12.6	16.0	21.4	25.7	1225	103	848
Total	12.6	9.9	12.8	55.6	55.0	48.2	10.0	8.2	13.5	21.7	26.9	25.5	6538	1457	5387

Table 139: Content of children's portfolio: Children's work

Prov.	Content of children's portfolio: Children's work											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	66.8	20.2	13.0	976	62.5	25.9	11.6	112	55.5	26.0	18.5	650
FS	80.6	13.7	5.6	779	71.0	20.1	8.9	293	59.5	24.4	16.1	373
GP	80.5	15.8	3.7	1077	64.4	18.9	16.7	90	66.6	22.3	11.1	1985
KZN	65.4	20.6	14.0	1376	51.4	27.1	21.4	210	53.4	26.9	19.6	479
LP	87.9	6.2	5.9	925	82.1	12.1	5.8	759	58.6	21.4	20.0	1198
MP	73.8	21.7	4.5	469	77.8	17.6	4.6	153	55.3	26.4	18.4	1046
NW	74.6	16.3	9.2	393	85.1	4.6	10.3	87	62.3	21.7	16.0	406
NC	62.0	25.7	12.3	350	55.6	33.3	11.1	9	45.1	36.3	18.6	102
WC	81.8	14.1	4.1	1382	75.8	20.5	3.8	132	60.9	22.3	16.8	1237
Total	75.7	16.4	7.9	7727	74.0	17.1	8.9	1845	60.1	23.6	16.3	7476

Table 140: Content of children's portfolio: Assessments

Prov.	<i>Content of children's portfolio: Assessments</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	45.5	22.5	32.0	963	42.3	35.1	22.5	111	43.9	26.1	30.0	643
FS	74.6	13.9	11.6	778	59.9	17.0	23.2	289	46.4	22.8	30.8	373
GP	74.2	17.0	8.8	1076	60.0	17.8	22.2	90	59.8	20.6	19.7	1974
KZN	53.0	23.3	23.7	1371	44.2	27.9	27.9	208	40.3	26.4	33.3	477
LP	82.3	9.4	8.2	922	75.1	11.3	13.6	755	47.0	22.4	30.7	1194
MP	71.1	23.6	5.3	470	75.2	17.6	7.2	153	52.1	26.1	21.8	1041
NW	50.5	19.5	29.9	374	66.7	11.5	21.8	87	39.2	24.7	36.2	401
NC	51.6	26.2	22.2	347	33.3	44.4	22.2	9	39.6	30.7	29.7	101
WC	70.7	16.1	13.2	1372	61.4	20.5	18.2	132	47.3	22.5	30.2	1219
Total	64.8	18.4	16.8	7673	64.9	17.2	17.9	1834	49.9	23.3	26.8	7423

Table 141: Content of children's portfolio: Report cards

Prov.	<i>Content of children's portfolio: Report cards</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	38.7	18.1	43.2	962	35.1	12.6	52.3	111	39.8	21.7	38.5	641
FS	65.5	15.8	18.7	777	47.2	13.4	39.3	290	43.8	21.2	34.9	372
GP	72.8	17.6	9.6	1078	60.0	17.8	22.2	90	58.9	18.6	22.6	1973
KZN	49.7	17.4	32.9	1369	40.1	16.9	43.0	207	38.2	21.4	40.3	476
LP	72.7	7.1	20.2	926	64.4	7.1	28.5	751	40.0	10.7	49.2	1192
MP	66.5	16.9	16.7	468	69.1	11.8	19.1	152	47.3	19.9	32.8	1036
NW	55.7	14.5	29.8	379	60.5	5.8	33.7	86	47.9	13.5	38.6	399
NC	50.0	24.3	25.7	346	55.6	11.1	33.3	9	39.0	32.0	29.0	100
WC	65.0	14.0	21.0	1369	50.0	20.0	30.0	130	42.9	17.1	40.0	1211
Total	60.0	15.6	24.4	7674	56.1	11.3	32.6	1826	47.0	17.7	35.3	7400

Table 142: Content of children's portfolio: Parent signature on portfolios

Prov.	Content of children's portfolio: Parent signature on portfolios											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	35.4	17.1	47.6	967	31.3	17.0	51.8	112	40.5	18.5	41.0	649
FS	60.8	14.0	25.2	779	45.4	21.3	33.3	291	40.2	20.6	39.1	373
GP	64.8	17.9	17.3	1078	56.7	18.9	24.4	90	53.6	18.4	28.0	1982
KZN	39.3	14.6	46.1	1374	37.8	19.1	43.1	209	29.1	16.5	54.4	478
LP	68.7	7.3	24.1	923	57.8	7.5	34.7	756	37.3	12.0	50.7	1198
MP	59.9	20.0	20.2	471	68.0	15.0	17.0	153	46.1	21.3	32.6	1041
NW	40.4	12.8	46.9	384	50.6	4.6	44.8	87	37.7	8.9	53.3	403
NC	36.6	18.9	44.6	350	44.4	11.1	44.4	9	28.4	21.6	50.0	102
WC	55.0	13.6	31.4	1373	34.8	13.6	51.5	132	35.7	17.5	46.8	1220
Total	52.1	14.7	33.2	7699	50.7	13.1	36.2	1839	42.4	17.2	40.4	7446

Table 143: Practitioner/parent meetings held

Province	Practitioner/parent meetings held					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	93.8	991	96.5	114	88.9	658
Free State	95.3	791	92.5	295	86.2	391
Gauteng	93.8	1084	83.3	90	88.4	2017
KwaZulu-Natal	95.5	1381	97.7	215	90.2	482
Limpopo	92.8	948	92.7	804	86.6	1271
Mpumalanga	97.3	475	98.0	153	88.6	1061
North West	92.9	394	97.7	87	82.8	408
Northern Cape	92.0	348	100.0	9	88.1	101
Western Cape	94.3	1390	93.2	133	81.6	1261
Total	94.3	7802	93.7	1900	86.8	7650

Table 144: Feedback provided to parent/guardians at practitioner/parent meetings

Prov.	<i>Feedback provided to parent/guardians at practitioner/parent meetings</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	71.1	24.6	4.3	928	65.5	29.1	5.5	110	59.2	33.6	7.2	584
FS	75.1	22.8	2.1	754	56.8	41.8	1.5	273	60.7	34.5	4.8	336
GP	79.3	19.1	1.7	1017	76.0	17.3	6.7	75	69.8	26.1	4.2	1782
KZN	63.7	30.4	5.9	1317	65.9	28.3	5.9	205	52.0	36.1	12.0	435
LP	88.1	10.5	1.5	880	86.4	12.3	1.2	745	69.7	27.5	2.8	1100
MP	77.3	21.9	0.9	462	81.3	18.7	0.0	150	69.4	27.8	2.8	939
NW	84.1	14.5	1.4	365	94.1	5.9	0.0	85	78.9	15.4	5.6	337
NC	65.2	29.2	5.6	319	55.6	44.4	0.0	9	51.7	40.4	7.9	89
WC	69.8	28.3	1.9	1310	53.7	40.7	5.7	123	57.7	39.0	3.2	1027
Total	73.9	23.2	2.9	7352	75.3	22.3	2.4	1775	65.5	30.0	4.5	6629

Table 145: Programme supporting learning disability

Prov.	<i>Centres with programmes supporting disabilities/impairments</i>										
		Learning (%)	Developmental delays (%)	Physical (%)	Visual (%)	Hearing (%)	Speech (%)	Mental (%)	Chronic illness (%)	Behavioural challenges (%)	Total
EC	Full	14.0	27.3	10.5	5.3	6.8	9.9	4.7	5.0	29.6	1025
	Conditional	17.8	19.5	8.5	5.1	4.2	11.9	3.4	4.2	30.5	118
	Not Registered	14.2	23.3	9.9	7.4	8.0	12.2	3.5	7.4	24.3	690
FS	Full	18.7	25.2	11.6	5.4	6.5	9.8	5.1	5.6	37.0	819
	Conditional	35.8	41.6	13.2	9.5	7.4	14.2	8.8	3.0	38.2	296
	Not Registered	22.5	26.7	10.6	7.9	6.4	10.1	3.5	5.4	44.9	405
GP	Full	31.3	40.1	17.9	17.9	16.2	29.1	10.4	12.6	43.3	1092
	Conditional	16.7	25.6	11.1	15.6	11.1	11.1	3.3	3.3	41.1	90
	Not Registered	19.6	27.3	12.6	10.8	11.6	17.8	6.4	9.6	44.3	2048
KZN	Full	19.8	27.0	14.4	6.8	9.7	16.4	6.4	10.4	26.4	1419
	Conditional	5.1	34.1	8.8	6.0	10.1	6.5	4.1	6.0	14.7	217
	Not Registered	14.8	19.4	8.2	4.2	4.4	11.4	3.2	6.8	41.0	500
LP	Full	25.4	25.0	17.2	9.8	10.5	16.8	9.6	8.7	31.8	949
	Conditional	23.6	33.2	11.7	8.3	11.9	11.4	4.4	2.2	27.1	804
	Not Registered	26.4	31.1	10.9	6.4	9.1	12.4	7.0	5.0	28.2	1275
MP	Full	13.1	38.3	12.8	4.4	8.2	12.0	4.4	8.2	41.7	475
	Conditional	50.3	24.8	8.3	3.8	4.5	5.1	1.3	8.9	15.9	157
	Not Registered	17.9	34.6	9.1	5.6	8.8	13.5	3.4	5.6	35.9	1074
NW	Full	24.1	20.5	7.6	4.9	4.9	6.8	1.2	3.4	25.4	410
	Conditional	19.5	20.7	12.6	12.6	13.8	19.5	1.1	3.4	35.6	87
	Not Registered	28.7	24.4	7.7	8.9	9.9	11.1	0.7	7.0	30.0	414
NC	Full	11.5	13.2	7.1	3.8	4.7	10.4	3.0	4.9	20.5	365
	Conditional	11.1	0.0	0.0	0.0	0.0	11.1	0.0	0.0	33.3	9
	Not Registered	17.3	15.4	6.7	2.9	3.8	9.6	1.9	9.6	10.6	104
WC	Full	26.8	24.4	12.0	12.0	10.9	16.4	6.4	7.7	20.0	1478
	Conditional	18.8	34.7	7.6	6.9	10.4	13.9	2.1	2.8	22.9	144
	Not Registered	17.9	20.0	7.8	7.6	5.9	10.3	4.2	4.6	19.1	1382
Total	Full	21.9	27.6	13.2	8.9	9.6	15.6	6.4	8.1	30.2	8032
	Conditional	24.3	32.1	10.8	8.1	9.8	11.3	4.3	3.6	27.5	1922
	Not Registered	20.0	26.5	10.1	7.7	8.6	13.3	4.7	6.7	33.0	7892

Table 146: Evidence of arts and crafts material

Prov.	Evidence of arts and crafts material														
	All (%)			Most (%)			Few (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	24.0	13.7	24.6	36.4	32.5	25.3	33.6	45.3	32.6	6.0	8.5	17.5	1013	117	675
FS	35.8	42.2	21.7	36.6	31.4	24.5	25.4	24.7	38.9	2.1	1.7	14.9	794	296	396
GP	37.9	20.0	19.1	38.3	44.4	31.5	22.6	34.4	39.3	1.2	1.1	10.1	1086	90	2028
KZN	23.5	6.5	10.5	29.5	22.2	30.2	38.3	55.1	38.4	8.7	16.2	20.9	1400	216	487
LP	25.9	25.2	10.0	28.2	33.1	17.6	41.2	36.6	47.8	4.6	5.1	24.6	948	804	1269
MP	27.8	26.1	9.3	37.5	9.6	23.8	28.4	52.2	44.0	6.3	12.1	23.0	475	157	1067
NW	13.2	20.7	9.0	20.8	11.5	15.7	53.8	59.8	50.8	12.2	8.0	24.5	409	87	413
NC	48.5	33.3	38.5	17.0	22.2	12.5	28.5	22.2	32.7	6.0	22.2	16.3	365	9	104
WC	55.6	33.8	31.6	30.1	42.4	29.3	13.6	21.6	30.6	0.8	2.2	8.5	1414	139	1304
Total	33.7	25.3	18.2	31.7	29.8	25.7	29.9	38.4	39.7	4.7	6.4	16.4	7904	1915	7743

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 147: Evidence of music and movement material

Prov.	Evidence of music and movement material														
	All (%)			Most (%)			Few (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	11.2	1.7	14.8	24.3	25.6	15.9	34.8	48.7	29.8	29.7	23.9	39.5	1011	117	674
FS	24.8	14.5	12.4	25.1	24.0	14.6	36.0	48.0	40.4	14.1	13.5	32.6	794	296	396
GP	22.7	13.3	11.6	31.8	32.2	22.5	30.8	36.7	36.2	14.7	17.8	29.7	1086	90	2026
KZN	12.7	4.2	5.3	18.5	6.9	18.9	43.1	54.6	31.8	25.8	34.3	43.9	1398	216	487
LP	13.8	10.9	5.0	22.7	20.4	10.4	48.0	43.5	42.9	15.5	25.1	41.8	948	804	1269
MP	15.8	5.7	4.7	24.4	4.5	14.3	37.5	49.7	40.3	22.3	40.1	40.7	475	157	1067
NW	7.1	8.0	8.0	12.7	17.2	10.7	45.5	50.6	41.2	34.7	24.1	40.2	409	87	413
NC	30.1	33.3	33.7	12.6	11.1	5.8	35.1	33.3	22.1	22.2	22.2	38.5	365	9	104
WC	41.3	23.2	21.5	27.3	29.0	24.0	23.2	34.8	27.5	8.1	13.0	27.1	1415	138	1296
Total	21.0	10.7	11.3	23.6	19.4	17.6	36.1	45.6	35.9	19.3	24.2	35.3	7901	1914	7732

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 148: Evidence of educational games

Prov.	Evidence of educational games														
	All (%)			Most (%)			Few (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	25.7	13.7	26.4	32.5	32.5	21.8	32.6	42.7	30.9	9.2	11.1	20.9	1012	117	670
FS	31.9	42.9	22.2	35.2	24.3	18.9	29.5	30.7	40.2	3.4	2.0	18.7	793	296	396
GP	38.2	21.1	20.9	36.1	43.3	28.5	21.9	30.0	38.0	3.8	5.6	12.6	1086	90	2025
KZN	24.4	5.6	11.9	24.6	18.1	22.5	38.9	55.6	38.3	12.0	20.8	27.3	1400	216	488
LP	27.8	25.6	13.1	24.7	28.4	15.7	41.6	38.9	47.4	5.9	7.1	23.8	948	804	1269
MP	23.8	22.9	8.9	33.7	5.1	21.5	34.7	54.8	45.5	7.8	17.2	24.2	475	157	1067
NW	12.0	10.3	9.0	16.2	12.6	15.0	54.2	59.8	42.9	17.6	17.2	33.2	408	87	413
NC	44.7	33.3	38.5	14.2	22.2	9.6	30.7	22.2	28.8	10.4	22.2	23.1	365	9	104
WC	56.1	38.1	32.3	26.9	38.1	27.7	15.2	19.4	30.0	1.8	4.3	10.0	1408	139	1296
Total	33.6	25.1	19.5	28.3	25.6	22.9	31.1	40.1	38.9	7.1	9.2	18.8	7895	1915	7728

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 149: Evidence of manipulative and construction sets

Prov.	Evidence of manipulative and construction sets														
	All (%)			Most (%)			Few (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	14.7	4.3	19.0	27.6	27.4	17.6	40.9	49.6	33.2	16.8	18.8	30.2	1013	117	672
FS	26.9	24.7	14.9	29.5	24.7	13.9	35.9	42.6	41.9	7.7	8.1	29.3	793	296	396
GP	23.8	13.3	12.6	38.8	43.3	25.2	29.0	34.4	39.4	8.4	8.9	22.8	1085	90	2026
KZN	13.8	4.2	6.8	21.8	7.4	21.6	43.2	62.3	34.1	21.2	26.0	37.6	1399	215	487
LP	15.4	12.6	5.6	26.3	21.6	10.9	45.0	46.0	43.4	13.3	19.8	40.1	948	804	1269
MP	16.4	7.6	4.4	29.3	7.6	16.0	40.0	53.5	42.7	14.3	31.2	36.8	475	157	1067
NW	8.8	8.0	7.8	14.5	9.2	11.9	53.2	56.3	40.8	23.5	26.4	39.6	408	87	412
NC	38.9	33.3	39.4	14.5	11.1	6.7	32.6	33.3	30.8	14.0	22.2	23.1	365	9	104
WC	46.1	22.3	24.7	31.3	36.0	26.9	19.2	33.1	30.4	3.4	8.6	18.0	1409	139	1294
Total	23.6	13.2	12.8	27.6	21.2	19.4	36.0	47.1	38.2	12.8	18.5	29.6	7895	1914	7727

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 150: Evidence of puzzles, books, and posters

Prov.	Evidence of puzzles, books, and posters														
	All (%)			Most (%)			Few (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	20.8	5.2	23.7	37.1	25.9	22.4	33.3	56.0	35.2	8.8	12.9	18.8	1013	116	671
FS	29.6	26.0	18.2	35.1	31.1	20.7	32.2	39.9	41.7	3.0	3.0	19.4	794	296	396
GP	33.8	15.6	16.9	38.3	46.7	30.2	25.5	34.4	40.9	2.3	3.3	12.0	1085	90	2026
KZN	18.4	4.2	9.6	25.5	18.1	26.2	44.8	57.2	38.1	11.3	20.5	26.0	1398	215	488
LP	18.9	17.5	6.1	31.6	29.4	16.2	43.2	44.4	50.6	6.3	8.7	27.1	947	804	1268
MP	21.9	11.5	7.5	33.5	5.7	17.8	36.8	59.9	48.5	7.8	22.9	26.1	475	157	1067
NW	9.8	10.3	8.3	14.2	11.5	15.1	59.6	65.5	47.0	16.4	12.6	29.7	408	87	411
NC	42.2	33.3	38.5	14.8	0.0	8.7	35.9	66.7	30.8	7.1	0.0	22.1	365	9	104
WC	54.0	28.8	30.5	30.1	44.6	30.0	14.8	23.0	30.5	1.1	3.6	9.0	1415	139	1294
Total	29.3	16.6	16.1	30.7	27.2	23.7	33.7	46.2	41.3	6.3	10.1	18.9	7900	1913	7725

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 151: Evidence of fantasy and make-believe materials

Prov.	Evidence of fantasy and make-believe materials														
	All (%)			Most (%)			Few (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	15.4	8.7	18.7	32.6	23.5	19.9	40.3	47.8	34.7	11.7	20.0	26.7	1012	115	674
FS	26.2	24.7	15.9	29.1	31.4	16.2	37.4	39.2	44.4	7.3	4.7	23.5	794	296	396
GP	24.7	16.7	13.3	33.8	35.6	25.5	33.2	38.9	38.5	8.3	8.9	22.6	1085	90	2026
KZN	14.0	4.7	7.2	22.0	10.2	21.6	47.7	60.9	38.1	16.2	24.2	33.1	1399	215	486
LP	15.8	12.3	5.2	27.2	25.6	12.7	46.9	44.0	47.2	10.0	18.0	34.9	947	804	1269
MP	16.0	6.4	5.7	30.1	3.2	14.1	39.8	59.2	44.0	14.1	31.2	36.2	475	157	1067
NW	6.9	8.0	8.5	16.0	5.7	11.9	50.1	55.2	43.6	26.9	31.0	36.0	405	87	411
NC	35.1	22.2	31.7	12.6	11.1	10.6	34.2	55.6	22.1	18.1	11.1	35.6	365	9	104
WC	43.1	18.8	23.5	30.2	39.9	26.6	19.7	28.3	26.8	7.0	13.0	23.1	1408	138	1293
Total	23.0	13.2	12.9	27.5	23.3	19.9	37.7	45.8	38.7	11.8	17.6	28.5	7890	1911	7726

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 152: Evidence of outdoor and active play area

Prov.	Evidence of outdoor and active play area														
	All (%)			Most (%)			Few (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	15.9	1.7	18.1	32.3	32.2	19.9	36.3	47.0	28.3	15.5	19.1	33.8	1013	115	669
FS	25.9	16.6	11.9	31.1	31.1	17.7	35.1	44.9	43.7	7.8	7.4	26.8	794	296	396
GP	26.5	13.3	12.6	34.3	38.9	24.2	31.9	37.8	42.2	7.2	10.0	20.9	1083	90	2025
KZN	12.0	2.8	7.6	23.4	9.8	16.8	46.1	58.1	30.5	18.5	29.3	45.1	1400	215	488
LP	16.4	11.2	4.6	25.2	25.7	10.0	48.8	47.9	45.0	9.6	15.2	40.4	947	804	1270
MP	16.0	8.3	4.3	28.5	3.8	12.4	43.2	56.1	43.1	12.2	31.8	40.2	474	157	1067
NW	5.6	10.3	7.8	13.5	9.2	10.7	58.3	51.7	44.4	22.5	28.7	37.1	408	87	412
NC	35.3	44.4	29.8	14.5	11.1	6.7	34.2	33.3	24.0	15.9	11.1	39.4	365	9	104
WC	42.6	22.5	20.8	30.9	37.7	22.5	19.9	27.5	26.8	6.6	12.3	29.9	1406	138	1293
Total	22.9	11.3	11.6	27.7	24.0	17.8	37.4	47.4	38.2	12.0	17.3	32.3	7890	1911	7724

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 153: Evidence of classroom furniture and equipment

