



**Ministry of Education and Training  
Eswatini**

**Early Childhood Care Development and  
Education (ECCDE)**

**Year** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Centre Code:** \_\_\_\_\_



Date of Reporting	___/___/_____	
1. Centre code	___/___/___/___	
2. Name of centre		
3. Inkhundla		
4. Region	<input type="checkbox"/> Hhohho <input type="checkbox"/> Lubombo <input type="checkbox"/> Manzini <input type="checkbox"/> Shiselweni	
5. Telecommunication and address	Telephone	
	Cell phone	
	Fax	
	E-mail	
	Postal Address	
	Physical ( <i>street</i> ) address	
	Town/city	
	Distance to town (zero if within town)	
	Location ( <i>sigodzi, village</i> )	
	GIS Coordinates	
6. Type of centre ( <i>Tick only one</i> )	<input type="checkbox"/> Community <input type="checkbox"/> NCP (Neighbourhood) <input type="checkbox"/> Church <input type="checkbox"/> Care Point-Kagogo <input type="checkbox"/> Private Aided (not NCP) <input type="checkbox"/> Home-based <input type="checkbox"/> Private <input type="checkbox"/> Primary School	
7. Services offered ( <i>Tick only one</i> )	<input type="checkbox"/> Day Care No teaching <input type="checkbox"/> Day care with teaching <input type="checkbox"/> Pre-primary	
8. Owner of the centre ( <i>Tick only one</i> )	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Community	
9. Head teacher or acting head teacher (Director)	Title	
	Name	
	Acting	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. When was this centre established? (Year)		

### 11. Feeding programme and medical support:

11.1 Does the centre have a feeding programme	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.2 Provided by: ( <i>Tick only one</i> )	<input type="checkbox"/> Government <input type="checkbox"/> Partners <input type="checkbox"/> Communities <input type="checkbox"/> Others
11.4 How many times a day	<input type="checkbox"/> Once <input type="checkbox"/> More than once
11.5 Did a nurse or other medical officer visit the centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11.6 If yes how many times a year?	
11.7 Does the centre have a sick room	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.8 Does the centre have a sleeping room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.9 If yes does it have	<input type="checkbox"/> Mat <input type="checkbox"/> Bed <input type="checkbox"/> Sponge

## 12. Committees

12.1 Centre committee	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.3 Parents-Teacher Association	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 13. Enrolment by Age and level

Grade / level	Sex	0-2 yrs	3 -4 yrs	5 yrs	6 yrs	6 yrs +
Day-care without teaching	Male					
	Female					
Day-care with teaching	Male					
	Female					
Grade 0	Male					
	Female					
<b>Total</b>	Male					
	Female					

## 14. Enrolment by Age and Level for Special Education Needs Children (SEN)

Grade/Level	Sex	0-2 yrs	3-4 yrs	5 yrs	6 yrs	6 yrs +
Day-care without teaching	Male					
	Female					
Day-care with teaching	Male					
	Female					
Grade 0	Male					
	Female					
<b>Total</b>	Male					
	Female					

### 15. Staff (teaching and care-givers)

Sex	Teaching Staff (labafundzisako)				Care-Giving Staff (banakeleli)			
	Pre-school trained	Primary level trained	Other training	Un-trained	Care-giving trained	Catering/ Cooking staff trained	Other training	Untrained
Male								
Female								
<b>Total</b>								

**16. Equipment** –Indicate the total number of **working items and non-working** in the centre according to intended or primary users

Equipment	Functional/Working	Non-functional	Total
Swings			
Sand pits			
Merry go round			
Slides			
Tunnels			
Climbers			
Tyres			
See-Saw			
Jungle -Jim			
First Aid Kit			

### Water and Electricity

17. Type of water supply to the centre ( <i>Tick only one</i> )	<input type="checkbox"/> Piped water supplied by water corporation <input type="checkbox"/> Water from another source <input type="checkbox"/> No water supply
17.1 If yes what are the other sources ( <i>Tick only one</i> )	<input type="checkbox"/> River <input type="checkbox"/> Borehole <input type="checkbox"/> Well <input type="checkbox"/> Harvested <input type="checkbox"/> Tankered
18. Are there hand washing facilities as per WASH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18a. If yes ( <i>Tick all that apply</i> )	<input type="checkbox"/> Running water <input type="checkbox"/> Soap
19. Type of Electricity supply to centre ( <i>Tick only one</i> )	<input type="checkbox"/> Electricity supplied by municipality <input type="checkbox"/> Own generator or other supply <input type="checkbox"/> No electricity supply <input type="checkbox"/> Own solar

## Toilets

Sex	Pit toilets		Flush toilet		Total
	M	F	M	F	
20. Toilets for children (Pre-School sized Toilets)					
21. Toilets for children (Adult Size)					
22. Toilets for Staff					

## Infrastructure

23. Structure of the walls of the ECCDE Centre (Predominant)	<input type="checkbox"/> Brick and Cement <input type="checkbox"/> Timber <input type="checkbox"/> Stick and Mud <input type="checkbox"/> Corrugated Iron <input type="checkbox"/> Open Shelter	
24. Estimate of Teaching (classroom), Playing and the plot size (M <sup>2</sup> )	Teaching Area (classroom)	
	Playing Areas	
	Centre Area (plot size)	

## 25. Does your centre have any Grade 1, 2, 3 classes, if Yes please give the enrolment figures.

Grade / level	Sex	Grade 1	Grade 2	Grade 3	Above Grade 3
Enrolment	Male				
	Female				
Teachers	Male				
	Female				
<b>Total</b>					

## 26. This form was completed by:

Title:		Name:	
Signature:		Position held:	
Date:		Tel No.	

Name of Regional Inspector who cross checked the form .....

Signature.....



