

Department of Social Development

FORM 4A

CONFIRMATION OF VERIFICATION & MONITORING VISIT

To be completed by the person who conducted a verification or monitoring visit at an early childhood development programme and/or partial care facility

Note 1: A copy of this Form 4A must be handed to the manager or designated person of an early childhood development programme and/or partial care facility on the date of the *verification/compliance monitoring visit

PERSON DOING THE VERIFICATION AND/OR MONITORING (MONITORING OFFICIAL) TO COMPLETE:

I, Kalena Motale (full name and surname)

representing Department of Social Development *(name of department/ office / designated organisation)

has conducted a *verification/compliance monitoring visit at Hugs & Kisses Educare, Sunninghill (name of early childhood development programme and/or partial care facility)

on 20 (day) July (month) of 2020.

I, confirm that the *verification/compliance monitoring visit was done in accordance with the guidelines and directions of the Department of Social Development and that I have completed FORM 4: VERIFICATION & MONITORING and found that on the date of this *verification/compliance monitoring visit this early childhood development programme and/or partial care facility (mark ONE only with an X, which should correspond with section D.1 on Form 4)

Finding in relation to compliance

- ...complies with measures to address, prevent and combat the spread of COVID-19 as set out in the Directions and SOPs.
- ...has minor areas of non-compliance in terms of the standards above. Advice and support have been given and a follow-up visit will be undertaken within 2 weeks.
- ...has major areas of non-compliance in terms of the standards above and has been advised to close temporarily. The provincial Department of Social Development will be informed.

I confirm that in terms of the finding above that I have informed the *early childhood development programme and/or partial care facility of its responsibility regarding the establishment and continued implementation of the measures to address, prevent and combat the spread of COVID-19.

Signed at Sunninghill on this 20 day of July 2020

Signature: Monitoring official

Place of employment: Social Development - Johannesburg Metro

Contact number: 011 355 9447 / 066 202 0065

*Delete which is not applicable.

ANNEXURE E

FORM 5

DECLARATION
CONFIRMING COMPLIANCE OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME OR
PARTIAL CARE FACILITY

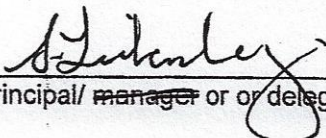
(To be completed and signed by the principal or manager)

I, SUSAN LIEBSONBERG (Name and surname), the principal / ~~manager~~ *(delete whichever is not applicable)*, of HUGS + KISSES EDUCARE CENTRE CC (name of early childhood development programme or partial care facility), hereby declare that the early childhood development programme or ~~partial care facility~~ *(delete whichever is not applicable)* has complied with the health, safety and social distancing measures for COVID-19, set out in Directions issued by the Minister of Social Development, the Department of Social Development's Standard Operating Procedures and Guidelines, as well as the Regulations made in terms of section 27(2) of the Disaster Management Act, 2002 (Act no. 57 of 2002).

I further acknowledge that it is the responsibility of the principal / ~~manager~~ to take all reasonable steps to comply with the health, safety and social distancing measures for COVID-19, set out in Directions issued by the Minister of Social Development, the Department of Social Development's Standard Operating Procedures and Guidelines, as well as the Regulations made in terms of section 27(2) of the Disaster Management Act, 2002 (Act no. 57 of 2002).

I further accept that any civil liability that may arise from the early childhood development programme or ~~partial care facility~~ decision *(delete whichever is not applicable)* to re-open and the manner in which it operates following such re-opening, shall fall exclusively on the early childhood development programme or partial care facility, and that National Department of Social Development and Provincial Department of Social Development shall bear no liability in this regard.

Signed at SUNNINGHILL this 11 day of JULY 2020.


 Principal/ ~~manager~~ or or delegated person issuing


 Witness

Official stamp
In the case where there is no official stamp, another person needs to co-sign in this space.

HUGS & KISSES
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