Prov.	Evidence of classroom furniture and equipment														
	All (%)			Most (%)			Few (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	25.8	11.2	24.8	36.9	24.1	22.5	30.7	47.4	36.1	6.5	17.2	16.6	1010	116	670
FS	32.8	26.4	18.9	34.5	31.4	21.5	29.8	38.2	44.7	2.9	4.1	14.9	792	296	396
GP	38.5	22.2	19.7	36.1	43.3	31.2	24.1	32.2	39.4	1.4	2.2	9.7	1084	90	2025
KZN	21.1	5.6	10.9	28.6	34.0	25.6	43.6	41.9	42.0	6.7	18.6	21.5	1400	215	488
LP	20.4	18.9	6.1	30.8	32.1	15.9	44.4	43.3	57.1	4.4	5.7	20.9	947	804	1269
MP	24.4	11.5	8.8	33.5	7.0	18.5	34.5	58.0	49.5	7.6	23.6	23.2	475	157	1067
NW	11.8	11.5	9.0	24.1	37.9	19.9	51.1	36.8	50.2	13.0	13.8	20.9	407	87	412
NC	43.8	22.2	33.7	14.0	11.1	16.3	34.5	44.4	33.7	7.7	22.2	16.3	365	9	104
WC	56.5	37.2	34.8	29.4	36.5	28.0	12.8	20.4	28.4	1.3	5.8	8.8	1411	137	1289
Total	32.3	18.6	17.9	31.1	30.7	24.0	31.9	41.3	42.5	4.8	9.4	15.5	7891	1911	7720

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 154: General condition of arts and crafts material

Prov.	General condition of arts and crafts material											
	Good (%)			Fair (%)			Poor (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	41.2	30.4	35.2	41.9	47.0	36.1	16.9	22.6	28.6	1005	115	664
FS	55.4	56.9	39.6	37.4	37.3	39.6	7.2	5.8	20.7	792	295	391
GP	56.0	47.8	40.6	40.5	44.4	44.9	3.5	7.8	14.5	1086	90	2026
KZN	40.6	19.4	29.7	43.4	56.4	37.6	16.0	24.2	32.8	1388	211	482
LP	41.0	41.1	21.9	46.8	48.6	48.5	12.2	10.3	29.5	947	803	1259
MP	56.3	61.5	29.3	35.0	26.3	44.9	8.6	12.2	25.8	474	156	1050
NW	35.9	19.5	22.5	44.7	60.9	47.9	19.4	19.5	29.5	407	87	413
NC	32.3	22.2	27.9	44.7	44.4	37.5	23.0	33.3	34.6	365	9	104
WC	66.8	57.7	43.8	30.9	34.3	42.8	2.3	8.0	13.3	1409	137	1268
Total	49.3	42.6	34.2	40.0	45.1	43.7	10.7	12.3	22.1	7873	1903	7657

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 155: General condition of music and movement material

Prov.	General condition of music and movement material											
	Good (%)			Fair (%)			Poor (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	26.5	17.0	24.8	37.5	49.1	30.9	36.0	33.9	44.3	986	112	653
FS	42.7	40.3	27.9	40.0	42.7	36.2	17.3	17.1	35.9	782	293	387
GP	42.4	38.9	29.4	42.6	41.1	43.4	15.0	20.0	27.1	1085	90	2014
KZN	28.5	8.6	22.2	41.3	44.8	30.2	30.2	46.7	47.6	1363	210	473
LP	27.5	19.4	12.7	51.4	50.2	43.0	21.1	30.4	44.3	945	797	1236
MP	40.4	52.9	22.1	38.1	27.1	41.2	21.6	20.0	36.7	473	155	1036
NW	27.3	23.0	21.8	35.6	44.8	38.2	37.1	32.2	40.0	396	87	408
NC	25.5	11.1	25.0	38.1	44.4	28.8	36.4	44.4	46.2	365	9	104
WC	58.1	46.7	37.8	34.5	34.8	37.7	7.5	18.5	24.5	1378	135	1190
Total	37.3	27.1	25.6	40.3	44.7	39.4	22.5	28.3	35.0	7773	1888	7501

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 156: General condition of educational games

Prov.	General condition of educational games											
	Good (%)			Fair (%)			Poor (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	40.7	26.5	33.1	40.7	50.4	37.2	18.6	23.1	29.7	1002	117	656
FS	53.4	59.3	37.3	37.4	35.3	37.5	9.3	5.4	25.2	789	295	389
GP	54.8	48.9	40.8	39.9	44.4	45.0	5.3	6.7	14.3	1085	90	2020
KZN	40.4	17.5	27.3	42.8	54.0	37.2	16.8	28.4	35.5	1377	211	479
LP	39.3	37.1	20.8	47.8	51.8	50.0	12.9	11.1	29.2	948	803	1253
MP	53.8	57.7	29.0	34.8	32.1	47.2	11.4	10.3	23.8	474	156	1045
NW	30.3	14.9	22.1	48.1	60.9	41.4	21.6	24.1	36.5	403	87	411
NC	30.4	11.1	26.0	44.1	44.4	35.6	25.5	44.4	38.5	365	9	104
WC	66.9	58.5	46.3	30.5	36.3	40.9	2.6	5.2	12.8	1398	135	1259
Total	48.2	40.4	33.9	39.9	46.7	43.6	12.0	12.9	22.5	7841	1903	7616

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 157: General condition of manipulative and construction sets

Prov.	General condition of manipulative and construction sets											
	Good (%)			Fair (%)			Poor (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	32.2	23.7	29.7	42.4	44.7	33.4	25.5	31.6	36.9	998	114	656
FS	46.0	46.1	27.6	42.3	43.1	40.1	11.7	10.8	32.3	787	295	387
GP	45.3	46.7	31.5	45.9	37.8	45.7	8.8	15.6	22.8	1083	90	2014
KZN	32.6	12.0	24.9	42.5	53.6	32.0	24.9	34.4	43.1	1374	209	478
LP	28.4	24.5	13.8	53.4	52.3	44.9	18.2	23.2	41.3	946	801	1238
MP	47.8	53.8	20.9	40.4	34.0	44.5	11.8	12.2	34.6	473	156	1043
NW	30.0	13.8	21.8	42.1	52.9	37.4	28.0	33.3	40.8	404	87	412
NC	28.5	22.2	30.8	41.9	22.2	27.9	29.6	55.6	41.3	365	9	104
WC	61.4	46.3	41.5	33.8	38.2	40.2	4.8	15.4	18.2	1394	136	1218
Total	40.9	30.9	27.4	42.5	47.2	41.6	16.6	21.8	31.0	7824	1897	7550

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 158: General condition of puzzles, books, and posters

Prov.	General condition of puzzles, books and posters											
	Good (%)			Fair (%)			Poor (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	40.9	22.1	35.5	41.1	49.6	34.9	18.1	28.3	29.6	1001	113	659
FS	52.6	52.9	35.7	38.2	40.0	39.0	9.2	7.1	25.3	791	295	392
GP	55.0	46.7	37.5	41.4	43.3	48.2	3.6	10.0	14.3	1085	90	2018
KZN	37.0	20.6	31.7	44.2	52.2	35.2	18.8	27.3	33.1	1382	209	480
LP	34.6	34.2	19.5	52.1	53.1	48.0	13.3	12.7	32.5	945	801	1247
MP	53.9	57.7	26.3	35.2	31.4	46.4	10.9	10.9	27.3	475	156	1047
NW	31.9	16.1	24.0	46.9	62.1	43.4	21.2	21.8	32.5	401	87	412
NC	27.4	11.1	29.8	46.8	44.4	30.8	25.8	44.4	39.4	365	9	104
WC	65.6	53.7	45.2	31.8	39.7	42.5	2.6	6.6	12.3	1403	136	1249
Total	46.7	37.9	32.8	41.2	47.9	44.1	12.1	14.2	23.2	7848	1896	7608

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 159: General condition of fantasy and make-believe materials

Prov.	General condition of fantasy and make-believe materials											
	Good (%)			Fair (%)			Poor (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	32.3	24.5	29.8	43.4	43.6	34.1	24.3	31.8	36.1	1003	110	657
FS	46.3	50.5	30.1	40.6	40.3	42.9	13.0	9.2	27.0	790	295	389
GP	45.3	38.9	32.1	43.1	42.2	44.5	11.5	18.9	23.4	1083	90	2010
KZN	32.4	9.6	23.4	43.5	57.2	38.9	24.1	33.2	37.7	1375	208	478
LP	31.2	26.7	14.8	52.0	50.7	45.9	16.8	22.7	39.3	946	803	1252
MP	46.4	51.9	22.0	39.4	31.4	44.3	14.2	16.7	33.6	472	156	1035
NW	29.3	10.3	22.0	39.5	57.5	40.3	31.1	32.2	37.7	392	87	409
NC	23.6	11.1	25.0	43.0	44.4	28.8	33.4	44.4	46.2	365	9	104
WC	58.1	45.8	39.3	35.7	38.2	41.0	6.2	16.0	19.7	1363	131	1170
Total	40.2	31.6	27.4	42.3	46.8	42.4	17.4	21.7	30.2	7789	1889	7504

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 160: General condition of outdoor and active play area

Prov.	General condition of outdoor and active play area											
	Good (%)			Fair (%)			Poor (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	36.4	23.4	29.6	38.9	45.9	31.2	24.7	30.6	39.2	996	111	651
FS	46.9	45.4	29.4	37.7	41.7	39.5	15.4	12.9	31.2	787	295	385
GP	51.0	40.0	32.6	39.3	45.6	44.4	9.7	14.4	23.0	1082	90	2009
KZN	33.5	10.1	24.8	39.6	51.0	27.2	26.9	38.9	48.0	1378	208	475
LP	31.2	26.1	12.4	53.2	52.1	44.3	15.6	21.8	43.2	947	802	1245
MP	44.9	54.5	20.6	41.1	30.8	41.7	14.0	14.7	37.7	470	156	1044
NW	26.1	13.8	20.8	44.4	55.2	42.1	29.5	31.0	37.2	403	87	409
NC	23.6	0.0	20.2	43.3	66.7	27.9	33.2	33.3	51.9	365	9	104
WC	59.5	51.1	38.4	33.3	33.1	36.7	7.2	15.8	25.0	1380	133	1154
Total	41.8	31.3	26.7	40.3	46.8	40.0	17.9	21.9	33.3	7808	1891	7476

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 161: General condition of classroom furniture and equipment

Prov.	General condition of classroom furniture and equipment											
	Good (%)			Fair (%)			Poor (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	42.4	28.7	35.1	40.7	45.2	36.5	16.8	26.1	28.4	1009	115	663
FS	55.7	48.6	36.8	36.7	43.2	41.7	7.6	8.2	21.5	792	294	391
GP	56.8	50.0	40.5	39.4	43.3	45.4	3.8	6.7	14.0	1084	90	2018
KZN	42.7	31.0	31.7	42.1	48.1	34.0	15.2	21.0	34.4	1389	210	483
LP	38.8	37.9	18.5	50.4	50.7	52.1	10.9	11.3	29.4	947	804	1255
MP	56.3	56.7	27.6	34.6	35.0	46.8	9.1	8.3	25.6	474	157	1049
NW	41.9	32.2	31.8	39.9	44.8	43.0	18.2	23.0	25.2	406	87	412
NC	31.0	11.1	23.1	41.6	44.4	42.3	27.4	44.4	34.6	365	9	104
WC	67.7	60.3	48.0	29.6	30.1	39.4	2.7	9.6	12.7	1401	136	1245
Total	50.1	41.6	34.4	39.2	45.5	43.9	10.7	12.9	21.7	7867	1902	7620

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 162: Enough arts and crafts material

Prov.	<i>Enough arts and crafts material</i>											
	Yes (%)			Partly (%)			No (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	36.8	31.0	32.5	33.7	31.9	25.6	29.4	37.2	42.0	1002	113	665
FS	53.6	55.3	38.6	29.9	33.2	26.9	16.5	11.5	34.5	793	295	391
GP	55.0	44.4	37.6	32.7	38.9	35.4	12.3	16.7	27.0	1086	90	2026
KZN	31.3	28.9	24.9	34.2	25.1	33.0	34.4	46.0	42.1	1388	211	482
LP	33.1	36.2	16.3	32.7	34.5	26.0	34.2	29.3	57.7	946	803	1258
MP	38.8	23.1	19.7	33.5	37.8	27.2	27.6	39.1	53.0	474	156	1050
NW	18.8	13.8	13.3	31.9	42.5	34.2	49.4	43.7	52.4	405	87	412
NC	48.2	33.3	46.2	26.3	33.3	23.1	25.5	33.3	30.8	365	9	104
WC	71.9	60.1	51.6	18.4	24.6	23.6	9.7	15.2	24.8	1410	138	1267
Total	45.6	38.1	31.6	30.0	33.2	29.1	24.4	28.7	39.3	7869	1902	7655

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 163: Enough music and movement material

Prov.	<i>Enough music and movement material</i>											
	Yes (%)			Partly (%)			No (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	23.6	15.8	25.5	26.7	34.2	20.5	49.7	50.0	54.0	986	114	654
FS	39.9	37.9	25.1	30.7	36.2	26.6	29.4	25.9	48.3	782	293	387
GP	39.3	31.1	28.0	36.8	43.3	32.6	24.0	25.6	39.4	1085	90	2018
KZN	21.8	23.2	16.7	29.5	13.3	24.5	48.8	63.5	58.8	1365	211	473
LP	21.5	15.6	7.7	35.7	33.9	22.9	42.9	50.6	69.4	945	797	1235
MP	28.8	16.1	11.9	32.3	32.9	25.2	38.9	51.0	62.9	473	155	1036
NW	13.4	21.8	13.7	27.5	28.7	30.8	59.1	49.4	55.5	396	87	409
NC	40.0	11.1	45.2	23.3	33.3	16.3	36.7	55.6	38.5	365	9	104
WC	59.4	48.9	41.6	23.1	23.7	24.1	17.5	27.4	34.3	1378	135	1197
Total	33.8	23.3	23.0	29.7	31.4	26.4	36.6	45.3	50.6	7775	1891	7513

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 164: Enough educational games

Prov.	Enough educational games											
	Yes (%)			Partly (%)			No (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	35.8	22.8	33.1	31.3	36.0	22.3	32.9	41.2	44.6	1000	114	659
FS	49.5	56.9	36.5	31.9	32.5	25.7	18.6	10.5	37.8	784	295	389
GP	54.4	35.6	37.6	32.8	44.4	33.6	12.8	20.0	28.9	1085	90	2020
KZN	30.4	25.7	20.3	34.0	22.4	31.6	35.6	51.9	48.1	1378	210	478
LP	31.6	30.5	14.1	34.2	39.0	27.8	34.2	30.5	58.1	948	803	1254
MP	33.1	19.9	19.2	38.4	37.8	28.4	28.5	42.3	52.4	474	156	1046
NW	14.1	10.3	14.8	33.1	35.6	28.7	52.8	54.0	56.4	405	87	411
NC	50.7	11.1	45.2	22.2	55.6	14.4	27.1	33.3	40.4	365	9	104
WC	70.3	64.7	51.9	19.4	20.6	23.2	10.3	14.7	24.8	1398	136	1257
Total	43.9	34.4	30.9	30.4	34.7	28.2	25.8	30.8	40.9	7837	1900	7618

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 165: Enough manipulative and construction sets

Prov.	Enough manipulative and construction sets											
	Yes (%)			Partly (%)			No (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	26.5	18.3	28.2	33.1	29.6	22.4	40.5	52.2	49.5	1001	115	657
FS	42.3	45.4	27.4	35.3	38.0	26.1	22.4	16.6	46.5	785	295	387
GP	42.2	33.3	29.5	38.8	46.7	34.1	18.9	20.0	36.5	1082	90	2016
KZN	25.0	20.7	18.0	30.6	22.1	29.1	44.3	57.2	52.8	1374	208	477
LP	21.5	18.5	9.0	37.5	36.3	24.1	41.0	45.2	66.9	946	801	1238
MP	32.6	17.9	13.8	33.4	35.9	26.9	34.0	46.2	59.3	473	156	1042
NW	14.4	12.6	13.6	30.1	34.5	28.4	55.5	52.9	58.0	402	87	412
NC	48.2	22.2	43.3	21.1	33.3	17.3	30.7	44.4	39.4	365	9	104
WC	65.3	54.4	47.1	21.2	22.8	23.8	13.5	22.8	29.1	1387	136	1225
Total	37.0	25.9	25.2	31.4	34.0	27.5	31.6	40.1	47.3	7815	1897	7558

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 166: Enough puzzles, books and posters

Prov.	<i>Enough puzzles, books and posters</i>											
	Yes (%)			Partly (%)			No (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	34.1	17.9	32.8	34.1	35.7	24.8	31.8	46.4	42.4	997	112	662
FS	45.9	48.8	34.2	34.8	33.2	28.1	19.3	18.0	37.8	791	295	392
GP	50.9	32.2	33.9	35.4	45.6	36.3	13.7	22.2	29.9	1085	90	2019
KZN	28.2	25.4	23.0	34.1	24.4	31.7	37.7	50.2	45.3	1382	209	479
LP	26.8	24.2	11.0	37.4	40.1	27.3	35.7	35.7	61.7	946	801	1247
MP	37.5	21.8	16.1	31.2	34.0	28.2	31.4	44.2	55.7	475	156	1046
NW	16.1	12.6	14.8	32.8	31.0	29.6	51.1	56.3	55.6	403	87	412
NC	49.9	22.2	45.2	22.7	33.3	16.3	27.4	44.4	38.5	365	9	104
WC	69.5	60.0	48.7	20.3	24.4	26.6	10.1	15.6	24.7	1401	135	1255
Total	42.0	30.0	28.5	31.5	35.2	29.8	26.4	34.8	41.8	7845	1894	7616

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 167: Enough fantasy and make-believe materials

Prov.	<i>Enough fantasy and make-believe materials</i>											
	Yes (%)			Partly (%)			No (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	27.6	18.9	27.8	34.0	32.4	22.5	38.3	48.6	49.7	1002	111	654
FS	43.3	47.5	29.8	32.7	34.6	29.6	24.0	18.0	40.6	787	295	389
GP	42.3	31.1	28.7	36.7	42.2	33.4	21.0	26.7	37.9	1082	90	2013
KZN	23.5	22.1	16.7	34.2	21.6	33.1	42.3	56.3	50.2	1378	208	480
LP	25.2	20.9	8.9	35.7	34.2	26.0	39.1	44.8	65.1	946	803	1252
MP	30.2	16.7	13.4	32.9	35.3	26.1	36.9	48.1	60.5	474	156	1033
NW	13.2	11.5	11.7	30.0	26.4	31.5	56.7	62.1	56.8	393	87	410
NC	41.6	22.2	43.3	23.8	55.6	10.6	34.5	22.2	46.2	365	9	104
WC	62.3	50.0	44.3	23.0	26.2	24.3	14.7	23.8	31.4	1364	130	1175
Total	36.4	26.8	24.2	31.8	32.5	28.2	31.8	40.8	47.6	7791	1889	7510

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 168: Enough of outdoor and active play area

Prov.	Enough of outdoor and active play area											
	Yes (%)			Partly (%)			No (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	29.2	19.1	27.4	32.8	29.1	21.1	37.9	51.8	51.5	999	110	649
FS	43.5	44.7	29.1	33.3	31.5	28.1	23.2	23.7	42.9	786	295	385
GP	44.4	34.4	28.5	36.0	41.1	33.5	19.7	24.4	38.0	1082	90	2010
KZN	22.3	20.8	17.3	33.4	21.7	24.9	44.3	57.5	57.8	1377	207	474
LP	23.4	20.4	8.4	36.1	32.8	23.1	40.4	46.8	68.5	947	802	1245
MP	29.4	17.9	11.8	33.0	34.0	24.8	37.6	48.1	63.4	473	156	1044
NW	10.9	10.3	12.4	29.1	31.0	29.3	60.0	58.6	58.3	405	87	410
NC	41.9	33.3	40.4	24.9	22.2	11.5	33.2	44.4	48.1	365	9	104
WC	62.6	50.0	42.3	22.4	23.1	22.9	15.0	26.9	34.8	1373	134	1163
Total	36.4	26.3	23.5	31.4	30.8	26.5	32.2	42.8	50.0	7807	1890	7484

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 169: Enough classroom furniture and equipment

Prov.	Enough classroom furniture and equipment											
	Yes (%)			Partly (%)			No (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	41.0	23.3	34.0	31.4	37.1	24.7	27.6	39.7	41.4	1008	116	665
FS	51.2	49.7	34.8	28.4	34.4	32.2	20.4	16.0	33.0	791	294	391
GP	55.5	41.1	38.6	33.5	40.0	33.6	11.0	18.9	27.8	1085	90	2018
KZN	31.0	32.5	22.8	33.3	26.4	31.5	35.7	41.0	45.6	1387	212	482
LP	30.4	31.7	13.7	35.6	36.8	27.8	34.0	31.5	58.5	947	804	1254
MP	40.1	18.5	18.8	32.9	34.4	27.2	27.0	47.1	54.1	474	157	1049
NW	20.4	27.6	19.2	31.9	32.2	30.8	47.7	40.2	50.0	407	87	412
NC	53.7	33.3	49.0	20.8	11.1	17.3	25.5	55.6	33.7	365	9	104
WC	72.2	65.9	52.6	17.6	23.0	24.9	10.2	11.1	22.4	1399	135	1243
Total	46.0	35.7	31.5	29.4	33.9	29.0	24.6	30.4	39.5	7863	1904	7618

Table 170: ECD centre has a discovery of nature area

<i>Province</i>	<i>ECD centre has a discovery of nature area</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	50.0	1011	47.0	117	41.4	676
Free State	73.4	793	89.2	296	61.6	398
Gauteng	70.8	1086	72.2	90	51.2	2028
KwaZulu-Natal	51.4	1401	39.4	216	38.1	488
Limpopo	60.5	947	56.0	804	36.6	1271
Mpumalanga	63.2	475	27.4	157	39.8	1067
North West	35.4	407	42.5	87	24.2	413
Northern Cape	39.0	351	44.4	9	32.0	103
Western Cape	65.9	1412	48.9	137	43.4	1299
Total	59.1	7883	55.9	1913	43.1	7743

Table 171: ECD centre displays colourful charts, posters and children's work

<i>Province</i>	<i>ECD centre displays colourful charts, posters and children's work</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	88.9	1013	77.8	117	79.3	677
Free State	93.8	795	91.6	296	80.4	398
Gauteng	95.9	1086	82.2	90	86.5	2028
KwaZulu-Natal	87.3	1404	70.4	216	77.9	488
Limpopo	87.5	947	87.1	804	63.8	1273
Mpumalanga	94.5	475	83.4	157	74.7	1067
North West	83.8	408	90.8	87	66.8	413
Northern Cape	85.4	350	77.8	9	75.7	103
Western Cape	95.1	1417	88.3	137	83.0	1304
Total	90.9	7895	85.0	1913	77.9	7751

Table 172: Source of support material

Prov.	Source of support material																				
	DSD (%)			DBE (%)			Dept. of Health (%)			Local govt. (%)			NGOs (%)			Other (%)			Total		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	58.9	61.9	21.3	14.8	12.7	15.8	9.4	9.3	10.3	10.9	13.6	6.2	18.8	6.8	16.4	14.0	12.7	30.9	1025	118	690
FS	54.3	46.6	24.2	28.0	15.9	8.4	22.0	8.8	11.6	10.4	1.4	4.9	11.7	7.8	10.6	24.4	40.9	52.1	819	296	405
GP	52.1	47.8	11.6	21.2	35.6	10.3	30.5	47.8	19.9	13.4	33.3	14.1	17.9	20.0	25.0	27.5	27.8	42.4	1092	90	2048
KZN	70.5	74.7	28.2	22.9	24.9	13.8	22.6	23.0	20.0	15.9	20.7	11.6	17.1	25.3	15.4	12.5	7.4	29.8	1419	217	500
LP	55.2	46.8	30.7	42.1	40.9	18.9	31.6	29.6	18.0	19.7	19.3	9.3	29.1	27.5	27.1	19.2	34.2	37.8	949	804	1275
MP	75.4	70.7	46.9	68.6	45.9	33.1	46.5	39.5	31.1	17.7	10.2	9.0	21.9	8.9	18.3	15.4	15.9	25.4	475	157	1074
NW	55.1	43.7	36.2	18.0	28.7	12.6	23.2	19.5	18.8	5.9	14.9	7.0	26.3	16.1	25.4	16.6	27.6	30.4	410	87	414
NC	50.7	44.4	24.0	33.2	0.0	15.4	11.2	0.0	6.7	5.5	0.0	2.9	20.3	0.0	25.0	11.0	33.3	25.0	365	9	104
WC	38.6	27.8	19.0	18.6	16.0	7.5	17.8	17.4	12.6	15.2	12.5	5.7	20.3	26.4	16.6	16.5	17.4	20.0	1478	144	1382
Total	55.8	51.2	24.8	26.6	31.1	15.1	23.0	24.6	18.3	13.8	15.5	9.3	19.8	20.3	20.9	17.8	27.5	33.3	8032	1922	7892

5.6. Health & Safety

5.6.1. Health

Table 173: Immunisation record kept

<i>Province</i>	<i>Immunisation records kept</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	65.6	1015	51.7	118	59.4	675
Free State	84.2	811	85.1	296	71.1	401
Gauteng	88.9	1087	82.2	90	80.1	2032
KwaZulu-Natal	69.5	1417	56.9	216	54.9	494
Limpopo	78.1	949	76.6	804	61.7	1275
Mpumalanga	73.5	475	53.5	157	47.0	1068
North West	69.1	408	78.2	87	65.9	414
Northern Cape	63.7	350	62.5	8	49.0	102
Western Cape	72.4	1442	76.6	141	59.7	1354
Total	74.7	7954	72.6	1917	64.0	7815

Table 174: Immunisation record kept up-to-date

<i>Province</i>	<i>Immunisation records kept up-to-date(where kept)</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	91.0	663	90.2	61	90.5	401
Free State	97.9	681	90.5	252	94.0	285
Gauteng	97.5	965	93.2	74	96.1	1626
KwaZulu-Natal	91.0	983	92.6	122	89.6	270
Limpopo	97.3	741	89.3	616	85.4	787
Mpumalanga	97.7	349	95.2	84	95.6	502
North West	93.6	280	98.5	68	92.6	272
Northern Cape	93.3	224	80.0	5	92.0	50
Western Cape	95.8	1040	97.2	106	95.3	809
Total	95.1	5926	91.4	1388	93.1	5002

Table 175: Immunisation records kept on-site

<i>Province</i>	<i>Immunisation records kept on-site (where kept)</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	87.0	663	90.2	61	84.3	401
Free State	93.0	682	68.3	252	79.6	285
Gauteng	94.0	966	98.6	74	93.7	1627
KwaZulu-Natal	86.9	985	87.8	123	87.8	271
Limpopo	94.7	741	93.7	615	86.0	787
Mpumalanga	96.3	349	96.4	84	93.2	502
North West	94.6	280	98.5	68	93.8	272
Northern Cape	83.5	224	80.0	5	84.0	50
Western Cape	90.4	1039	94.4	107	88.0	807
Total	91.1	5929	89.1	1389	89.6	5002

Table 176: Staff trained to recognise abuse and neglect

<i>Province</i>	<i>Staff trained to recognise abuse and neglect</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	55.7	1013	49.2	118	60.2	674
Free State	66.3	810	59.5	296	56.4	401
Gauteng	79.5	1087	77.8	90	69.8	2032
KwaZulu-Natal	65.4	1413	55.1	216	55.2	493
Limpopo	64.4	949	61.3	802	39.2	1275
Mpumalanga	73.7	475	61.1	157	61.1	1068
North West	45.3	408	39.1	87	39.4	414
Northern Cape	34.2	354	44.4	9	37.6	101
Western Cape	80.2	1438	73.2	138	71.0	1349
Total	66.8	7947	60.1	1913	59.4	7807

Table 177: Staff would report signs of abuse and neglect

Province	Staff would report signs of abuse and neglect					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	93.8	1005	87.3	118	91.0	669
Free State	97.0	808	98.0	296	92.8	401
Gauteng	95.5	1087	93.3	89	90.6	2028
KwaZulu-Natal	96.3	1414	92.6	216	92.3	493
Limpopo	88.2	948	88.0	803	81.4	1274
Mpumalanga	92.4	475	91.1	157	84.6	1068
North West	94.6	408	97.7	87	85.7	414
Northern Cape	79.1	354	88.9	9	77.5	102
Western Cape	96.3	1440	94.9	138	92.6	1353
Total	93.9	7939	91.5	1913	88.5	7802

Table 178: Person(s) staff would report signs of abuse and neglect to

Prov.	Person(s) staff would report signs of abuse and neglect to														
	Principal (%)			Police services (%)			Parent/Guardian (%)			Social worker (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	57.2	43.2	61.0	45.6	29.7	45.8	76.9	68.6	74.9	70.6	54.2	58.3	1025	118	690
FS	72.3	88.2	67.7	45.1	27.0	40.0	56.3	63.5	51.6	52.1	39.2	51.4	819	296	405
GP	86.7	81.1	79.1	26.0	34.4	28.9	66.1	51.1	60.4	47.6	47.8	40.2	1092	90	2048
KZN	46.7	51.2	52.2	22.3	41.9	16.6	61.3	84.3	65.8	65.3	73.7	49.4	1419	217	500
LP	44.3	53.2	43.2	24.9	25.2	20.0	56.3	65.9	59.3	60.6	69.9	49.4	949	804	1275
MP	55.4	38.2	51.8	17.3	10.8	19.8	64.8	60.5	66.2	56.2	49.0	44.7	475	157	1074
NW	76.8	73.6	77.1	49.3	39.1	44.0	77.1	64.4	76.3	67.1	82.8	57.7	410	87	414
NC	53.2	88.9	46.2	43.3	44.4	36.5	69.6	88.9	76.0	62.2	77.8	61.5	365	9	104
WC	83.3	80.6	77.4	32.9	25.0	34.0	58.7	45.1	53.9	63.3	49.3	59.1	1478	144	1382
Total	64.9	61.0	64.9	32.4	27.6	29.3	63.8	65.1	62.1	60.7	61.0	49.6	8032	1922	7892

Table 179: ECD has medication management policy

Prov.	<i>ECD centre has medication management policy</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	20.8	11.8	67.4	1017	20.3	17.8	61.9	118	21.7	17.0	61.3	672
FS	38.3	10.6	51.0	811	23.0	8.8	68.2	296	25.2	10.5	64.3	401
GP	55.9	15.6	28.4	1087	57.8	18.9	23.3	90	38.2	13.8	48.0	2031
KZN	17.0	12.9	70.0	1414	16.7	5.1	78.2	216	13.0	10.8	76.2	492
LP	47.8	6.2	45.9	949	43.2	7.7	49.1	804	20.7	11.1	68.2	1275
MP	33.3	12.2	54.4	474	21.0	6.4	72.6	157	19.5	9.7	70.9	1067
NW	25.9	8.8	65.3	409	21.8	6.9	71.3	87	9.7	5.3	85.0	414
NC	16.8	11.1	72.2	352	22.2	11.1	66.7	9	13.9	7.9	78.2	101
WC	53.4	17.1	29.5	1429	49.6	12.2	38.1	139	34.6	16.4	49.0	1345
Total	36.7	12.5	50.8	7942	33.9	8.9	57.2	1916	26.6	12.6	60.7	7798

Table 180: ECD centre has record of medication taken by children

Prov.	<i>ECD centre has record of medication taken by children</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	21.8	10.7	67.5	1008	17.9	17.9	64.1	117	23.9	17.4	58.7	673
FS	41.9	11.2	46.9	811	21.6	8.8	69.6	296	28.4	10.2	61.3	401
GP	55.7	14.6	29.7	1086	55.6	22.2	22.2	90	40.4	13.6	46.0	2031
KZN	16.0	9.3	74.7	1412	19.0	2.8	78.2	216	11.4	9.9	78.7	493
LP	55.1	5.4	39.5	949	46.1	7.9	46.1	801	27.8	12.6	59.5	1275
MP	38.9	15.6	45.5	475	22.3	5.1	72.6	157	19.4	13.4	67.2	1068
NW	26.7	7.8	65.4	408	23.0	8.0	69.0	87	12.8	5.6	81.6	414
NC	21.0	8.2	70.8	353	22.2	11.1	66.7	9	13.7	4.9	81.4	102
WC	57.6	16.9	25.5	1430	56.1	13.7	30.2	139	38.7	19.1	42.1	1337
Total	39.2	11.5	49.3	7932	35.6	8.9	55.5	1912	29.5	13.7	56.8	7794

Table 181: ECD centre maintains contact with local clinic

Province	ECD centre maintains contact with local clinic					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	80.0	1015	76.3	118	77.2	676
Free State	94.8	810	97.3	296	86.3	401
Gauteng	95.0	1087	90.0	90	87.4	2031
KwaZulu-Natal	88.2	1415	76.7	215	76.9	494
Limpopo	87.0	949	80.7	804	70.7	1275
Mpumalanga	84.6	475	45.2	157	59.6	1068
North West	77.7	408	88.5	87	70.3	414
Northern Cape	49.6	365	66.7	9	47.5	61
Western Cape	88.8	1437	83.6	140	77.7	1349
Total	86.2	7961	80.6	1916	76.3	7769

Table 182: Regularity of contact with local clinic

Prov.	ECD centre's regularity of contact with local clinic																	
	Weekly (%)			Monthly (%)			Quarterly (%)			Annually (%)			Other (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	7.3	8.0	6.4	31.1	43.2	33.1	39.4	29.5	45.3	18.6	15.9	11.6	3.6	3.4	3.7	803	88	519
FS	4.2	1.4	4.1	17.9	10.4	14.8	55.9	46.5	50.7	21.3	39.2	28.4	0.8	2.4	2.0	766	288	345
GP	4.5	9.9	2.5	20.9	19.8	13.6	44.3	51.9	45.2	27.1	14.8	35.8	3.1	3.7	2.9	1033	81	1773
KZN	3.9	0.6	3.7	36.1	26.7	33.1	46.9	38.2	49.3	10.1	33.9	10.7	3.1	0.6	3.2	1239	165	375
LP	7.9	8.2	6.1	44.9	30.0	38.0	41.2	43.9	43.3	4.8	15.9	11.2	1.2	2.0	1.3	826	649	900
MP	13.8	11.3	6.6	30.0	33.8	38.5	30.8	46.5	35.5	23.0	7.0	17.7	2.5	1.4	1.6	400	71	633
NW	3.2	2.6	2.4	17.5	6.5	23.1	65.6	85.7	64.5	10.7	2.6	6.2	2.9	2.6	3.8	308	77	290
NC	13.8	1.0	0.2	32.6	50.0	0.3	39.2	33.3	0.2	9.4	0.0	0.3	5.0	0.0	0.0	181	6	29
WC	3.8	1.7	2.6	26.5	32.8	18.7	46.2	43.1	47.4	20.6	17.2	27.1	2.9	5.2	4.2	1267	116	1031
Total	5.7	5.6	0.0	29.2	25.5	0.2	45.5	45.5	0.5	17.0	21.1	0.2	2.6	2.3	0.0	6823	1541	5895

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 183: Health & safety precautions

Prov.	Health precautions											
	Universal precautions policy (%)	Hand-washing policy (%)	Washable walls (%)	Sick bay (%)	Separate area to clean babies & change nappies (%)	Facility to clean bottles (%)	Kitchen floors/ working area kept clean (%)	Food prepared away from children (%)	First-aid kit with enough supplies (%)	Staff w/ First Aid training (%)	Pest control measures (%)	
EC	F	52.9	81.6	55.5	40.1	49.1	50.2	76.8	74.1	69.6	42.3	24.3
	C	34.7	65.3	44.9	42.4	55.9	60.2	63.6	62.7	61.0	37.3	21.2
	U	45.9	69.9	50.9	37.1	44.9	48.0	66.8	57.5	54.2	37.7	26.1
FS	F	58.2	86.8	73.3	49.7	36.9	44.7	90.7	89.1	81.6	52.4	26.4
	C	28.0	79.7	71.6	41.6	45.9	58.1	89.9	92.6	81.8	48.0	41.2
	U	45.9	80.5	57.8	36.8	46.4	48.6	80.0	75.1	60.7	29.9	23.0
GP	F	64.7	90.4	85.5	73.4	33.4	36.1	93.0	94.0	92.9	78.0	53.8
	C	43.3	80.0	73.3	62.2	37.8	41.1	85.6	87.8	90.0	67.8	47.8
	U	45.7	85.0	71.3	53.4	42.7	43.6	86.9	87.3	75.6	59.7	40.2
KZN	F	41.6	76.0	58.1	41.4	53.0	59.2	82.7	83.2	69.5	47.4	28.1
	C	56.7	86.2	55.8	35.0	68.2	68.2	68.7	72.8	56.2	37.3	23.0
	U	28.8	74.2	48.8	26.6	61.2	66.0	58.4	51.2	51.8	30.6	16.4
LP	F	56.5	77.6	59.2	38.3	45.2	59.6	89.0	88.9	80.2	55.2	27.9
	C	62.7	85.9	56.1	36.1	51.2	56.0	85.8	87.8	78.5	40.2	24.9
	U	45.1	75.5	33.6	17.6	65.9	69.9	65.9	69.6	38.5	24.0	16.6
MP	F	44.6	74.9	55.8	52.6	48.2	48.4	86.7	86.3	76.4	63.4	34.7
	C	42.7	73.9	57.3	54.8	40.8	45.2	80.3	73.9	67.5	45.2	24.2
	U	45.7	67.8	44.6	33.1	54.4	54.3	64.0	65.5	44.3	30.3	20.9
NW	F	39.5	72.4	50.2	35.4	74.1	81.2	73.4	75.6	68.0	35.1	13.7
	C	47.1	82.8	65.5	55.2	67.8	73.6	92.0	87.4	77.0	29.9	18.4
	U	37.4	70.0	41.5	29.2	73.7	77.1	66.2	68.4	41.5	21.5	12.3
NC	F	38.6	73.7	61.1	26.3	56.4	58.6	81.1	78.1	71.8	31.0	17.0
	C	66.7	77.8	66.7	11.1	55.6	44.4	66.7	66.7	77.8	11.1	11.1
	U	28.8	66.3	44.2	26.0	62.5	59.6	54.8	50.0	48.1	23.1	17.3
WC	F	60.2	87.3	84.0	59.5	26.6	24.6	87.3	84.7	90.2	74.9	42.0
	C	58.3	88.2	77.1	61.1	26.4	34.0	88.9	84.0	91.7	72.9	27.1
	U	49.6	82.9	72.6	46.4	35.2	30.2	79.4	76.0	76.5	62.7	36.3
Total	F	53.0	81.7	67.5	49.0	43.4	47.6	85.5	84.6	79.4	57.0	32.6
	C	51.4	82.5	60.7	42.6	50.1	55.5	83.1	83.8	76.0	44.4	27.8
	U	44.6	77.5	56.0	38.0	50.2	51.0	73.6	72.5	59.2	42.7	27.7

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 184: Regularity of classroom cleaning

Prov.	Regularity of classroom cleaning																							
	Daily (%)			Weekly (%)			Bi-weekly (%)			Monthly (%)			Quarterly (%)			Annually (%)			Never (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	96.2	90.6	92.3	2.5	7.7	5.6	0.7	0.0	0.2	0.4	1.7	0.6	0.1	1.0	0.0	0.1	0.0	0.0	0.1	0.0	1.4	1008	117	666
FS	98.1	95.3	97.0	1.5	3.0	2.2	0.1	0.0	0.0	0.1	0.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	809	296	401
GP	95.5	94.4	94.9	4.0	5.6	3.7	0.5	0.0	0.9	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	1088	90	2031
KZN	94.0	94.9	94.3	5.5	5.1	5.1	0.4	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.2	1413	216	491
LP	96.7	94.2	96.2	2.8	5.3	3.3	0.2	0.2	0.2	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.2	949	804	1273
MP	98.9	98.7	99.0	0.6	0.0	0.5	0.2	0.0	0.1	0.0	1.3	0.0	0.2	0.0	1.0	0.2	0.0	0.0	0.0	0.0	0.5	475	157	1068
NW	90.1	97.7	92.5	7.6	1.1	3.6	1.0	0.0	0.2	0.7	0.0	1.2	0.3	0.0	0.0	0.0	0.0	1.2	0.2	1.1	0.2	406	87	414
NC	90.4	100	87.5	8.2	0.0	11.5	0.0	0.0	1.0	0.5	0.0	0.0	0.1	0.0	0.1	0.5	0.0	0.0	0.0	0.0	0.0	365	9	104
WC	95.1	98.6	94.1	3.8	1.4	5.3	0.3	0.0	0.2	0.5	0.0	0.2	0.1	0.2	0.1	0.0	0.0	0.0	0.1	0.0	0.1	1435	140	1345
Total	95.4	95.1	95.1	3.8	4.2	3.7	0.4	0.1	0.4	0.3	0.4	0.2	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.4	7948	1916	7793

Table 185: Regularity of equipment and/or learning support materials cleaning

Prov.	Regularity of equipment and/or learning support materials cleaning																							
	Daily (%)			Weekly (%)			Bi-weekly (%)			Monthly (%)			Quarterly (%)			Annually (%)			Never (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	35.1	43.6	42.0	50.2	39.3	42.5	4.7	10.3	3.3	7.2	4.3	7.2	1.4	0.9	1.4	0.0	0.0	0.3	1.5	1.7	1.4	1004	117	664
FS	35.2	39.9	41.6	49.3	49.3	43.6	3.8	2.4	3.0	8.7	3.7	6.7	2.5	3.4	2.0	0.4	0.7	0.0	0.1	0.7	2.0	809	296	401
GP	30.1	53.3	28.3	57.1	33.3	54.8	4.0	3.3	5.3	7.1	6.7	7.6	1.2	3.3	2.0	0.4	0.0	0.4	0.3	0.0	2.0	1088	90	2028
KZN	32.3	35.3	33.9	46.9	43.3	44.7	3.0	9.3	5.5	10.4	7.9	7.3	5.5	3.7	3.5	0.4	0.0	0.0	1.6	0.5	3.5	1406	215	490
LP	30.6	30.7	24.7	40.6	44.2	41.6	3.7	2.7	3.3	14.9	13.2	12.5	8.2	4.2	8.0	0.3	0.4	0.9	1.8	4.5	8.0	949	801	1273
MP	49.5	25.5	38.7	39.6	59.2	47.4	2.1	3.2	3.1	6.1	3.2	4.4	2.3	8.9	3.0	0.0	0.0	0.0	0.4	0.0	3.0	475	157	1065
NW	13.1	25.3	10.5	47.3	29.9	42.1	4.4	2.3	5.4	20.4	17.2	20.0	8.6	18.4	10.2	4.4	3.4	6.1	1.7	3.4	10.2	406	87	411
NC	46.0	88.9	55.8	34.2	11.1	23.1	1.1	0.0	1.0	8.5	0.0	7.7	9.6	0.0	10.6	0.0	0.0	0.0	0.5	0.0	10.6	365	9	104
WC	27.8	23.6	24.8	55.1	54.3	57.2	4.3	2.9	5.0	9.3	16.4	10.1	3.0	2.1	2.1	0.3	0.7	0.2	0.1	0.0	2.1	1431	140	1329
Total	32.3	33.6	30.2	48.7	45.2	48.7	3.7	3.9	4.3	9.9	9.8	9.0	4.1	4.7	3.7	0.5	0.5	0.6	0.9	2.3	3.7	7933	1912	7765

Table 186: ECD centre safety practices: Centre has a health and safety officer

Prov.	<i>ECD centre safety practices: Centre has a health and safety officer</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	17.1	7.0	75.9	1013	22.9	8.5	68.6	118	17.1	11.1	71.8	673
FS	27.6	9.4	63.0	809	15.9	11.5	72.6	296	14.7	7.2	78.1	401
GP	42.7	12.8	44.5	1088	56.7	12.2	31.1	90	31.7	12.6	55.6	2032
KZN	21.1	8.1	70.8	1416	23.6	10.2	66.2	216	11.8	7.7	80.5	493
LP	33.2	7.8	59.0	949	29.0	6.2	64.8	804	10.6	7.5	81.9	1275
MP	41.3	12.8	45.9	475	21.0	5.7	73.2	157	20.0	13.7	66.3	1068
NW	15.8	10.6	73.5	404	27.6	4.6	67.8	87	12.3	2.4	85.2	413
NC	4.8	7.1	88.1	352	11.1	0.0	88.9	9	2.9	8.8	88.2	102
WC	41.5	18.2	40.3	1439	46.4	18.6	35.0	140	28.4	14.9	56.7	1349
Total	29.6	10.9	59.5	7945	27.8	8.7	63.6	1917	21.3	11.0	67.7	7806

Table 187: ECD centre safety practices: Health and safety officer trained in first-aid

Prov.	<i>ECD centre safety practices: Health and safety officer trained in first-aid</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	17.4	8.7	73.9	997	15.3	13.6	71.2	118	17.4	12.9	69.6	665
FS	29.2	10.9	59.9	808	15.9	10.8	73.3	296	18.5	6.3	75.3	400
GP	47.8	12.4	39.7	1087	60.0	12.2	27.8	90	38.5	11.1	50.5	2031
KZN	24.0	11.2	64.8	1403	27.9	6.0	66.0	215	14.1	7.9	78.0	491
LP	37.3	8.3	54.4	949	29.9	5.6	64.5	803	12.2	8.5	79.4	1275
MP	45.1	12.6	42.3	475	19.7	6.4	73.9	157	20.3	12.1	67.6	1068
NW	20.2	8.7	71.1	401	23.0	5.7	71.3	87	16.9	4.6	78.5	414
NC	7.7	9.8	82.5	338	11.1	0.0	88.9	9	7.9	8.9	83.2	101
WC	48.7	15.3	36.0	1410	54.3	10.7	35.0	140	33.7	13.5	52.8	1319
Total	33.4	11.3	55.3	7868	28.6	7.7	63.8	1915	24.9	10.5	64.5	7764

Table 188: ECD centre safety practices: Centre has at least one fire extinguisher

Prov.	<i>ECD centre safety practices: Centre has at least one fire extinguisher</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	36.1	3.0	61.0	1012	21.4	1.7	76.9	117	30.8	6.7	62.5	672
FS	75.2	4.0	20.9	810	72.0	2.7	25.3	296	36.9	5.0	58.1	401
GP	90.0	3.4	6.6	1086	87.8	2.2	10.0	90	68.2	4.0	27.8	2032
KZN	55.0	4.0	40.9	1417	29.2	3.2	67.6	216	31.7	3.3	65.0	492
LP	74.5	1.4	24.1	949	67.7	1.9	30.5	804	22.4	1.8	75.8	1275
MP	68.0	3.4	28.6	475	54.8	4.5	40.8	157	25.3	3.5	71.3	1068
NW	60.1	3.7	36.2	406	66.7	3.4	29.9	87	34.1	3.4	62.5	413
NC	46.6	9.5	44.0	348	33.3	0.0	66.7	9	27.2	6.8	66.0	103
WC	91.9	4.2	3.9	1439	84.4	3.5	12.1	141	73.3	6.2	20.5	1349
Total	69.1	3.7	27.2	7942	62.1	2.6	35.4	1917	46.3	4.2	49.5	7805

Table 189: ECD centre safety practices: Centre has an evacuation plan

Prov.	<i>ECD centre safety practices: Centre has an evacuation plan</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	26.3	14.1	59.7	1009	21.2	12.7	66.1	118	24.1	16.6	59.3	673
FS	49.8	11.6	38.6	810	39.2	10.8	50.0	296	31.6	16.5	51.9	399
GP	70.1	10.5	19.4	1088	64.4	8.9	26.7	90	43.0	11.2	45.8	2030
KZN	27.9	19.1	53.0	1412	14.9	17.2	67.9	215	20.3	13.0	66.7	492
LP	49.5	9.7	40.8	949	43.1	9.2	47.7	803	20.6	13.0	66.3	1274
MP	41.5	14.3	44.2	475	21.0	11.5	67.5	157	23.0	12.6	64.3	1068
NW	38.0	10.4	51.6	405	54.0	4.6	41.4	87	20.5	6.0	73.4	414
NC	20.2	8.5	71.2	351	11.1	11.1	77.8	9	17.6	7.8	74.5	102
WC	69.9	16.3	13.8	1437	62.9	15.0	22.1	140	45.8	16.7	37.6	1342
Total	46.9	13.7	39.4	7936	39.0	11.0	50.1	1915	31.9	13.2	54.9	7794

Table 190: ECD centre safety practices: Children are trained to evacuate

Prov.	<i>ECD centre safety practices: Children are trained to evacuate</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	20.2	17.0	62.8	1011	16.2	16.2	67.5	117	17.5	18.8	63.6	674
FS	38.1	12.5	49.4	810	20.3	16.9	62.8	296	21.4	19.7	58.9	401
GP	59.3	11.6	29.1	1088	61.1	14.4	24.4	90	34.8	12.9	52.2	2032
KZN	23.2	22.7	54.0	1412	15.3	19.4	65.3	216	18.3	15.4	66.3	492
LP	40.3	14.0	45.7	949	36.0	16.7	47.3	802	13.7	15.9	70.4	1274
MP	35.8	15.2	49.1	475	21.0	9.6	69.4	157	19.2	14.3	66.5	1068
NW	26.0	17.2	56.9	408	47.1	6.9	46.0	87	16.2	4.8	79.0	414
NC	11.1	10.2	78.7	352	11.1	44.4	44.4	9	16.5	10.7	72.8	103
WC	55.4	24.9	19.7	1431	48.6	27.1	24.3	140	37.9	19.0	43.1	1340
Total	37.5	17.5	45.0	7936	31.3	16.8	51.9	1914	25.3	15.2	59.5	7798

Table 191: ECD centre safety practices: Centre has an accident/injury file

Prov.	<i>ECD centre safety practices: Centre has an accident/injury file</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	47.8	8.0	44.2	1011	35.6	9.3	55.1	118	29.8	13.0	57.2	671
FS	64.6	12.5	22.9	809	53.4	15.2	31.4	296	37.5	11.3	51.2	400
GP	76.1	10.7	13.2	1088	71.1	11.1	17.8	90	51.4	11.3	37.3	2032
KZN	59.6	11.4	28.9	1415	63.7	10.2	26.0	215	45.4	12.6	42.0	491
LP	83.7	4.5	11.8	949	81.8	5.1	13.1	804	47.1	9.6	43.4	1273
MP	61.3	9.9	28.8	475	62.4	5.7	31.8	157	36.2	15.7	48.0	1068
NW	67.3	7.4	25.3	407	70.1	2.3	27.6	87	36.2	11.1	52.7	414
NC	37.4	16.3	46.3	350	44.4	22.2	33.3	9	22.5	13.7	63.7	102
WC	75.2	15.1	9.7	1435	69.5	17.0	13.5	141	50.7	18.8	30.5	1338
Total	66.1	10.8	23.2	7939	68.9	8.7	22.5	1917	44.4	13.2	42.5	7789

Table 192: ECD centre safety practices: Centre has emergency contact details of parents

Prov.	<i>ECD centre safety practices: Centre has emergency contact details of parents</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	75.4	12.8	11.8	1012	61.5	22.2	16.2	117	65.2	20.8	14.0	673
FS	86.2	10.8	3.1	809	82.4	11.5	6.1	296	72.8	18.5	8.7	401
GP	91.1	6.4	2.5	1088	87.8	8.9	3.3	90	86.6	8.4	5.0	2031
KZN	80.9	10.1	9.0	1412	80.8	11.2	7.9	214	71.3	13.6	15.0	492
LP	95.0	2.7	2.2	949	93.2	3.9	3.0	804	78.7	8.9	12.5	1275
MP	83.6	13.1	3.4	475	87.9	8.3	3.8	157	70.6	16.2	13.2	1068
NW	80.2	7.4	12.3	405	87.4	3.4	9.2	87	64.2	12.1	23.7	413
NC	63.4	21.6	15.1	352	44.4	55.6	0.0	9	58.4	27.7	13.9	101
WC	87.4	11.0	1.6	1438	85.7	9.3	5.0	140	72.4	18.8	8.8	1344
Total	84.3	9.8	5.8	7940	86.5	8.2	5.3	1914	75.6	13.7	10.7	7798

Table 193: ECD centre safety practices: Centre displays list of emergency contact services

Prov.	<i>ECD centre safety practices: Centre displays list of emergency contact services</i>											
	Full				Conditional				Not Registered			
	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres	Yes (has evidence) (%)	Yes (no evidence) (%)	No (%)	Total centres
EC	56.7	12.5	30.9	1011	44.1	18.6	37.3	118	49.6	17.8	32.5	673
FS	70.7	10.5	18.8	809	65.2	4.4	30.4	296	53.1	15.7	31.2	401
GP	85.9	6.4	7.6	1088	75.6	11.1	13.3	90	71.1	9.0	19.9	2032
KZN	64.5	11.0	24.6	1413	55.6	11.1	33.3	216	47.4	11.0	41.7	492
LP	93.3	2.2	4.5	949	89.7	2.6	7.7	804	63.8	7.5	28.7	1274
MP	71.8	14.1	14.1	475	77.7	8.9	13.4	157	55.7	14.1	30.3	1067
NW	63.1	5.4	31.4	407	66.7	3.4	29.9	87	37.7	7.2	55.1	414
NC	61.0	16.1	22.9	354	88.9	11.1	0.0	9	52.4	13.6	34.0	103
WC	82.3	9.7	8.0	1439	83.7	9.2	7.1	141	63.8	16.2	20.0	1348
Total	73.9	9.3	16.7	7945	76.1	6.3	17.6	1918	60.3	11.9	27.9	7804

Table 194: ECD centre has an outside fence

Prov.	<i>ECD centre has an outside fence</i>											
	Full				Conditional				Not Registered			
	Yes (%)	No (%)	N/A (%)	Total centres	Yes (%)	No (%)	N/A (%)	Total centres	Yes (%)	No (%)	N/A (%)	Total centres
EC	74.1	22.7	3.2	1012	64.4	32.2	3.4	118	70.1	25.8	4.1	675
FS	88.1	8.6	3.2	810	88.9	10.1	1.0	296	72.3	23.4	4.2	401
GP	93.6	3.7	2.8	1088	83.3	10.0	6.7	90	90.1	7.2	2.7	2032
KZN	82.9	14.6	2.5	1417	80.6	17.6	1.9	216	71.0	24.5	4.5	493
LP	88.1	9.3	2.6	949	86.7	10.8	2.5	804	68.0	28.5	3.5	1275
MP	85.3	10.5	4.2	475	70.7	28.0	1.3	157	61.4	35.7	2.9	1068
NW	77.9	16.7	5.4	408	77.0	21.8	1.1	87	72.9	25.7	1.5	413
NC	78.2	19.0	2.8	353	55.6	44.4	0.0	9	66.0	33.0	1.0	103
WC	87.3	7.5	5.2	1441	80.9	12.8	6.4	141	76.9	18.8	4.3	1349
Total	84.9	11.7	3.5	7953	82.5	15.0	2.6	1918	75.2	21.4	3.4	7809

Table 195: ECD centre has a gate outside

Prov.	<i>ECD centre has a gate outside</i>											
	Full				Conditional				Not Registered			
	Yes (%)	No (%)	N/A (%)	Total centres	Yes (%)	No (%)	N/A (%)	Total centres	Yes (%)	No (%)	N/A (%)	Total centres
EC	77.3	19.8	2.9	1010	69.5	28.8	1.7	118	70.8	24.3	4.9	672
FS	93.0	5.4	1.6	809	88.2	10.8	1.0	296	77.3	19.5	3.3	400
GP	98.0	0.9	1.1	1088	97.8	1.1	1.1	90	93.5	5.2	1.3	2032
KZN	82.7	15.0	2.3	1416	77.3	22.2	0.5	216	70.0	27.0	3.0	493
LP	92.9	6.0	1.1	949	90.9	7.5	1.6	804	71.8	25.1	3.1	1275
MP	90.7	6.3	2.9	475	79.6	19.7	0.6	157	71.5	24.6	3.8	1068
NW	83.5	14.0	2.5	406	85.1	12.6	2.3	87	76.9	19.9	3.2	412
NC	83.0	14.5	2.6	352	88.9	11.1	0.0	9	71.8	27.2	1.0	103
WC	93.4	5.1	1.5	1437	83.0	10.6	6.4	141	86.4	12.0	1.6	1349
Total	88.8	9.3	1.9	7942	86.2	12.1	1.7	1918	80.3	17.1	2.6	7804

Table 196: ECD centre has dangerous obstacle outside

<i>Province</i>	<i>ECD centre has dangerous obstacle outside</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	11.7	998	17.8	118	10.6	671
Free State	3.7	803	1.0	296	3.5	399
Gauteng	2.6	1087	5.6	90	4.5	2028
KwaZulu-Natal	9.8	1412	8.3	216	9.1	493
Limpopo	5.5	946	12.1	802	9.8	1274
Mpumalanga	2.9	475	3.2	156	2.4	1066
North West	16.4	391	11.5	87	9.9	413
Northern Cape	20.1	339	37.5	8	17.8	101
Western Cape	3.6	1428	9.5	137	6.9	1333
Total	7.2	7879	9.2	1910	6.7	7778

Table 197: ECD centre has release policy

<i>Province</i>	<i>ECD centre has release policy</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	63.0	1006	57.4	115	61.1	663
Free State	84.7	806	69.2	295	79.3	401
Gauteng	89.6	1086	87.8	90	84.1	2030
KwaZulu-Natal	68.9	1411	34.3	216	62.5	493
Limpopo	81.5	948	59.9	803	65.2	1274
Mpumalanga	88.4	475	41.4	157	74.4	1067
North West	58.1	403	47.1	87	52.4	412
Northern Cape	64.1	345	85.7	7	56.4	101
Western Cape	85.2	1437	85.7	140	74.1	1342
Total	77.5	7917	59.5	1910	72.3	7783

5.7. Nutrition and Food

Table 198: ECD centres providing any meals

Province	Any meals provided					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	83.0	1016	71.2	118	54.7	673
Free State	94.8	812	97.3	296	84.5	401
Gauteng	97.5	1087	94.4	90	94.1	2030
KwaZulu-Natal	91.6	1416	79.6	216	54.0	494
Limpopo	95.5	949	93.5	804	83.0	1274
Mpumalanga	94.7	475	86.6	157	71.1	1068
North West	90.9	407	93.0	86	88.0	410
Northern Cape	94.4	357	100.0	9	54.0	100
Western Cape	86.9	1440	90.0	140	76.8	1351
Total	91.5	7959	90.4	1916	78.9	7801

Table 199: Meals provided

Prov.	Meals Provided														
	Breakfast (%)			Morning snack (%)			Lunch (%)			Afternoon snack (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	74.4	65.3	38.7	40.7	52.5	20.3	79.6	68.6	47.7	22.0	13.6	17.8	1025	118	690
FS	92.3	95.6	80.2	45.1	47.0	31.4	91.3	96.6	81.5	64.3	62.5	42.0	819	296	405
GP	96.2	94.4	91.3	79.0	66.7	55.3	96.6	94.4	91.9	86.3	80.0	66.3	1092	90	2048
KZN	86.8	77.9	45.0	43.6	36.4	13.6	88.7	77.4	43.4	25.0	27.2	14.6	1419	217	500
LP	92.0	84.6	73.1	57.9	51.2	23.8	94.2	90.3	80.8	72.7	64.1	32.3	949	804	1275
MP	92.6	81.5	66.1	57.3	37.6	33.1	93.1	85.4	68.9	68.0	33.1	33.7	475	157	1074
NW	87.6	90.8	79.5	24.9	25.3	12.1	88.8	87.4	85.3	61.0	54.0	27.5	410	87	414
NC	86.8	88.9	40.4	23.6	11.1	19.2	90.4	77.8	45.2	45.5	44.4	20.2	365	9	104
WC	78.8	77.1	70.2	47.0	50.0	32.2	81.4	79.9	69.0	49.6	49.3	33.8	1478	144	1382
Total	86.6	84.3	71.8	49.5	47.1	33.5	88.5	87.3	74.5	52.4	53.1	39.3	8032	1922	7892

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 200: ECD centres of display of menus

<i>Prov.</i>	<i>Menus displayed</i>								
	Daily menu (%)			Weekly menu (%)			Total centres		
	F	C	U	F	C	U	F	C	U
Eastern Cape	61.7	78.6	45.1	46.1	40.5	32.1	837	83	368
Free State	77.9	73.3	59.3	41.9	35.1	28.9	769	287	336
Gauteng	58.6	84.7	51.2	70.7	48.2	60.5	1059	85	1910
KwaZulu-Natal	60.1	68.0	43.4	51.2	44.2	31.1	1297	172	266
Limpopo	73.6	77.1	50.9	44.3	55.6	30.7	905	752	1055
Mpumalanga	62.0	41.2	44.4	50.0	41.9	39.7	450	136	758
North West	71.1	76.3	61.8	46.8	37.5	40.4	369	80	361
Northern Cape	70.3	66.7	50.0	52.5	11.1	33.3	336	8	53
Western Cape	59.2	67.5	46.3	48.4	36.5	39.7	1246	125	1030
Total	64.6	72.4	49.8	50.9	46.4	43.2	7268	1728	6137

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 201: ECD centres with dietician-approved menu

<i>Province</i>	<i>Menu approved by a dietician</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	36.7	833	37.3	83	30.3	363
Free State	48.6	769	42.7	288	24.3	337
Gauteng	65.4	1056	64.7	85	45.4	1909
KwaZulu-Natal	50.1	1293	53.5	172	26.2	267
Limpopo	75.3	906	78.3	751	32.1	1058
Mpumalanga	61.5	449	61.0	136	32.5	751
North West	68.2	368	73.8	80	38.2	359
Northern Cape	48.2	328	75.0	8	31.4	51
Western Cape	61.6	1219	62.3	122	31.2	1017
Total	57.3	7221	64.5	1725	35.7	6112

Table 202: Food types provided on day of audit

Prov.	Food Types provided on day of the audit																	
	Carbohydrates (%)			Proteins (%)			Vegetables (%)			Fruits (%)			Fruit juice (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	88.3	81.0	84.2	78.6	60.7	67.1	77.0	66.7	68.8	60.4	65.5	61.7	55.0	56.0	47.0	843	84	368
FS	81.9	93.8	81.7	82.7	83.0	76.7	62.2	70.1	64.6	61.4	56.3	51.3	45.7	44.1	38.9	770	288	339
GP	95.4	100.0	96.5	89.2	90.6	83.6	91.9	84.7	87.3	84.9	77.6	71.7	78.9	68.2	59.3	1060	85	1911
KZN	94.0	97.7	89.1	88.6	92.4	76.4	78.3	70.9	73.4	68.4	64.5	55.8	49.5	59.9	43.1	1297	172	267
LP	90.3	91.9	85.1	73.6	82.2	61.0	78.0	82.6	71.9	64.2	67.7	43.3	45.1	50.0	30.2	906	752	1058
MP	96.7	94.1	93.1	88.0	66.9	82.9	87.3	84.6	82.2	84.4	69.1	67.9	68.9	47.8	52.8	450	136	759
NW	95.9	95.0	91.4	78.4	86.3	71.7	73.0	86.3	71.2	66.2	70.0	45.4	50.8	65.0	38.0	370	80	361
NC	92.3	66.7	90.7	87.5	66.7	75.9	79.8	44.4	64.8	70.6	55.6	64.8	59.9	33.3	55.6	337	9	54
WC	93.0	89.7	87.6	84.7	80.2	78.5	83.5	86.5	76.9	70.5	73.0	64.6	59.0	59.5	53.8	1251	126	1038
Total	91.8	92.7	90.4	83.8	81.5	76.3	79.7	79.1	78.2	70.0	66.4	61.2	56.9	52.3	48.7	7284	1732	6155

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 203: ECD centres receiving food donations

Province	Food donations received					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	18.3	840	15.5	84	14.4	368
Free State	14.0	770	9.7	288	7.7	339
Gauteng	32.4	1057	43.5	85	16.5	1911
KwaZulu-Natal	20.9	1296	32.0	172	18.7	267
Limpopo	15.9	905	10.4	751	7.5	1058
Mpumalanga	13.1	450	16.2	136	7.1	759
North West	5.4	369	5.0	80	3.9	360
Northern Cape	11.4	333	22.2	9	9.6	52
Western Cape	23.1	1240	22.4	125	17.5	1025
Total	19.6	7260	15.4	1730	12.6	6139

Table 204: Quality of food donations received by ECD centres

Prov.	Quality of food donations received by centre											
	Full				Conditional				Not Registered			
	Good (%)	Acceptable (%)	Poor (%)	Total centres	Good (%)	Acceptable (%)	Poor (%)	Total centres	Good (%)	Acceptable (%)	Poor (%)	Total centres
EC	62.9	30.5	6.6	151	41.7	58.3	0.0	12	39.6	56.6	3.8	53
FS	63.0	35.2	1.9	108	64.3	35.7	0.0	28	53.8	38.5	7.7	26
GP	70.5	26.8	2.7	339	56.8	40.5	2.7	37	73.2	26.1	0.6	314
KZN	62.7	29.2	8.1	271	60.0	34.5	5.5	55	52.0	40.0	8.0	50
LP	58.3	37.5	4.2	144	57.7	41.0	1.3	78	62.3	32.5	5.2	77
MP	67.3	32.7	0.0	49	47.1	52.9	0.0	17	47.8	45.7	6.5	46
NW	68.4	21.1	10.5	19	50.0	25.0	25.0	4	46.2	30.8	23.1	13
NC	38.1	33.3	28.6	42	0.0	100.0	0.0	2	57.1	14.3	28.6	7
WC	69.6	24.0	6.4	283	57.7	38.5	3.8	26	70.3	27.3	2.3	172
Total	65.1	29.2	5.8	1406	56.8	40.5	2.7	259	64.9	31.7	3.4	758

Table 205: ECD centres with food refrigeration facilities

Prov.	Food refrigeration facilities in ECD centre											
	Full				Conditional				Not Registered			
	Yes (%)	No (%)	N/A (%)	Total centres	Yes (%)	No (%)	N/A (%)	Total centres	Yes (%)	No (%)	N/A (%)	Total centres
EC	60.6	37.0	2.5	1012	47.9	51.3	0.9	117	50.9	45.8	3.3	672
FS	84.2	14.4	1.4	812	78.0	21.6	0.3	296	66.7	31.8	1.5	399
GP	94.9	4.1	1.0	1086	91.1	8.9	0.0	90	84.5	14.4	1.1	2032
KZN	70.9	27.9	1.2	1414	59.7	40.3	0.0	216	40.2	56.6	3.3	488
LP	63.9	34.8	1.3	948	58.3	40.2	1.5	803	22.0	76.1	2.0	1274
MP	83.7	15.4	0.8	473	66.2	33.8	0.0	157	44.9	53.8	1.3	1068
NW	75.3	24.4	0.2	409	73.6	25.3	1.1	87	45.5	53.0	1.5	411
NC	76.3	22.9	0.8	354	44.4	55.6	0.0	9	44.4	51.5	4.0	99
WC	90.8	7.1	2.0	1419	89.9	9.4	0.7	139	84.4	14.6	1.0	1326
Total	78.2	20.4	1.4	7927	66.0	33.2	0.8	1914	59.6	38.7	1.6	7769

Table 206: ECD centres that have a food garden

Province	ECD centre has a food garden					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	51.8	1011	44.9	118	33.6	672
Free State	57.1	811	64.9	296	33.0	400
Gauteng	33.2	1085	38.9	90	20.0	2032
KwaZulu-Natal	63.9	1416	53.2	216	30.8	490
Limpopo	63.8	948	56.7	803	26.1	1274
Mpumalanga	60.7	473	35.7	157	21.1	1068
North West	35.3	408	43.7	87	17.8	410
Northern Cape	22.3	354	25.0	8	12.1	99
Western Cape	22.1	1415	23.2	138	10.2	1326
Total	46.5	7921	51.1	1913	21.8	7771

Table 207: ECD centre food gardens maintained by a gardener

Prov.	Person(s) responsible for maintaining food garden																	
	Gardener (%)			Practitioners (%)			Parents (%)			Children (%)			Other (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	66.8	66.0	58.0	26.0	18.9	35.8	17.0	15.1	25.2	5.2	7.5	14.6	9.7	13.2	10.6	524	53	226
FS	89.4	83.9	61.4	10.2	8.3	21.2	10.8	9.9	10.6	5.2	0.5	5.3	4.8	8.3	14.4	463	192	132
GP	81.9	68.6	68.8	15.3	17.1	22.4	6.1	14.3	4.7	9.4	14.3	8.6	6.1	14.3	8.6	360	35	407
KZN	73.8	55.7	51.0	17.8	12.2	36.4	7.8	21.7	9.3	3.0	4.3	7.3	6.7	11.3	6.0	905	115	151
LP	82.8	80.9	61.7	14.7	19.6	33.7	3.6	3.5	3.9	0.2	0.0	0.6	3.3	3.3	7.8	605	455	332
MP	81.5	85.7	64.9	18.1	8.9	24.0	11.5	5.4	10.2	3.8	0.0	7.6	4.9	5.4	9.8	287	56	225
NW	82.6	81.6	67.1	15.3	5.3	27.4	13.9	7.9	13.7	1.4	2.6	2.7	6.9	7.9	8.2	144	38	73
NC	78.5	0.0	75.0	29.1	100.0	16.7	24.1	50.0	16.7	27.8	50.0	8.3	3.8	0.0	0.0	79	2	12
WC	74.1	65.6	61.5	28.1	40.6	37.8	11.8	3.1	11.9	19.5	18.8	23.0	7.3	0.0	5.9	313	32	135
Total	78.1	76.9	62.7	18.3	16.1	29.2	9.9	8.3	9.9	5.7	2.4	8.2	6.1	6.3	8.8	3680	978	1693

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 208: ECD centres where child was diagnosed with malnutrition

Province	ECD centres where a child was diagnosed with malnutrition					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	5.6	1009	8.5	117	4.0	670
Free State	10.7	812	4.1	296	3.5	399
Gauteng	7.2	1085	32.2	90	5.9	2032
KwaZulu-Natal	20.2	1410	2.8	214	9.3	486
Limpopo	8.1	949	4.6	803	6.8	1271
Mpumalanga	7.0	473	4.5	157	3.2	1067
North West	7.4	405	2.3	87	4.1	412
Northern Cape	7.6	356	0.0	9	3.1	97
Western Cape	5.5	1420	9.4	139	5.0	1323
Total	9.5	7919	6.1	1912	5.3	7757

Table 209: Action(s) taken against malnutrition where diagnosed

Prov.	Actions taken when a child was diagnosed with malnutrition																	
	Informed parents (%)			Provided food (%)			Provided medication (%)			Other (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	48.2	80.0	51.9	53.6	40.0	44.4	10.7	20.0	18.5	5.4	0.0	7.4	10.7	0.0	3.7	56	10	27
FS	42.5	91.7	35.7	50.6	8.3	50.0	13.8	16.7	21.4	4.6	0.0	0.0	8.0	0.0	7.1	87	12	14
GP	38.5	41.4	46.2	62.8	51.7	63.0	19.2	10.3	19.3	1.3	3.4	0.0	7.7	6.9	6.7	78	29	119
KZN	31.2	33.3	35.6	74.7	66.7	64.4	13.0	0.0	8.9	1.4	0.0	0.0	8.4	16.7	4.4	285	6	45
LP	50.6	56.8	68.6	61.0	59.5	54.7	20.8	29.7	36.0	2.6	5.4	2.3	5.2	2.7	4.7	77	37	86
MP	48.5	42.9	32.4	45.5	42.9	58.8	18.2	14.3	2.9	3.0	14.3	11.8	0.0	0.0	2.9	33	7	34
NW	40.0	50.0	29.4	13.3	0.0	23.5	3.3	0.0	5.9	3.3	0.0	0.0	56.7	50.0	47.1	30	2	17
NC	40.7	0.0	0.0	66.7	0.0	66.7	3.7	0.0	0.0	22.2	0.0	0.0	3.7	0.0	0.0	27	0	3
WC	56.4	46.2	51.5	59.0	46.2	53.0	23.1	23.1	24.2	7.7	7.7	9.1	5.1	23.1	7.6	78	13	66
Total	40.6	55.2	48.4	62.1	47.4	56.2	14.9	19.0	20.4	3.7	4.3	3.4	9.2	6.9	7.3	751	116	411

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

5.8. Infrastructure

Prov.	Type of structure where ECD centre operates											
	Formally-built						Informally-built shack/hut		Other		Total centres	
	Built as ECD centre (%)	Community hall (%)	Primary school (%)	House only (%)	House w/garage (%)	Place of worship (%)	Corrugated iron/wood (%)	Mud & poles (%)	Modified container (%)	Other (%)		
EC	F	43.5	7.6	6.6	14.4	3.0	4.2	12.7	6.0	0.9	2.6	1025
	C	28.8	6.8	10.2	13.6	4.2	2.5	17.8	13.6	4.2	1.7	118
	U	33.6	6.1	6.1	19.4	6.1	4.1	18.6	6.5	1.2	2.6	690
FS	F	47.4	4.2	1.8	11.0	4.9	7.0	17.5	9.4	1.1	3.4	819
	C	44.3	1.0	3.0	11.1	4.1	3.7	26.0	12.2	2.0	1.7	296
	U	23.5	1.2	2.2	20.7	12.1	4.0	26.9	10.9	0.5	3.7	405
GP	F	42.9	5.5	1.4	14.7	27.4	3.5	5.0	0.7	1.1	2.5	1092
	C	25.6	7.8	4.4	13.3	40.0	12.2	6.7	2.2	1.1	1.1	90
	U	27.1	3.1	2.0	21.2	30.3	3.4	10.9	2.6	2.0	1.0	2048
KZN	F	63.4	6.9	3.9	14.9	2.3	5.1	3.0	3.2	1.6	2.6	1419
	C	73.3	1.8	3.7	7.8	2.3	2.8	4.1	1.8	1.8	1.4	217
	U	36.8	5.8	6.0	25.2	6.4	7.2	4.4	3.6	2.6	5.4	500
LP	F	73.8	6.4	1.2	10.0	2.3	3.0	2.3	0.6	0.3	2.4	949
	C	61.4	4.9	3.0	16.4	2.7	6.1	3.4	1.4	0.4	2.2	804
	U	34.3	3.5	3.5	26.3	9.6	8.7	9.9	2.4	0.9	3.5	1275
MP	F	66.5	2.7	1.1	15.6	3.2	4.8	3.8	1.1	0.6	1.9	475
	C	43.3	8.3	3.2	16.6	16.6	5.7	4.5	1.3	0.6	1.3	157
	U	35.1	3.0	3.0	23.8	15.1	5.7	8.3	3.1	1.5	3.3	1074
NW	F	74.4	2.7	2.2	6.1	2.0	5.4	4.6	1.5	1.5	1.0	410
	C	65.5	2.3	0.0	16.1	0.0	5.7	4.6	2.3	0.0	4.6	87
	U	35.0	2.7	1.4	16.7	4.6	7.2	20.8	10.4	1.0	3.4	414
NC	F	57.8	12.1	8.8	9.3	3.8	10.1	7.1	3.0	3.3	4.1	365
	C	33.3	0.0	11.1	0.0	0.0	0.0	55.6	0.0	0.0	0.0	9
	U	35.6	3.8	6.7	18.3	4.8	10.6	6.7	2.9	2.9	11.5	104
WC	F	48.8	6.1	3.3	16.5	9.2	6.2	7.2	0.9	2.1	3.7	1478
	C	44.4	6.9	2.8	19.4	4.2	3.5	13.9	2.1	4.9	4.2	144
	U	29.1	6.1	4.1	28.2	12.9	4.6	13.7	1.2	1.7	2.9	1382
Total	F	55.5	6.1	3.2	13.5	7.4	5.1	7.0	2.9	1.3	2.8	8032
	C	53.7	4.5	3.5	14.5	5.8	5.2	9.2	4.0	1.4	2.1	1922
	U	31.2	4.0	3.4	23.4	15.6	5.4	12.4	3.6	1.5	2.9	7892

Table 210: Size of outside play area per child enrolled (m²)

Prov.	Outdoor play area per child enrolled by percentile																	
	10th (m ²)			25th (m ²)			50th (m ²)			75th (m ²)			90th (m ²)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0.17	0.07	0.14	0.54	0.26	0.50	1.69	1.00	1.53	4.78	2.80	4.72	12.50	8.00	14.29	822	98	528
FS	0.40	0.52	0.59	0.75	0.91	1.28	1.68	1.68	3.33	4.41	3.46	6.83	9.38	6.65	12.69	644	220	330
GP	0.13	0.07	0.28	0.47	0.10	0.85	1.67	0.57	2.50	4.39	3.75	6.67	9.00	6.25	14.00	743	57	1322
KZN	0.18	0.25	0.33	0.47	0.40	0.96	1.45	1.33	2.63	4.78	5.71	7.55	10.53	10.91	16.07	979	169	371
LP	0.21	0.53	0.31	0.49	1.34	1.07	1.28	3.22	3.33	3.33	6.25	7.69	7.60	11.62	15.63	664	440	883
MP	0.46	0.15	0.53	1.03	0.48	1.25	2.39	2.64	3.69	5.08	7.08	9.48	8.47	15.35	19.20	244	67	653
NW	0.24	0.25	0.26	0.50	0.61	0.84	1.88	1.81	1.98	4.84	5.09	6.43	13.79	16.07	16.80	241	52	286
NC	0.40	0.95	0.67	1.03	1.14	1.25	2.25	1.31	4.64	4.57	4.55	10.83	9.90	9.38	16.67	192	9	57
WC	0.34	0.30	0.37	0.96	1.15	0.96	2.75	3.25	2.60	6.80	7.27	7.40	15.63	13.33	15.07	928	95	1010
Total	0.23	0.27	0.31	0.63	0.78	0.94	1.79	2.22	2.67	4.84	5.22	7.14	10.61	10.71	15.27	5457	1207	5440

Table 211: Total floor space of ECD facility per child enrolled (m²)

Prov.	Total floor space of centre per child enrolled by percentile																	
	10th (m ²)			25th (m ²)			50th (m ²)			75th (m ²)			90th (m ²)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0.14	0.13	0.14	0.32	0.25	0.27	1.00	0.80	1.07	2.19	1.85	2.40	4.00	3.83	4.62	771	79	481
FS	0.20	0.34	0.40	0.36	0.60	0.71	0.79	1.12	1.45	1.67	2.08	3.30	3.57	3.33	5.54	576	192	296
GP	0.14	0.34	0.30	0.35	1.00	0.70	1.04	3.22	1.67	2.37	6.00	3.33	4.08	50.00	6.67	532	34	1117
KZN	0.12	0.12	0.22	0.29	0.25	0.58	0.82	0.89	1.46	1.98	1.85	3.20	4.17	2.97	7.11	968	180	327
LP	0.19	0.18	0.24	0.43	0.56	0.62	0.98	1.25	1.50	1.81	2.14	3.16	2.86	3.75	5.82	576	598	951
MP	0.16	0.11	0.22	0.32	0.22	0.42	0.75	0.48	1.01	1.50	1.14	2.57	2.64	2.12	5.25	346	132	802
NW	0.24	0.08	0.26	0.42	0.25	0.71	0.96	0.93	1.67	2.47	2.29	3.57	5.00	4.71	7.50	245	69	289
NC	0.29	0.25	0.31	0.60	0.44	0.82	1.31	0.66	1.66	2.60	1.49	4.04	5.64	1.91	7.93	215	8	68
WC	0.32	0.29	0.40	0.83	0.81	1.00	1.90	2.05	2.08	3.57	3.77	4.34	6.75	12.73	8.00	735	82	876
Total	0.17	0.16	0.25	0.38	0.45	0.60	1.02	1.09	1.54	2.25	2.13	3.25	4.35	3.81	6.40	4964	1374	5207

Table 212: Total floor space for teaching per child enrolled (m²)

Prov.	Floor space available for teaching per child enrolled by percentile																	
	10th (m ²)			25th (m ²)			50th (m ²)			75th (m ²)			90th (m ²)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0.09	0.10	0.08	0.17	0.15	0.18	0.42	0.35	0.53	1.07	0.93	1.38	2.29	1.71	2.86	760	86	487
FS	0.05	0.05	0.09	0.11	0.09	0.24	0.30	0.45	0.71	0.86	1.26	1.67	1.88	1.87	3.13	631	200	322
GP	0.07	0.15	0.16	0.20	0.50	0.35	0.49	1.11	0.86	1.18	2.19	1.67	2.09	30.00	3.33	660	39	1315
KZN	0.04	0.05	0.11	0.12	0.13	0.29	0.40	0.43	0.80	0.96	1.13	1.78	2.05	1.91	4.00	1054	180	359
LP	0.13	0.07	0.11	0.23	0.22	0.27	0.55	0.58	0.77	1.06	1.16	1.70	1.68	1.80	3.33	593	602	971
MP	0.08	0.04	0.11	0.16	0.06	0.21	0.42	0.13	0.53	0.91	0.56	1.43	1.67	1.11	3.14	355	143	877
NW	0.13	0.06	0.12	0.26	0.20	0.32	0.68	0.62	0.73	1.50	1.70	2.00	2.67	3.70	4.00	242	64	262
NC	0.11	0.25	0.20	0.27	0.42	0.38	0.71	0.59	0.83	1.39	1.06	2.00	3.00	1.10	2.95	220	7	61
WC	0.09	0.13	0.16	0.31	0.31	0.47	0.90	1.09	1.20	2.08	1.97	2.50	4.09	3.77	5.00	724	77	882
Total	0.07	0.06	0.12	0.18	0.15	0.29	0.50	0.50	0.80	1.15	1.19	1.79	2.35	2.00	3.60	5239	1398	5536

Table 213: Urgent maintenance

Province	ECD centre requires urgent maintenance					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	55.8	1013	58.5	118	44.1	682
Free State	48.8	811	61.8	296	56.4	401
Gauteng	23.4	1085	51.1	90	30.4	2035
KwaZulu-Natal	55.9	1416	33.8	216	49.4	494
Limpopo	36.5	948	34.5	804	45.6	1275
Mpumalanga	31.2	475	28.0	157	36.9	1067
North West	26.0	404	42.5	87	36.7	412
Northern Cape	38.7	346	33.3	9	38.2	102
Western Cape	19.9	1439	34.3	140	30.4	1350
Total	38.1	7909	40.7	1888	37.9	7813

Table 214: Condition of roof

Prov.	Condition of roof																	
	Many major defects (%)			Many minor defects (%)			Some major defects (%)			Some minor defects (%)			No defects (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	3.2	6.1	2.4	0.5	1.7	0.0	3.8	4.3	3.9	17.1	26.1	19.3	75.4	61.7	74.4	994	115	667
FS	2.3	2.7	2.8	0.2	1.0	1.0	3.5	2.4	2.3	24.5	23.0	22.5	69.5	70.9	71.5	809	296	400
GP	1.0	3.3	2.2	0.1	0.0	0.2	1.8	3.3	2.1	14.1	24.4	12.5	83.1	68.9	83.1	1080	90	2031
KZN	4.7	4.2	4.1	0.9	0.5	0.6	6.5	4.6	3.7	21.0	31.5	16.5	66.8	59.3	75.2	1407	216	492
LP	1.7	3.2	3.5	0.1	0.0	0.9	2.2	4.1	4.6	14.4	14.4	15.2	81.6	78.2	75.8	947	803	1271
MP	2.7	3.2	3.8	0.0	0.0	0.6	3.4	2.6	1.6	17.7	14.1	11.3	76.2	80.1	82.7	475	156	1067
NW	3.9	2.3	3.2	0.5	0.0	0.7	1.5	1.2	4.2	21.9	34.9	21.1	72.2	61.6	70.8	389	86	408
NC	1.4	11.1	2.9	0.8	0.0	1.0	1.1	11.1	2.0	17.7	22.2	15.7	78.9	55.6	78.4	361	9	102
WC	0.4	0.7	0.9	0.0	0.0	0.2	1.1	5.1	1.6	7.5	10.2	9.8	91.0	83.9	87.5	1438	137	1340
Total	2.3	3.2	2.6	0.3	0.3	0.4	3.0	3.7	2.7	16.4	19.5	14.2	77.9	73.2	80.0	7900	1908	7778

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 215: Condition of centre inside

Prov.	Condition of centre inside (cracks/damp in the walls)																	
	Many major defects (%)			Many minor defects (%)			Some major defects (%)			Some minor defects (%)			No defects (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	2.5	2.6	3.3	0.3	1.7	0.5	3.9	4.3	3.8	19.3	21.7	17.3	74.1	69.6	75.2	987	115	666
FS	0.9	2.4	2.3	0.6	0.7	1.0	2.6	0.7	2.5	16.3	20.9	13.8	79.6	75.3	80.5	809	296	399
GP	0.3	1.1	1.1	0.0	0.0	0.1	1.0	0.0	1.3	7.0	22.2	7.4	91.7	76.7	90.1	1083	90	2032
KZN	3.5	3.3	3.5	1.0	0.5	0.4	5.4	2.3	2.2	22.1	28.5	17.8	68.0	65.4	76.1	1401	214	490
LP	1.0	3.4	2.4	0.2	0.2	0.9	1.7	3.1	3.7	10.8	14.6	11.3	86.4	78.7	81.8	947	803	1268
MP	1.3	1.3	2.9	0.0	0.6	0.4	1.5	0.6	1.9	10.5	10.3	7.3	86.7	87.2	87.5	474	156	1067
NW	2.3	3.5	0.7	0.5	1.2	0.7	1.6	0.0	1.7	21.0	14.0	11.8	74.6	81.4	85.0	386	86	408
NC	1.1	0.0	1.0	0.6	0.0	0.0	1.4	11.1	1.0	20.6	0.0	15.7	76.4	88.9	82.4	360	9	102
WC	0.5	2.3	1.0	0.0	0.0	0.2	1.3	4.5	1.9	5.2	3.8	7.7	93.0	89.4	89.3	1431	132	1329
Total	1.5	2.8	1.9	0.4	0.5	0.4	2.5	2.4	2.2	13.8	16.7	10.2	81.8	77.6	85.2	7878	1901	7761

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 216: Condition of plumbing

Prov.	Condition of plumbing (leaks in pipes/taps)																	
	Many major defects (%)			Many minor defects (%)			Some major defects (%)			Some minor defects (%)			No defects (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0.4	0.9	0.6	0.1	0.0	0.2	0.6	1.8	0.3	4.8	7.1	5.6	94.1	90.2	93.4	985	112	663
FS	1.2	0.3	0.3	0.1	0.0	0.0	1.1	0.7	0.0	7.7	4.4	3.5	89.9	94.6	96.2	809	296	399
GP	0.6	1.1	0.7	0.0	0.0	0.0	0.6	1.1	1.0	4.8	13.3	4.7	94.1	84.4	93.6	1085	90	2028
KZN	1.0	0.9	0.8	0.1	0.0	0.0	2.9	0.5	2.0	8.1	8.9	3.3	88.0	89.7	93.9	1397	214	489
LP	0.6	1.4	0.3	0.1	0.0	0.0	0.8	0.4	0.2	4.0	3.0	2.0	94.4	95.3	97.4	946	802	1273
MP	0.2	0.6	0.3	0.0	0.0	0.0	1.3	0.6	0.2	2.9	1.9	2.0	95.6	96.8	97.6	475	157	1067
NW	0.8	0.0	0.5	0.5	1.1	0.2	0.0	0.0	0.5	7.7	4.6	4.0	91.0	94.3	94.8	379	87	405
NC	1.6	0.0	1.0	0.0	0.0	0.0	2.7	0.0	0.0	12.4	0.0	5.8	83.2	100.0	93.2	364	9	103
WC	0.2	1.5	0.1	0.1	0.0	0.0	0.9	0.7	0.8	2.5	3.7	2.8	96.3	94.1	96.3	1431	135	1333
Total	0.7	1.0	0.4	0.1	0.1	0.0	1.2	0.6	0.6	5.5	4.6	3.5	92.5	93.7	95.4	7871	1902	7760

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 217: Exposed wiring

Prov.	Presence of exposed wiring											
	Major			Minor			None			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	1	0.8	1	3.8	5.1	2.3	95.2	94.1	96.6	1013	118	682
FS	0.9	1	0.5	3.7	2	2	95.4	97	97.5	811	296	400
GP	0.1	5.6	0.8	2.3	20	3.9	97.6	74.4	95.3	1085	90	2034
KZN	2.7	0.9	1.8	5.9	3.7	2.2	91.4	95.3	95.9	1416	215	493
LP	1.2	3.9	2	4.3	1.4	2.8	94.5	94.8	95.1	948	803	1273
MP	0.4	0.6	0.2	3.2	7	4.5	96.4	92.4	95.3	474	157	1067
NW	0.5	1.1	2.9	3.7	11.5	1	95.8	87.4	96.1	404	87	409
NC	1.2	0	1	4.1	0	6.9	94.7	100	92.1	342	8	101
WC	0.1	0.7	1	1.1	2.9	3	98.7	96.4	96	1425	139	1338
Total	1	2.4	1.2	3.5	3.9	3.2	95.5	93.8	95.7	7918	1913	7797

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 218: Condition of fixtures and fittings

<i>Province</i>	<i>Condition of fixtures and fittings: Presence of sharp/dangerous fixtures(sharp edges/corners)</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	7.1	1002	10.2	118	5.7	670
Free State	2.8	791	3.4	296	4.4	390
Gauteng	3.8	1084	6.7	90	4.6	2025
KwaZulu-Natal	7.1	1414	7.9	216	6.1	492
Limpopo	4.2	949	5.4	803	7.5	1272
Mpumalanga	2.7	475	5.1	157	2.6	1067
North West	5.4	404	5.7	87	6.4	409
Northern Cape	7.6	344	11.1	9	7.1	98
Western Cape	3.1	1429	2.9	137	4.5	1332
Total	4.8	7892	5.5	1913	5.1	7755

Table 219: Obstacles obstructing passages

<i>Province</i>	<i>Obstacles obstructing passages</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	12.0	1013	17.8	118	13.2	676
Free State	12.2	811	10.5	296	10.2	401
Gauteng	10.0	1085	37.8	90	10.5	2034
KwaZulu-Natal	20.3	1416	14.8	216	15.4	494
Limpopo	10.6	946	10.7	804	8.5	1275
Mpumalanga	22.3	475	14.6	157	20.5	1066
North West	3.5	403	6.9	87	8.5	411
Northern Cape	6.2	354	12.5	8	10.7	103
Western Cape	7.4	1437	18.0	139	7.6	1348
Total	12.1	7940	13.5	1915	11.4	7808

Table 220: Service delivery interruptions

Prov.	Service delivery interruptions											
	Frequently (%)			Sometimes (%)			Never (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	9.1	7.7	16.2	33.0	38.5	25.3	57.9	53.8	58.6	1014	117	681
FS	13.7	10.8	9.7	35.8	39.9	32.7	50.5	49.3	57.6	810	296	401
GP	14.7	25.6	12.9	25.2	42.2	29.8	60.0	32.2	57.3	1086	90	2035
KZN	9.0	0.0	12.8	37.9	61.4	28.2	53.1	38.6	59.0	1408	215	493
LP	13.6	9.5	7.8	38.4	27.2	33.1	48.0	63.3	59.1	948	804	1275
MP	9.5	5.1	7.6	34.5	59.2	33.5	56.0	35.7	59.0	475	157	1067
NW	2.7	2.3	9.0	45.1	52.9	45.0	52.2	44.8	46.0	408	87	411
NC	36.4	33.3	45.2	25.2	33.3	19.2	38.4	33.3	35.6	365	9	104
WC	5.5	3.6	3.0	18.5	23.6	22.1	75.9	72.9	74.8	1430	140	1332
Total	11.2	8.3	10.0	31.5	38.0	29.8	57.4	53.8	60.2	7944	1915	7799

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 221: Overall condition

Prov.	Overall condition of the centre											
	Good (%)			Fair (%)			Poor (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U
EC	55.8	48.7	57.6	31.0	33.3	26.1	13.3	17.9	16.3	1011	117	674
FS	66.3	65.9	49.6	27.1	27.4	31.2	6.6	6.8	19.2	807	296	401
GP	88.2	66.7	76.5	10.8	32.2	16.9	1.0	1.1	6.6	1084	90	2035
KZN	60.1	62.6	52.2	29.6	25.7	27.4	10.3	11.7	20.3	1410	214	492
LP	80.8	71.8	63.2	15.0	21.3	22.9	4.2	7.0	14.0	947	804	1273
MP	82.1	84.1	70.8	14.5	7.6	17.9	3.4	8.3	11.3	475	157	1067
NW	67.4	65.1	64.1	29.1	27.9	25.9	3.5	7.0	10.0	405	86	410
NC	43.8	11.1	38.5	34.5	66.7	33.7	21.6	22.2	27.9	365	9	104
WC	85.1	72.5	63.7	14.2	24.6	27.6	0.8	2.9	8.7	1425	138	1335
Total	71.9	68.7	65.6	21.7	23.6	22.7	6.3	7.7	11.6	7929	1911	7791

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 222: Suits requirements

<i>Province</i>	<i>ECD centre suits requirement</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	81.6	1014	65.3	118	72.5	680
Free State	86.5	810	85.1	296	74.3	400
Gauteng	90.3	1086	87.8	90	79.2	2034
KwaZulu-Natal	82.7	1408	77.3	216	65.7	492
Limpopo	82.7	948	81.2	804	66.0	1275
Mpumalanga	74.5	475	40.1	157	62.6	1067
North West	84.7	405	82.8	87	76.9	412
Northern Cape	72.6	350	44.4	9	52.0	102
Western Cape	88.2	1438	84.9	139	78.5	1353
Total	84.2	7934	77.5	1916	72.5	7815

Table 223: Safety rating

<i>Province</i>	<i>ECD centre safety rating</i>									
	Safe (%)			Unsafe (%)				Total centres		
	F	C	U	F	C	U	F	C	U	
Eastern Cape	85.2	72.0	83.4	14.8	28.0	16.6	1018	118	682	
Free State	93.6	97.3	86.5	6.4	2.7	13.5	811	296	401	
Gauteng	98.7	97.8	93.2	1.3	2.2	6.8	1086	90	2035	
KwaZulu-Natal	91.2	89.4	84.2	8.8	10.6	15.8	1418	216	494	
Limpopo	95.4	89.9	84.8	4.6	10.1	15.2	948	804	1275	
Mpumalanga	96.6	94.9	89.9	3.4	5.1	10.1	475	157	1067	
North West	93.6	88.5	86.7	6.4	11.5	13.3	408	87	412	
Northern Cape	87.6	77.8	87.4	12.4	22.2	12.6	356	9	103	
Western Cape	98.3	93.6	92.2	1.7	6.4	7.8	1442	140	1354	
Total	93.8	90.8	89.0	6.2	9.2	11.0	7962	1917	7823	

F=Full registration, C=Conditional registration, U=Unregistered/Not registered

Table 224: Paved surface

<i>Province</i>	<i>ECD centre facilities: Centre has paved surface outside</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	38.5	1013	26.3	118	42.1	680
Free State	35.4	808	29.4	296	30.3	402
Gauteng	80.2	1088	75.6	90	66.4	2032
KwaZulu-Natal	48.1	1417	39.8	216	44.1	494
Limpopo	29.9	948	22.3	800	16.7	1274
Mpumalanga	47.8	475	37.6	157	26.9	1066
North West	21.6	408	25.3	87	24.9	413
Northern Cape	26.8	355	0.0	9	26.2	103
Western Cape	74.0	1443	62.6	139	61.1	1352
Total	50.2	7955	32.3	1912	43.9	7816

Table 225: Heating facilities

<i>Province</i>	<i>ECD centre facilities: Centre has heating</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	58.2	1014	61.9	118	43.8	680
Free State	83.0	811	79.1	296	65.6	401
Gauteng	70.4	1088	56.7	90	57.1	2033
KwaZulu-Natal	35.7	1416	15.3	216	21.9	494
Limpopo	18.2	948	12.0	803	13.1	1274
Mpumalanga	53.1	475	24.2	157	43.9	1066
North West	24.8	408	23.0	87	16.7	413
Northern Cape	41.4	355	44.4	9	38.8	103
Western Cape	54.9	1445	45.7	140	37.1	1349
Total	50.3	7960	32.0	1916	39.3	7813

Table 226: Ventilation

Province	ECD centre facilities: Centre has ventilation					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	74.3	1016	64.1	117	73.0	679
Free State	88.0	811	58.4	296	74.1	402
Gauteng	91.8	1087	73.3	90	83.9	2032
KwaZulu-Natal	82.1	1418	79.2	216	81.2	494
Limpopo	66.2	948	77.7	803	63.4	1273
Mpumalanga	77.9	475	33.8	157	69.9	1066
North West	78.4	408	90.8	87	71.4	413
Northern Cape	80.0	355	88.9	9	71.6	102
Western Cape	84.4	1448	75.0	140	78.8	1353
Total	81.0	7966	70.7	1915	75.3	7814

Table 227: Suitability for practitioners and parents

Prov.	Suitability to be used by practitioners and parents									Total centres		
	Separate room/space for practitioners (%)			Separate toilet for adults (%)			Separate office for administration (%)			F	C	U
	F	C	U	F	C	U	F	C	U			
EC	42.6	40.7	41.2	76.2	66.1	68.7	51.2	34.7	44.8	1025	118	690
FS	62.1	37.5	44.4	81.3	81.8	71.1	73.1	64.2	51.9	819	296	405
GP	57.8	66.7	52.8	92.9	93.3	89.1	84.1	88.9	56.4	1092	90	2048
KZN	42.6	42.9	39.6	79.7	66.4	68.6	55.7	43.8	37.2	1419	217	500
LP	55.6	53.7	35.8	91.6	93.8	83.5	65.0	59.2	33.4	949	804	1275
MP	61.5	68.8	45.3	90.3	62.4	83.1	75.4	63.1	48.0	475	157	1074
NW	38.5	28.7	27.3	85.1	95.4	80.9	65.1	57.5	37.7	410	87	414
NC	43.0	33.3	34.6	65.2	44.4	59.6	53.7	55.6	26.9	365	9	104
WC	58.5	59.0	48.3	81.0	78.5	66.9	76.1	59.0	54.5	1478	144	1382
Total	52.0	50.2	44.4	83.1	83.2	78.7	67.2	58.3	47.4	8032	1922	7892

Table 228: Separate kitchen area

Province	ECD centre has separate kitchen area					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	81.2	1003	76.1	117	68.7	678
Free State	96.9	808	86.5	296	85.7	399
Gauteng	98.2	1085	97.8	90	93.3	2034
KwaZulu-Natal	90.0	1413	84.4	205	67.1	490
Limpopo	92.8	949	93.9	804	80.2	1274
Mpumalanga	91.6	475	87.3	157	76.1	1065
North West	95.0	404	95.4	87	89.3	410
Northern Cape	93.8	352	87.5	8	68.7	99
Western Cape	93.4	1435	95.7	141	88.0	1327
Total	92.2	7924	90.4	1905	83.2	7776

Table 229: Accommodation of centre to physical disability/impairments

Prov.	Accommodations made for a child with physical disability/impairments																				
	Wheelchair ramp (%)			Handrails (%)			Accessible classrooms (%)			Sufficient light for visually-impaired (%)			Suitable toilet/ablation facilities (%)			Clear passages (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	13.7	5.1	10.7	7.1	4.2	9.1	57.6	39.0	57.1	53.2	28.8	53.0	33.6	28.8	34.3	46.3	49.2	52.5	1025	118	690
FS	14.5	14.2	9.9	14.4	6.4	5.7	59.7	78.4	56.5	38.9	46.6	38.5	35.3	40.5	25.4	54.1	49.3	45.4	819	296	405
GP	23.1	35.6	15.6	13.9	23.3	9.6	72.5	66.7	65.5	56.2	65.6	49.4	47.8	51.1	38.9	73.3	62.2	63.9	1092	90	2048
KZN	15.6	18.0	16.8	6.9	20.7	9.8	64.1	61.3	59.8	47.5	41.5	39.4	39.8	34.1	34.6	58.4	62.2	57.8	1419	217	500
LP	12.0	15.5	5.8	9.3	6.3	4.2	72.0	71.8	64.1	46.8	50.0	37.6	47.0	43.3	33.5	52.7	38.2	36.6	949	804	1275
MP	16.4	12.7	11.0	13.1	9.6	8.7	70.5	70.1	60.5	38.1	22.3	38.2	47.4	33.1	35.8	61.5	65.0	55.6	475	157	1074
NW	7.6	9.2	4.8	3.7	14.9	4.8	37.8	56.3	44.9	40.0	39.1	38.6	23.9	31.0	27.8	37.1	42.5	40.8	410	87	414
NC	11.0	11.1	12.5	7.9	0.0	11.5	42.7	55.6	33.7	38.9	55.6	30.8	29.9	0.0	27.9	38.1	11.1	44.2	365	9	104
WC	21.7	14.6	13.5	12.5	9.0	8.8	67.3	61.8	57.7	54.6	58.3	49.5	47.8	37.5	36.7	62.0	59.7	52.6	1478	144	1382
Total	16.4	15.3	11.8	10.2	9.5	8.0	63.5	67.7	60.2	48.4	45.8	44.3	41.1	39.3	35.1	56.6	48.3	52.6	8032	1922	7892

Table 230: Toilet types available

Prov.	Toilet types available										
	Flush toilet (Sewer) (%)	Flush toilet (Septic tank) (%)	Chemical toilets (%)	Pit latrine w/ vent pipe (%)	Pit latrine w/o vent pipe (%)	Bucket toilets (%)	Potties (%)	Other (%)	None (%)	Total centres	
EC	F	34.9	3.5	16.6	15	18.5	12.7	37.7	0.9	4.8	1025
	C	22.9	1.7	11	24.6	15.3	13.6	49.2	2.5	10.2	118
	U	51	2.8	8.8	9	8.7	10.1	37.2	1.9	7.5	690
FS	F	75.8	4.4	3.8	2.6	2.4	15	57.4	0.4	0.1	819
	C	58.1	11.8	3.7	3	17.2	11.5	75.7	0.3	0.3	296
	U	66.4	4.4	5.9	2.5	7.7	13.3	63	0.7	1	405
GP	F	92.9	3.4	0.5	1.5	2	4.2	60.3	0.1	0.1	1092
	C	90	11.1	2.2	2.2	2.2	10	60	2.2	0	90
	U	85	3.1	0.6	1.6	3.8	12	62.6	0.2	0.4	2048
KZN	F	39.2	5.3	17.1	19.7	14.7	3.5	21.5	0.5	1.8	1419
	C	8.3	5.5	25.3	38.7	20.7	1.8	6	0	2.8	217
	U	49.6	3.2	13.2	16.6	11	3.6	19.8	0.8	3.2	500
LP	F	19.4	2.7	2.2	26.3	46	6.6	33.4	0.1	0.3	949
	C	9.8	1.5	0	17	59.1	11.2	47	0.5	0.4	804
	U	11.8	1.8	1.5	15.3	47.8	10.6	34.7	0.5	4.4	1275
MP	F	39.6	5.9	2.1	18.7	28	1.9	24.8	1.9	0	475
	C	49	1.9	22.9	7	5.7	10.2	27.4	1.9	0.6	157
	U	37.9	2.5	2.2	20.6	22.6	6.6	24.2	0.6	3.2	1074
NW	F	36.1	8.8	1.2	18.5	32.4	4.1	38.5	0	1	410
	C	50.6	5.7	6.9	10.3	24.1	2.3	40.2	0	1.1	87
	U	46.1	1.9	0.7	13.3	27.1	8.5	49.3	0.5	0.5	414
NC	F	64.9	12.9	2.2	7.7	12.6	1.9	15.3	0.5	1.1	365
	C	55.6	0	11.1	11.1	0	22.2	11.1	0	0	9
	U	61.5	7.7	4.8	6.7	8.7	0	12.5	0	6.7	104
WC	F	92.6	4.1	0.8	0.1	0.1	1.9	50.8	0.4	0.1	1478
	C	88.9	6.9	2.1	0	0.7	3.5	52.1	0.7	0	144
	U	88.7	6.1	1.5	0.1	0	3.5	50.6	0.4	0.5	1382
Total	F	58.2	4.8	6.3	11.4	14.8	5.9	40.1	0.5	1.1	8032
	C	32.8	4.6	6.6	14.7	32.4	9.3	45.8	0.7	1.2	1922

	U	58.9	3.4	3	8.4	15.2	8.6	44.5	0.6	2.4	7892
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Table 231: Main source of water

Prov.	Main source of water																				
	Tap water in building (%)			Tap water on-site (%)			Communal or public tap off-site (%)			Borehole water on-site (%)			Rainwater tank on-site (%)			Other (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	35.0	24.6	47.4	21.1	20.3	17.8	12.6	16.1	12.8	1.2	1.7	1.6	26.1	29.7	14.7	4.0	7.6	5.7	1010	118	680
FS	65.1	57.4	60.3	30.7	40.2	31.9	2.0	1.4	4.7	1.0	0.3	0.2	0.9	0.3	0.2	0.4	0.3	2.5	810	296	401
GP	88.6	90.0	87.7	9.8	10.0	9.7	0.5	0.0	1.4	0.5	0.0	0.4	0.6	0.0	0.4	0.2	0.0	0.3	1086	90	2035
KZN	36.7	27.8	49.5	30.3	9.7	17.0	11.7	15.7	12.7	2.0	2.3	1.6	15.5	39.8	13.3	3.7	4.6	5.9	1416	216	495
LP	30.8	15.0	20.9	29.6	43.5	35.3	14.8	21.6	27.4	16.5	6.5	5.5	2.5	3.9	1.3	5.8	9.5	9.6	948	804	1275
MP	57.9	72.6	52.0	27.8	19.7	31.3	3.8	2.5	6.7	1.9	1.3	1.8	6.9	2.5	5.6	1.7	1.3	2.6	475	157	1067
NW	38.1	43.7	39.7	34.2	36.8	37.3	20.9	11.5	17.9	5.2	6.9	2.4	0.7	1.1	0.2	1.0	0.0	2.4	407	87	413
NC	53.4	33.3	49.0	32.7	44.4	33.3	9.9	11.1	10.8	0.9	0.0	1.0	1.4	0.0	3.9	1.7	11.1	2.0	352	9	102
WC	89.2	81.7	85.4	9.9	14.8	11.5	0.5	3.5	2.6	0.2	0.0	0.2	0.1	0.0	0.2	0.1	0.0	0.0	1446	142	1359
Total	57.4	38.1	61.2	22.7	31.8	21.2	7.5	13.1	9.4	3.1	3.5	1.7	7.1	8.2	3.3	2.2	5.2	3.2	7950	1919	7827

Table 232: Distance to nearest water point (m)

Prov.	Distance to nearest water point where water source if off-site (by percentile)																	
	10th (m)			25th (m)			50th (m)			75th (m)			90th (m)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	1	1	1	1	1	1	3	2	3	10	7	10	50	50	100	154	25	109
FS	1	1	1	1	1	1	5	5	1	15	5	3	60	10	25	19	5	29
GP	1	0	1	1	0	1	2	0	1	3	0	2	5	0	8	7	0	36
KZN	1	1	1	1	1	1	2	2	5	10	10	48	100	100	200	208	42	89
LP	1	1	1	1	1	1	3	3	4	60	100	105	500	400	500	195	233	467
MP	1	1	1	1	1	1	2	2	3	10	5	15	500	5	300	25	6	99
NW	1	1	1	1	2	1	3	3	2	21	5	16	500	8	500	85	10	83
NC	1	200	1	1	200	1	1	6100	3	300	12000	150	1500	12000	200	37	2	11
WC	1	1	1	1	1	1	1	1	2	2	1	5	40	100	17	8	5	35
Total	1	1	1	1	1	1	3	3	3	15	50	45	200	300	300	738	328	958

Table 233: Main source of energy for lighting

Prov.	Main source of energy for lighting																	
	Electricity - Mains (%)			Electricity - Generator (%)			Gas, paraffin, candles (%)			Other (%)			None (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	66.1	53.0	71.6	1.2	3.4	0.4	22.7	34.2	12.7	0.4	0.9	1.3	9.6	8.5	13.9	1013	117	677
FS	85.6	85.8	81.8	0.4	0.7	0.0	10.1	6.1	10.8	0.0	0.7	0.5	3.8	6.8	7.0	808	296	400
GP	95.0	96.7	89.6	0.5	0.0	0.3	3.8	3.3	7.9	0.3	0.0	0.7	0.5	0.0	1.4	1086	90	2035
KZN	64.9	35.6	67.3	0.8	0.5	0.8	17.2	15.6	9.1	1.1	0.5	0.2	16.1	47.8	22.6	1414	205	492
LP	80.3	75.6	62.7	0.5	1.7	0.7	9.2	6.5	12.9	1.9	1.0	1.9	8.1	15.2	21.9	949	804	1275
MP	86.1	84.7	77.1	0.8	1.9	0.7	7.4	5.7	8.6	0.4	0.6	1.1	5.3	7.0	12.4	475	157	1067
NW	84.9	78.2	79.7	0.5	0.0	0.2	11.4	14.9	13.7	0.5	1.1	0.5	2.7	5.7	5.9	405	87	409
NC	71.1	55.6	75.5	1.4	0.0	2.0	23.2	33.3	11.8	0.6	0.0	0.0	3.7	11.1	10.8	353	9	102
WC	96.5	94.4	95.9	0.1	0.0	0.2	2.5	4.9	2.5	0.3	0.0	0.1	0.7	0.7	1.2	1447	142	1358
Total	81.4	74.7	80.6	0.6	1.3	0.5	11.1	9.3	8.9	0.6	0.7	0.9	6.2	14.1	9.3	7950	1907	7815

Table 234: Main source of energy used for cooking

Prov.	Main source of energy used for cooking																				
	Electricity - Mains (%)			Electricity - Generator (%)			Gas, wood, paraffin, oil (%)			Other (%)			None (%)			N/A (%)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	48.6	43.5	53.9	0.9	0.9	0.1	41.5	41.7	22.8	0.3	0.0	0.9	6.1	10.4	15.2	2.7	3.5	7.0	1003	115	671
FS	41.8	26.0	58.2	0.1	0.0	1.0	56.9	72.3	33.8	0.1	0.3	0.5	0.9	1.4	5.8	0.2	0.0	0.8	809	296	397
GP	70.9	87.8	77.1	0.3	0.0	0.6	28.3	12.2	21.2	0.1	0.0	0.1	0.4	0.0	0.7	0.1	0.0	0.2	1085	90	2035
KZN	33.8	11.7	48.0	0.5	0.0	1.0	60.2	72.3	21.7	0.6	0.5	0.2	3.0	12.1	21.5	1.8	3.4	7.6	1413	206	488
LP	22.4	19.4	25.4	0.9	0.9	0.5	72.1	76.9	64.2	2.1	0.2	1.8	2.1	2.1	6.4	0.3	0.5	1.8	949	804	1275
MP	47.2	68.8	48.3	0.4	0.0	0.3	50.3	27.4	35.4	0.6	0.6	0.0	1.1	2.5	13.4	0.4	0.6	2.6	475	157	1066
NW	41.1	48.3	59.9	0.0	0.0	0.5	56.1	49.4	35.0	0.0	0.0	0.2	2.0	0.0	4.2	0.7	2.3	0.2	401	87	409
NC	45.6	33.3	43.9	1.4	0.0	1.0	48.7	66.7	24.5	0.9	0.0	0.0	2.6	0.0	27.6	0.9	0.0	3.1	351	9	98
WC	79.1	78.9	84.0	0.5	0.0	0.3	18.1	19.7	11.6	0.5	0.0	0.0	1.2	1.4	2.7	0.6	0.0	1.4	1440	142	1342
Total	50.1	34.2	59.8	0.5	0.4	0.5	45.6	60.9	30.1	0.6	0.3	0.5	2.2	3.4	7.0	1.0	0.9	2.1	7926	1906	7781

5.9. Transportation

Table 235: ECD centres with a transportation policy

Province	ECD centre has transportation policy					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	10.0	1010	17.8	118	10.1	682
Free State	14.4	810	23.0	296	9.2	401
Gauteng	22.0	1084	23.6	89	13.5	2027
KwaZulu-Natal	16.0	1412	17.2	215	14.7	495
Limpopo	13.4	948	8.0	803	6.7	1275
Mpumalanga	16.8	475	7.0	157	12.2	1068
North West	9.0	376	5.9	85	9.8	396
Northern Cape	10.2	323	11.1	9	11.3	97
Western Cape	25.6	1359	31.7	139	15.7	1250
Total	16.7	7797	14.2	1911	11.9	7691

Table 236: ECD centres that provide transport for children

Province	ECD centre provides transport for children attending the centre					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	4.1	940	7.0	114	5.3	641
Free State	6.4	793	4.4	294	4.5	397
Gauteng	14.2	1074	17.2	87	8.6	2006
KwaZulu-Natal	5.8	1373	15.0	214	8.0	489
Limpopo	6.1	933	2.9	789	3.6	1249
Mpumalanga	8.2	474	2.5	157	3.2	1068
North West	4.9	366	4.8	84	5.3	395
Northern Cape	9.1	285	25.0	8	12.5	88
Western Cape	18.6	1250	22.7	128	15.0	1151
Total	9.3	7488	6.9	1875	7.3	7484

Table 237: ECD centres with an adult in vehicle in addition to the driver

Province	Transportation practice: Adult in vehicle in addition to the driver (where transport provided)					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	76.9	39	75.0	8	76.5	34
Free State	94.1	51	69.2	13	94.4	18
Gauteng	87.6	153	86.7	15	79.1	172
KwaZulu-Natal	82.5	80	93.8	32	89.5	38
Limpopo	81.8	55	78.3	23	82.2	45
Mpumalanga	89.7	39	75.0	4	88.2	34
North West	72.2	18	75.0	4	71.4	21
Northern Cape	96.0	25	100.0	2	90.9	11
Western Cape	92.7	233	93.1	29	88.4	173
Total	88.2	693	85.4	130	83.9	546

Table 238: ECD centres that allow children to sit in the passenger seat

Province	Transportation practice: Child allowed to sit in passenger seat (alongside the driver) (where transport provided)					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	35.9	39	37.5	8	23.5	34
Free State	39.2	51	61.5	13	38.9	18
Gauteng	38.6	153	66.7	15	43.0	172
KwaZulu-Natal	49.4	79	34.4	32	47.4	38
Limpopo	52.7	55	52.2	23	46.7	45
Mpumalanga	51.3	39	50.0	4	44.1	34
North West	55.6	18	50.0	4	38.1	21
Northern Cape	61.5	26	0.0	2	63.6	11
Western Cape	41.8	232	34.5	29	41.3	172
Total	43.9	692	44.6	130	42.0	545

Table 239: ECD centres: Vehicle transporting children is fitted with childproof locks

<i>Province</i>	<i>Transportation practice: Childproof locks on vehicle (where transport provided)</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	84.6	39	75.0	8	82.4	34
Free State	86.3	51	84.6	13	77.8	18
Gauteng	85.6	153	86.7	15	84.3	172
KwaZulu-Natal	77.2	79	90.3	31	78.9	38
Limpopo	80.0	55	65.2	23	93.3	45
Mpumalanga	82.1	39	75.0	4	73.5	34
North West	61.1	18	75.0	4	76.2	21
Northern Cape	92.3	26	50.0	2	100.0	11
Western Cape	89.2	231	96.6	29	90.2	173
Total	84.8	691	83.7	129	85.5	546

Table 240: ECD centres: Driver remains in the driver's seat when children are handed over

<i>Province</i>	<i>Transportation practice: Driver remains in seat (where transport provided)</i>					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	69.2	39	50.0	8	61.8	34
Free State	68.6	51	61.5	13	77.8	18
Gauteng	74.5	153	80.0	15	76.2	172
KwaZulu-Natal	80.0	80	41.9	31	81.6	38
Limpopo	74.5	55	82.6	23	82.2	45
Mpumalanga	87.2	39	50.0	4	82.4	34
North West	50.0	18	50.0	4	61.9	21
Northern Cape	84.0	25	50.0	2	81.8	11
Western Cape	79.2	231	75.0	28	78.5	172
Total	76.4	691	64.1	128	76.9	545

Table 241: ECD centres: Driver is licensed to transport passengers

Province	Transportation practice: Driver licensed to transport passengers (where transport provided)					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	94.9	39	100.0	8	100.0	33
Free State	98.0	51	92.3	13	83.3	18
Gauteng	95.4	153	100.0	15	97.1	172
KwaZulu-Natal	91.3	80	100.0	32	92.1	38
Limpopo	98.2	55	95.7	23	93.3	45
Mpumalanga	100.0	39	75.0	4	88.2	34
North West	100.0	18	50.0	4	95.2	21
Northern Cape	100.0	26	100.0	2	100.0	11
Western Cape	97.4	231	96.6	29	96.0	173
Total	96.5	692	95.4	130	95.2	545

Table 242: ECD centres: Complying with seating space regulations

Province	Transportation practice: Seating space for children and carrycots comply with the prescribed regulations for transportation (where transport provided)					
	Full		Conditional		Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres	Yes (%)	Total centres
Eastern Cape	74.4	39	62.5	8	78.8	33
Free State	90.2	51	84.6	13	83.3	18
Gauteng	77.6	152	86.7	15	81.4	172
KwaZulu-Natal	79.5	78	96.9	32	81.6	38
Limpopo	72.7	55	95.7	23	71.1	45
Mpumalanga	71.8	39	75.0	4	73.5	34
North West	55.6	18	25.0	4	66.7	21
Northern Cape	64.0	25	50.0	2	100.0	10
Western Cape	75.8	231	86.2	29	74.3	171
Total	76.2	688	86.2	130	77.5	542

Table 243: ECD centres: Make special arrangements for transporting children with disabilities

Province	Transportation practice: Special arrangement for children with disabilities (where transport provided)						
	Full		Conditional			Not Registered	
	Yes (%)	Total centres	Yes (%)	Total centres		Yes (%)	Total centres
Eastern Cape	46.2	39	50.0	8		29.4	34
Free State	31.4	51	41.7	12		27.8	18
Gauteng	27.5	149	73.3	15		38.0	171
KwaZulu-Natal	38.5	78	53.1	32		36.8	38
Limpopo	30.9	55	21.7	23		27.3	44
Mpumalanga	48.7	39	50.0	4		47.1	34
North West	22.2	18	0.0	4		52.4	21
Northern Cape	48.0	25	0.0	1		70.0	10
Western Cape	33.3	228	41.4	29		29.6	159
Total	34.2	682	43.8	128		35.3	529

Table 244: Maximum estimated distance that children are transported/travel to ECD centres

Prov.	Maximum estimated distance that children are transported/travel to centre by percentile																	
	10th (m2)			25th (m)			50th (m)			75th (m)			90th (m)			Total centres		
	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U	F	C	U
EC	0	0	0	1	0	1	1	2	2	5	5	5	10	10	14	872	103	584
FS	1	1	0	2	1	1	4	2	3	6	5	5	10	9	10	731	287	379
GP	0	0	0	1	1	1	3	1	2	5	4	4	10	15	8	1062	88	1966
KZN	0	0	0	1	0	1	2	2	2	5	3	5	10	5	8	1353	211	480
LP	0	0	0	0	1	0	1	1	1	4	3	3	10	6	5	934	768	1246
MP	0	1	0	1	2	1	2	4	2	5	5	4	8	5	8	466	156	1060
NW	1	0	0	1	1	1	2	3	2	5	8	3	10	12	10	294	82	381
NC	0	0	0	1	0	1	2	1	3	5	4	7	13	10	15	251	8	79
WC	1	0	1	1	1	1	3	3	3	7	5	5	15	13	10	1230	122	1118
Total	0	0	0	1	1	1	2	2	2	5	5	5	10	8	10	7193	1825	7293

Table 245: Children present on day of audit – Gender ratio

Prov.	Children present on day of audit – Gender ratio (M:F)																									
	0-18 mos.					19-36 mos.					37-48 mos.					49-60 mos.					61+ mos.					
	B	C	I/A	W	F	B	C	I/A	W	F	B	C	I/A	W	F	B	C	I/A	W	F	B	C	I/A	W	F	
EC	F	1.05	0.57	1.65	1.10	1.52	0.97	1.16	1.06	1.14	1.69	0.98	0.95	0.57	0.93	2.23	0.98	1.22	0.83	0.59	2.80	0.96	0.89	1.33	0.85	0.21
	C	1.02	0.87	1.00	0.91	0.83	0.84	1.34	1.00	1.14	1.00	1.00	0.92	1.33	1.00	0.47	1.23	1.14	1.00	1.13	0.38	1.03	1.20	0.75	0.67	0.29
	U	1.00	1.09	0.89	1.34	1.64	0.96	0.99	2.11	1.01	0.61	0.99	1.06	0.51	1.27	0.71	0.98	1.03	0.64	1.09	0.86	0.92	1.18	1.25	0.81	0.62
FS	F	1.01	0.89	1.24	2.84	1.17	1.02	0.93	0.83	1.09	1.04	0.98	1.15	0.83	1.20	0.61	0.99	1.14	1.00	1.07	0.38	1.05	1.21	1.60	1.19	0.64
	C	0.88	0.00	2.00	-	0.82	0.95	2.06	2.00	0.82	0.55	1.01	4.11	0.80	0.75	0.44	0.97	1.53	5.25	3.33	5.50	1.09	0.57	0.53	1.80	0.38
	U	1.07	1.34	-	1.16	2.60	0.97	1.39	0.00	0.90	1.40	1.02	0.96	1.07	1.15	0.68	1.12	1.25	1.08	1.42	1.08	1.02	0.95	0.48	0.89	10.00
GP	F	1.09	1.24	2.16	0.89	1.22	1.00	1.40	1.65	1.01	1.48	0.99	1.05	1.20	0.88	1.40	1.00	0.78	0.91	0.90	0.92	1.00	1.03	1.03	0.97	0.81
	C	1.14	1.63	0.96	0.73	0.82	1.09	1.31	0.90	1.53	0.87	0.95	1.24	1.33	0.97	1.29	1.02	0.76	1.11	0.83	2.07	1.19	1.51	0.00	1.01	0.74
	U	1.08	1.17	1.30	0.96	1.44	0.98	1.15	1.06	0.98	1.16	1.00	1.02	0.82	1.07	1.10	0.96	2.04	1.15	0.98	1.01	1.09	1.58	1.07	0.89	0.89
KZN	F	1.02	1.03	1.57	0.83	0.94	0.99	0.91	1.88	1.23	0.96	0.96	1.74	0.78	0.68	0.89	0.99	0.95	0.93	1.19	1.04	0.89	1.38	0.58	0.46	0.71
	C	1.02	-	-	-	-	0.96	-	-	0.00	2.00	0.99	-	0.00	1.00	-	0.99	0.50	1.00	0.00	-	0.92	0.00	0.00	1.00	-
	U	1.00	1.48	0.81	0.85	1.47	1.01	1.67	1.16	0.98	1.29	0.98	1.02	1.12	0.27	0.42	1.01	1.17	0.96	0.94	2.10	0.93	0.92	1.43	0.92	1.39
LP	F	1.00	3.10	1.06	0.62	1.64	0.99	4.03	0.29	1.24	0.60	0.94	5.85	1.00	1.03	1.10	0.96	3.29	0.63	0.83	0.34	0.95	1.54	0.17	0.54	1.62
	C	1.07	1.73	1.89	0.61	1.56	0.99	0.08	3.00	1.11	2.14	0.97	3.20	1.00	0.84	1.04	1.01	1.09	1.13	1.33	6.14	1.03	1.89	0.33	0.94	0.69
	U	1.04	3.82	0.25	0.43	0.88	0.96	2.40	1.15	0.64	1.16	0.93	0.44	0.69	1.10	0.44	0.99	0.22	1.09	0.92	0.42	0.98	3.62	1.50	2.99	2.40
MP	F	1.05	0.25	1.00	1.43	0.86	1.00	1.94	1.25	1.02	0.59	1.01	2.62	0.47	1.02	0.66	1.00	0.29	1.11	0.98	0.85	1.03	2.74	0.30	0.67	0.09
	C	1.00	1.00	-	1.00	0.90	0.93	3.00	-	1.00	0.23	0.98	-	1.00	-	0.00	0.97	0.75	0.70	1.00	1.48	1.03	0.69	2.11	0.84	-
	U	1.05	2.42	0.42	4.54	3.89	0.98	2.41	0.40	0.76	0.88	0.95	2.00	2.10	0.70	1.84	0.95	2.06	18.00	0.84	4.20	0.89	3.63	0.78	0.57	0.44
NW	F	1.05	2.02	1.78	1.18	0.55	0.99	1.11	1.00	1.92	0.58	1.02	1.86	-	0.98	1.18	0.97	1.13	1.11	1.34	2.40	0.94	2.40	3.67	1.01	0.46
	C	1.01	0.70	-	0.67	-	0.86	1.09	-	0.86	-	1.04	1.00	-	1.00	-	1.11	1.07	-	0.76	-	1.02	0.46	0.00	1.15	-
	U	1.11	1.17	0.23	0.64	0.52	1.02	0.88	0.64	0.97	0.96	1.18	0.70	2.08	2.12	1.67	0.91	0.83	1.00	0.71	0.68	0.91	1.11	0.45	0.81	0.17
NC	F	1.32	0.95	2.00	0.52	0.06	1.18	1.16	0.67	1.86	0.36	1.11	1.01	8.40	0.97	0.09	1.12	1.01	2.50	1.21	3.00	1.12	1.07	3.67	-	0.00
	C	0.00	2.00	-	-	-	1.07	1.40	-	-	-	1.28	0.74	-	0.00	4.00	1.03	1.24	-	-	-	1.18	1.45	-	-	0.00
	U	2.29	1.25	0.00	0.56	0.00	1.00	1.07	-	1.10	2.00	1.11	0.87	2.00	1.25	-	1.02	1.00	-	0.76	0.27	0.82	0.65	2.00	2.33	0.00
WC	F	1.07	1.05	0.44	1.09	0.90	0.98	1.08	1.93	0.87	1.45	0.97	1.03	0.85	0.91	1.20	0.95	1.00	1.02	1.09	1.04	0.94	1.02	0.58	1.13	1.11
	C	1.04	1.50	0.00	1.17	3.29	1.00	1.16	2.67	1.33	0.63	1.00	1.11	2.00	2.49	0.88	1.13	1.24	2.50	1.29	0.89	0.97	1.05	1.00	1.43	2.17
	U	1.15	1.03	0.30	1.15	1.23	1.08	1.06	1.16	1.13	0.99	0.99	0.98	1.03	0.81	1.10	0.96	0.99	1.95	1.44	0.93	1.11	1.02	5.67	0.95	1.53
Total	F	1.05	0.99	1.35	1.01	1.03	1.00	1.12	1.33	1.02	1.14	0.98	1.07	1.04	0.92	1.18	0.99	1.02	0.89	0.99	0.87	0.99	1.07	0.86	0.94	0.60
	C	1.01	1.37	1.60	0.73	1.12	0.97	1.23	2.45	1.14	1.02	0.99	1.35	0.97	1.21	0.97	1.01	1.19	1.39	1.31	1.96	1.06	1.02	0.45	1.04	0.77
	U	1.08	1.18	0.72	1.06	1.35	0.99	1.09	1.09	1.00	1.06	0.99	0.99	0.96	1.05	0.86	0.97	1.05	1.09	1.08	0.98	0.99	1.13	1.11	0.97	1.00

6. Questionnaire

The questionnaire used in the audit is provided in the next section.

1 IDENTIFYING DETAILS OF ECD CENTRE

1.1 Location of the ECD Centre

1.1.1 GPS coordinates

1.1.1.2 Latitude

1.1.1.3 Longitude

Take a picture of the ECD building

1.1.2 Name of ECD centre

1.1.3 Surname of interviewee

1.1.3.1 Name of interviewee

1.1.4 Job title	Dropdown	Owner	Principle/Matron	Supervisor	
		Practitioner	Committee Member	Other	

1.1.5 Contact details of ECD centre. Add available information.

1.1.5.1 Landline

1.1.5.2 Cell number

1.1.5.3 Fax number

1.1.5.4 Email address

1.1.5.5 Website (Optional)

1.1.6 Physical address (Only provide the appropriate information).

1.1.6.1 Ward number

1.1.6.2 Name of local municipality

1.1.6.3

1.1.6.4 Street name and number

1.1.6.5 Flat name and number

1.1.6.6 Suburb or township name

1.1.6.7 Town or village name

1.1.6.8 Postal code

1.1.6.9 Stand or plot number

1.1.7 Postal address (Only provide the appropriate information).

If postal address is same as physical address tick box and skip to question 1.1.8.

1.1.7.1 Street name and number

1.1.7.2 Flat name and number

1.1.7.3 PO Box number

1.1.7.4 Private Bag number

1.1.7.5 Town or village name

1.1.7.6 Postal code

1.1.8 In what type of area is the ECD centre located? (Refer to definitions) Mark ONE with an X.

1.1.8.1 Urban area	Dropdown	Formally recognized cities/towns	
1.1.8.1.1 Suburb		Formal residential areas	<input type="checkbox"/>
1.1.8.1.2 Township		Residential areas (Former Group Areas Act)	<input type="checkbox"/>
1.1.8.1.3 Informal housing community		Self-help/Shack areas	<input type="checkbox"/>
1.1.8.1.4 Non-residential area		Commercial/Industrial/Institutional uses	<input type="checkbox"/>
1.1.8.2 Rural area		Areas outside formally recognized cities/towns	
1.1.8.2.1 Village/Settlement		Dense collections of traditional homes	<input type="checkbox"/>
1.1.8.2.2 Farm		Commercial farms	<input type="checkbox"/>
1.1.8.2.3 Semi-urban area		Settled areas surrounding cities/towns	<input type="checkbox"/>
1.1.8.2.4 Reservation in rural area		Subsistence farming areas	<input type="checkbox"/>
1.1.8.3 Other			<input type="checkbox"/>
1.1.8.3.1 If Other, specify:		<table border="1" style="display: inline-table; width: 250px; height: 20px;"></table>	

Estimated kilometres

1.1.9 How far is the nearest primary school from the ECD centre if it is not based at a school?

1.1.10 How far is the nearest clinic from the ECD centre?

1.2 The ECD Centre Registration and Funding Status

1.2.1 What is the status of the ECD centre's registration with the Department of Social Development?

Dropdown

Full	Conditional	In process	Not Registered
------	-------------	------------	----------------

1.2.2 If registered with the DSD what is the number?

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2 SERVICE AUDIT: ECD CENTRE

2.1 Assessment and Monitoring

2.1.1 Did you submit an implementation/business plan?

Yes		No	
-----	--	----	--

If Yes, show evidence to the enumerator. Enumerator to confirm by ticking box.

--	--

2.1.2 Have you been inspected by Department of Social Development?

Yes		No	
-----	--	----	--

2.1.2.1 If Yes, when? Year

--	--	--	--

2.1.2.2 Was evidence shown to the enumerator? Enumerator to confirm by ticking box.

--	--

2.1.3 Which of the following institutions are currently involved with the ECD centre?

2.1.3.1 Department of Social Development	Yes	No	
2.1.3.2 Department of Health	Yes	No	
2.1.3.3 Local government	Yes	No	
2.1.3.4 Department of Education	Yes	No	
2.1.3.5 Non-governmental organisation (NGO)	Yes	No	
2.1.3.6 Other	Yes	No	

2.1.3.6.1 If Other, specify:

--

2.2 Human Resources

2.2.1 Staff component of ECD centre and salary levels for each staff member

THIS SECTION IS DUPLICATED FOR EACH STAFF MEMBER, INCLUDING VOLUNTEERS.

2.2.1.1 Surname

--

2.2.1.2 Initials

--

2.2.1.3 ID Number OR

--

2.2.1.4 Passport number

--

2.2.1.5 Job title

Principle/Matron	Supervisor	Practitioner	
Assistant practitioner	Administrative personnel	Cook	
Cleaner/Janitor	Gardener	Caretaker/Security	Other

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2.2.1.6 Age at last birthday

--

2.2.1.7 Population group

Black African	Coloured	Indian/Asian	White
Foreigner/Other			

2.2.1.8 Gender

Male	Female
------	--------

2.2.1.9 Gross monthly salary/stipend Rand

--

2.2.1.10 Indicate highest education qualification achieved:

ABET Level 1-4	Below grade 12	Grade 12	
Post-matric diploma	Degree	Other	

2.2.1.11 If Other, specify:

--

2.2.1.12 Indicate ECD specialisations achieved:

ECD certificate	ECD diploma	ECD degree	Other	None
-----------------	-------------	------------	-------	------

2.2.1.13 If Other, specify:

--

2.2.1.14 South African Council for Educators registration number if a qualified teacher?

--

 Number

2.2.1.15 What is the total duration of all studies and training (years, including school)?

--

2.2.1.16 Did you attend training/workshops in the last 24 months?

Yes	No
-----	----

2.2.1.17 If so, specify the type of training/workshops attended:

--

 Number

2.2.1.18 Number of years of appropriate experience in the post held

--

2.2.1.19 What is the nature of the appointment?

Permanent	Temporary	Substitute	Contract	Other
-----------	-----------	------------	----------	-------

2.2.1.20 Do you have a National Child Protection Clearance certificate?

Yes	No
-----	----

2.2.1.21 Disability status

None	Physical	Visual	Hearing	Speech	Mental	Other
------	----------	--------	---------	--------	--------	-------

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3. SERVICE AUDIT: CHILDREN

3.1	How many children are enrolled at the time of the audit?	Number □ □ □ □	
3.2	How many children are exempted from paying school fees?	□ □ □ □	
3.3	How many children in the following categories are present on the day of the audit?		
3.3.1	Age group birth up to and including 18 months	Boys	Girls
3.3.1.1	Black African	□ □ □ □	□ □ □ □
3.3.1.2	Coloured	□ □ □ □	□ □ □ □
3.3.1.3	Indian/Asian	□ □ □ □	□ □ □ □
3.3.1.4	White	□ □ □ □	□ □ □ □
3.3.1.5	Foreigner/Other	□ □ □ □	□ □ □ □
3.3.2	Age group 19 months up to and including 36 months	Boys	Girls
3.3.2.1	Black African	□ □ □ □	□ □ □ □
3.3.2.2	Coloured	□ □ □ □	□ □ □ □
3.3.2.3	Indian/Asian	□ □ □ □	□ □ □ □
3.3.2.4	White	□ □ □ □	□ □ □ □
3.3.2.5	Foreigner/Other	□ □ □ □	□ □ □ □
3.3.3	Age group 37 months up to and including 48 months	Boys	Girls
3.3.3.1	Black African	□ □ □ □	□ □ □ □
3.3.3.2	Coloured	□ □ □ □	□ □ □ □
3.3.3.3	Indian/Asian	□ □ □ □	□ □ □ □
3.3.3.4	White	□ □ □ □	□ □ □ □
3.3.3.5	Foreigner/Other	□ □ □ □	□ □ □ □
3.3.4	Age group 49 months up to and including 60 months	Boys	Girls
3.3.4.1	Black African	□ □ □ □	□ □ □ □
3.3.4.2	Coloured	□ □ □ □	□ □ □ □
3.3.4.3	Indian/Asian	□ □ □ □	□ □ □ □
3.3.4.4	White	□ □ □ □	□ □ □ □
3.3.4.5	Foreigner/Other	□ □ □ □	□ □ □ □
3.3.5	Age group 61 months and older	Boys	Girls
3.3.5.1	Black African	□ □ □ □	□ □ □ □
3.3.5.2	Coloured	□ □ □ □	□ □ □ □
3.3.5.3	Indian/Asian	□ □ □ □	□ □ □ □
3.3.5.4	White	□ □ □ □	□ □ □ □
3.3.5.5	Foreigner/Other	□ □ □ □	□ □ □ □

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3.4	Is there a copy of the birth certificate for each child?	Yes	No	
3.5	Have any children been assessed or tested by a professional person (other than the practitioner) for any of the following conditions:			Number
3.5.1	Learning disabilities/impairments	Yes	No	□ □ □ □
3.5.2	Development delays	Yes	No	□ □ □ □
3.5.3	Physical disabilities/impairments	Yes	No	□ □ □ □
3.5.4	Visual disabilities/impairments	Yes	No	□ □ □ □
3.5.5	Hearing disabilities/impairments	Yes	No	□ □ □ □
3.5.6	Speech disabilities/impairments	Yes	No	□ □ □ □
3.5.7	Mental disabilities/impairments	Yes	No	□ □ □ □
3.5.8	Chronic illnesses	Yes	No	□ □ □ □
3.5.9	Behavioural challenges	Yes	No	□ □ □ □
3.6	Provide the number of children in each of the following home language categories?			Number
3.6.1	Afrikaans			□ □ □ □
3.6.2	English			□ □ □ □
3.6.3	IsiNdebele			□ □ □ □
3.6.4	IsiXhosa			□ □ □ □
3.6.5	IsiZulu			□ □ □ □
3.6.6	Sepedi			□ □ □ □
3.6.7	Sesotho			□ □ □ □
3.6.8	Setswana			□ □ □ □
3.6.9	Sign language			□ □ □ □
3.6.10	Siswati			□ □ □ □
3.6.11	Tshivenda			□ □ □ □
3.6.12	Xitsonga			□ □ □ □
3.6.13	Other			□ □ □ □

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- 3.7 Which languages are used for teaching? Mark what is there or appropriate with an X.
- 3.7.1 Afrikaans
 - 3.7.2 English
 - 3.7.3 IsiNdebele
 - 3.7.4 IsiXhosa
 - 3.7.5 IsiZulu
 - 3.7.6 Sepedi
 - 3.7.7 Sesotho
 - 3.7.8 Setswana
 - 3.7.9 Sign language
 - 3.7.10 Siswati
 - 3.7.11 Tshivenda
 - 3.7.12 Xitsonga
 - 3.7.13 Other

3.8 How many practitioners and assistants are normally available for each of the following age groups?

	Number	
	Practitioners	Assistants
3.8.1 Age group birth up to and including 18 months	<input type="text"/>	<input type="text"/>
3.8.2 Age group 19 months up to and including 36 months	<input type="text"/>	<input type="text"/>
3.8.3 Age group 37 months up to and including 48 months	<input type="text"/>	<input type="text"/>
3.8.4 Age group 49 months up to and including 60 months	<input type="text"/>	<input type="text"/>
3.8.5 Age group 61 months and older	<input type="text"/>	<input type="text"/>
3.8.6 Total number	<input type="text"/>	<input type="text"/>

3.9 How many of the practitioners and assistants were present on the day of the audit for each of the following age groups?

	Number	
	Practitioners	Assistants
3.9.1 Age group birth up to and including 18 months	<input type="text"/>	<input type="text"/>
3.9.2 Age group 19 months up to and including 36 months	<input type="text"/>	<input type="text"/>
3.9.3 Age group 37 months up to and including 48 months	<input type="text"/>	<input type="text"/>
3.9.4 Age group 49 months up to and including 60 months	<input type="text"/>	<input type="text"/>
3.9.5 Age group 61 months and older	<input type="text"/>	<input type="text"/>
3.9.6 Total number	<input type="text"/>	<input type="text"/>

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4. SERVICE AUDIT: ECD PROGRAMME

Pre-grade R children

- 4.1 Has the Pre-grade R curriculum/teaching and learning programme been approved by the Department of Basic Education (DBE)? Yes No
- 4.2 Has the Pre-grade R curriculum/teaching and learning programme been registered with the DSD in collaboration with the DBE? Yes No
- 4.3 Which type of Pre-grade R curriculum/teaching and learning programme is provided?
 Own Montessori Waldorf Reggio Emilio Other
- 4.3.1 If Other, specify:
- 4.4 Does the programme follow the National Early Development Standards (NELDS)? Yes No
- 4.5 Does the ECD centre follow themes in their learning programme? Yes No
- 4.6 Is there evidence of a structured learning programme that provides for the holistic development of the Pre-grade R children?
 If Yes, show evidence to the enumerator. Enumerator to confirm by ticking last box.
- 4.6.1 Weekly programme/book Yes No
- 4.6.2 Daily programme displayed Yes No
- 4.6.3 Is the programme being followed on the day of the audit?
 (Refer to programme) Yes No
- Take a picture of daily programme**
- 4.7 How regularly are Pre-grade R children assessed?
 Daily Weekly Monthly Quarterly Annually Never Other
- 4.7.1 If Other, specify:
- 4.8 Which methods are used to assess Pre-grade R children?
 Written Oral Observation Other None
- 4.9 Which of the following assessment records are available for Pre-grade R children?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Written observations	Checklists	Reports	
Children's work	Profiles	Other	None

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4.22.4 Manipulative and construction sets:

All	Most	Few	None	
-----	------	-----	------	--

(mathematical wooden blocks, interlocking cubes and discs, threading beads and laces, pegboards, shape-sorter buckets)

4.22.4.1 What is the general condition of learning materials? Drop

Poor	Fair	Good	
------	------	------	--

4.22.4.2 Are there enough learning materials for the number of children?

Yes	No	Partly	
-----	----	--------	--

4.22.5 Puzzles, books and posters:

All	Most	Few	None	
-----	------	-----	------	--

(wooden, plastic, board puzzles, fiction/story books, nonfiction factual books, multilingual alphabet poster, life-skills posters)

4.22.5.1 What is the general condition of learning materials? Drop

Poor	Fair	Good	
------	------	------	--

4.22.5.2 Are there enough learning materials for the number of children?

Yes	No	Partly	
-----	----	--------	--

4.22.6 Fantasy and make-believe:

All	Most	Few	None	
-----	------	-----	------	--

(child-size furniture, old clothes and shoes, soap/tea boxes, puppets, black dolls and white dolls (boys and girls), prams, pot-and-pan sets, playfood, plastic animals, train sets, cars, airplanes)

4.22.6.1 What is the general condition of learning materials?

Poor	Fair	Good	
------	------	------	--

4.22.6.2 Are there enough learning materials for the number of children?

Yes	No	Partly	
-----	----	--------	--

4.22.7 Outdoor and active play:

All	Most	Few	None	
-----	------	-----	------	--

(jungle gyms, sandpit, buckets and spades, sand moulds, water play, skipping ropes, balls, hula hoops, steering wheels, scooters)

4.22.7.1 What is the general condition of learning materials?

Poor	Fair	Good	
------	------	------	--

4.22.7.2 Are there enough learning materials for the number of children?

Yes	No	Partly	
-----	----	--------	--

4.22.8 Classroom furniture and equipment:

All	Most	Few	None	
-----	------	-----	------	--

(tables and chairs, storage units, sleeping mats, carpets, theme tables, blankets)

4.22.8.1 What is the general condition of learning materials?

Poor	Fair	Good	
------	------	------	--

4.22.8.2 Are there enough learning materials for the number of children?

Yes	No	Partly	
-----	----	--------	--

4.22.9 Does the ECD centre have a "Discovery of Nature" display (area) showing the following:
(grass, types of soil, seeds, leaves, trees, flowers, rocks, birds, animals, fish)

Yes	No
Yes	No

4.23 Are colourful wallcharts/posters and/or children's work displayed in the centre?
Yes No

4.24 From which of the following institutions have you received learning support materials in the last two years?

Department of Social Development	Department of Education	Department of Health	
Local Government	NGO*	Other	

*NGO=Non-governmental organisations

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5. SERVICE AUDIT: HEALTH AND SAFETY (IMMUNISATION)

5.1 Does the ECD centre keep immunisation records of the children?
If No, skip to question 5.4.

Yes	No
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5.2 If Yes, are the immunisation records of each child up to date?

Yes	No
-----	----

5.3 Are immunisation records kept on-site?

Yes	No
-----	----

5.4 It is suspected that abuse and neglect of children at home is a growing problem.

5.4.1 Have staff been trained to recognise early warning signs of child abuse and neglect and on how to protect children?

Yes	No
-----	----

5.4.2 If the staff become aware of child abuse or neglect would the ECD centre report it?
If No, skip to question 5.5.

Yes	No
-----	----

5.4.3 If Yes, who do they report abuse and neglect to? Mark appropriate boxes

5.4.3.1 The principal	Yes	
5.4.3.2 The local South African Police Services	Yes	
5.4.3.3 The parents	Yes	
5.4.3.4 Social development/social workers	Yes	

5.5 It is important that children are given their medication as prescribed.

5.5.1 Does the ECD centre have a Medication Management Policy?
If Yes, enumerator must see the document and confirm by ticking this box.

Yes	No
-----	----

5.5.2 Is there a record available of medication that must be taken by each child?
If Yes, enumerator must see the records and confirm by ticking this box.

Yes	No
-----	----

5.5.3 Does the ECD centre keep contact with its local clinic or health provider?

Yes	No
-----	----

5.5.4 If Yes, indicate how regularly and how many times (Choose ONE): Number of times

5.5.4.1 Weekly			
5.5.4.2 Monthly			
5.5.4.3 Quarterly			
5.5.4.4 Annually			
5.5.4.5 Other			

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5.6 Does the ECD centre:

5.6.1	Staff know about the Universal Precautions Policy in the Child Care Setting?	Yes	No	
5.6.2	Enforce a hand-washing policy?	Yes	No	
5.6.3	Have walls that are washable and easy to clean?	Yes	No	
5.6.4	Have a sickbay?	Yes	No	
5.6.5	Have a separate area to clean babies and change nappies?	Yes	No	
5.6.6	Have a suitable facility to clean bottles?	Yes	No	
5.6.7	Keep the kitchen floor and working areas clean?	Yes	No	
5.6.8	Prepare food separately and away from children?	Yes	No	
5.6.9	Have a first-aid kit, with enough supplies?	Yes	No	
5.6.10	Have any of the practitioners received first-aid training?	Yes	No	
5.6.11	Implement pest control measures?	Yes	No	

5.7 How often are the classroom(s) in the ECD centre cleaned?

Daily	Weekly	Biweekly	Monthly	Quarterly	Annually	Never
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5.8 How often are the equipment and/or learning support materials cleaned?

Daily	Weekly	Biweekly	Monthly	Quarterly	Annually	Never
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5.9 What safety practices are in place? (Show evidence).
If Yes, enumerator must see evidence and confirm by ticking the last box.

5.9.1	Is there a health and safety officer?	Yes	No		
5.9.2	Is the health and safety officer trained in first aid?	Yes	No		
5.9.3	Is there at least one fire extinguisher?	Yes	No		
5.9.4	Is there an evacuation plan?	Yes	No		
5.9.5	Have the children been trained how to evacuate?	Yes	No		
5.9.6	Is there an accident/injury file?	Yes	No		
5.9.7	Is there a list of emergency contact details of parents?	Yes	No		
5.9.8	Is there a displayed list of contact details of emergency services?	Yes	No		

5.10 Does the ECD centre have:

5.10.1	A fence of about 1.8 metre high around the site?	Yes	No	NA
5.10.2	A lockable gate?	Yes	No	NA
5.10.3	Any dangerous/hazardous obstacles outside that prevent children to play freely and safely?			
	If Yes, take a picture	Yes	No	
5.10.4	A policy regarding the bringing and release of children?	Yes	No	

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6. SERVICE AUDIT: NUTRITION AND FOOD

6.1 Does the ECD centre provide meals/snacks? Yes No

If No, skip to question 6.6.

6.2 If Yes, indicate which by ticking the appropriate boxes.

6.2.1	Breakfast	Yes	No
6.2.2	Morning snack	Yes	No
6.2.3	Lunch	Yes	No
6.2.4	Afternoon snack	Yes	No

6.3 Is there a daily menu provided for children? Yes No

6.3.1 If Yes, are any of the following menus displayed?

6.3.2	A daily menu	Yes	No
6.3.3	A weekly menu	Yes	No

Take a picture of menu

6.4 Have the menus been approved by a dietician? Yes No

6.5 Which of the following food types are on the menu on the day of the audit?

6.5.1	Carbohydrates, e.g. bread, rice, samp, potatoes	Yes	No
6.5.2	Proteins, e.g. milk, meat, fish, eggs, etc.	Yes	No
6.5.3	Fruits ,e.g. apples, oranges, bananas, etc.	Yes	No
6.5.4	Vegetables, e.g. beans, peas, carrots, cabbage, etc.	Yes	No
6.5.5	Fresh or vitamin-enriched juice	Yes	No

6.6 Does the ECD centre receive food donations? Yes No

6.6.1 If Yes, what is the condition of the donated foods? Poor Acceptable Good

6.7 Does the ECD centre have refrigeration facilities for perishable food? Yes No

6.8 Is there a food garden at the ECD centre? Yes No

6.9 If Yes, who is involved in its maintenance? Mark the appropriate boxes.

Gardener	Practitioners	Parents	Children	Others
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6.10 Have any of the children been diagnosed with malnutrition? Yes No

6.11 If Yes, what is done about it? Mark the appropriate boxes.

Nothing	Informed parents/guardians	Provide food
Provide medication	Other	

6.11.1 If Other, specify:

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7.8.19 What types of toilets are available for children? Mark what is there or appropriate with an X.

7.8.19.1	Flush toilet connected to public sewer system	
7.8.19.2	Flush toilet connected to septic tank	
7.8.19.3	Chemical toilet	
7.8.19.4	Pit latrine with ventilation pipe	
7.8.19.5	Pit latrine without ventilation pipe	
7.8.19.6	Bucket toilet	
7.8.19.7	Potties	
7.8.19.8	Other	
7.8.19.9	None	
7.8.19.10	Number of toilets	
7.8.19.11	Number of potties	

8. SERVICE AUDIT: TRANSPORTATION

8.1	Do you have a transport policy for children?	Yes	No
8.2	Does the centre provide transport to the children attending the ECD centre? If No, skip to question 8.10	Yes	No
8.3	Is there at least one adult in addition to the driver in the vehicle when transporting children?	Yes	No
8.4	Is the vehicle used for transporting children fitted with childproof locks?	Yes	No
8.5	Does the driver remain in the driver's seat when children are handed over?	Yes	No
8.6	Are any children permitted to sit in the passenger seat alongside the driver?	Yes	No
8.7	Is the driver licensed to transport passengers?	Yes	No
8.8	Does the seating space for children and carrycots comply with the prescribed regulations?	Yes	No
8.9	Are special arrangements made for transporting children with physical disabilities?	Yes	No
8.10	What is the maximum estimated distance that children are transported or travel to the ECD centre?	Kilometres	