Republic of Rwanda

National Standards for the Early Childhood Development in Rwanda

May 2024

NCDA
National Child Development Agency

NESA
NATIONAL EXAMINATION AND SCHOOL INSPECTION AUTHORITY

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FOREWORD

Rwanda's policy on early childhood development (ECD) clearly stipulates that ECD targets children from conception to 6 years of age and that it involves the active participation of their parents, community and caregivers to ensure their physical, social, emotional, spiritual, moral and intellectual development (MIGEPROF, 2016). With the aim of improving the wellbeing of children, the Government of Rwanda has signed global frameworks such as the United Nations Convention on the Rights of the Child (CRC) and the world conference on Education for All. The Government is especially aware of the significance of the early years as a foundation for an individual's later life.

Among the greatest achievements is the establishment of a National Child Development Agency (NCDA) within the Ministry of Gender and Family Promotion (MIGEPROF). NCDA has a mandate to coordinate all interventions aiming to improve children's wellbeing, because the implementation of ECD policy involves many stakeholders. The pillars supporting the policy open many windows of opportunity in children's lives and are the foundation of the national economy.

While investing in the improvement of children's health and nutrition, the Government also recognizes pre-primary education as one of the most important levers for accelerating the attainment of Sustainable Development Goals (SDGs). In the first National Strategy for Transformation (NST1, 2017–2024), Rwanda demonstrated its commitment to human capital development by significantly investing in early learning. This contributes to the critical pathway of reaching middle-income status embedded in knowledge-based economy.

For these targets to be achieved, MIGEPROF, through NCDA, is committed to collaborate with other ministries ensure that children receive the full package of integrated ECD services. MIGEPROF and the Ministry of Education (MINEDUC) have worked together to draw up these harmonized

of standards to be used by all ECD service providers to improve the quality of services offered to young children.

Compliance with these ECD standards by all service-providers in different settings is expected to promote children's early brain development and enrich their life experiences.

INGABIRE Assumpta
Director General
National Child Development Agency (NCDA)

ACKNOWLEDGEMENTS

These harmonized ECD standards are the result of tireless efforts by a range of ECD partners and stakeholders. The harmonized standards will contribute significantly to achieving the goals of MIGEPROF and MINEDUC, particularly in increasing access to integrated, high-quality ECD services and ensuring that Rwandan children make optimal progress across all developmental domains.

We extend our sincere gratitude to stakeholders from diverse organizations, including international non-governmental organizations (INGOs), local NGOs, faith-based organizations, and government institutions, for dedicating their time and providing invaluable input during the review and validation of this document.

We are especially grateful to UNICEF Rwanda for its continuous support throughout the process and to the consultant who played a pivotal role in offering guidance, integrating feedback, and shaping the document into its current form.

We would also like to acknowledge the commitment and hard work of NCDA, MINEDUC, the Rwanda Basic Education Board (REB), and the staff of the National Examination and School Inspection Authority (NESA) for their significant contributions and feedback in the development of these standards.

We trust that these standards will improve the delivery of integrated, quality ECD services. Therefore, we urge all partners and stakeholders to adopt and apply these standards in their provision of ECD services.

Dr Bernard Bahati
Director General
National Examination and School Inspection Authority (NESA)

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ABBREVIATIONS AND ACRONYMS

CAMIS	:	Comprehensive assessment management information system
CBC	:	Competence-based curriculum
CHW	:	Community health worker
CNF		Conseil National des Femmes
COP	:	Community of practice
CPD	:	Continuing professional development
CRS	:	Catholic Relief Services
ECD	:	Early childhood development
ELDS	:	Early learning and development standards
HB ECD	:	Home-based ECD
INGO	:	International non-governmental organization
IZU	:	Inshuti z'Umuryango or "Friends of the Family"
MIGEPROF	:	Ministry of Gender and Family Promotion
MINEDUC	:	Ministry of Education
MNP	:	Micronutrient powders
MUAC	:	Mid-upper arm circumference
NCDA	:	National Child Development Agency
NCPD	:	National Council for Persons with Disability
NECDP	:	National ECD Programme
NESA	:	National Examination and School Inspection Authority
NGO	:	Non-governmental organization

PTC	:	Parent-Teacher Committee
REB	:	Rwanda Basic Education Board
SDG	:	Sustainable Development Goal
SGAC	:	School General Assembly Committee
TTC	:	Teacher training college
UDL	:	Universal design for learning
UNICEF	:	United Nations Children's Fund
URCE	:	University of Rwanda, College of Education
VSO	:	Voluntary Service Overseas
VVOB	:	Flemish Association for Development Cooperation and Technical Assistance
WASH	:	Water, sanitation and hygiene
WHO	:	World Health Organization

GLOSSARY

Terminology	Definition
Care	The attention to body, health, nutrition, emotional, social, language and intellectual development of a child throughout their childhood
Caregivers	Persons in charge of attending to the care needs of a child. Caregivers may be parents, family members and other persons accorded with such duties in a formal or informal setting.
Conception	The union of the sperm and the ovum. Synonymous with fertilization.
Child development	A process of change in which a child comes to master increasingly complex levels of moving, thinking, feeling and interacting with people and objects in the environment.
Child protection	The prevention of – and response to – exploitation, abuse, neglect, harmful practices and violence against children. (UNICEF, 2024)
Disability	Any condition (impairment) of the body or mind that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). WHO (2001)
Early childhood	The period from conception to 6 years for purposes of these standards.[1]

[1] ECD Policy, 2016

Early childhood development	The sensory-motor, social-emotional and cognitive-language development changes which a child undergoes during their early years of life from conception to 6 years. ECD entails providing integrated services that help children develop to their full potential in health and nutrition, education and psychosocial wellbeing. This requires support from caregivers.[2]
Early learning/ stimulation	Responsive and nurturing interaction with caregivers during which children are exposed to rich learning opportunities.
ECD facility	Any place, building or premises – including a private residence – maintained or used full-time/half-time for the reception, protection and temporary or partial care of children.
ECD service provider	Organization, business, individual, local authority or group of parents offering ECD services.
Family	A fundamental social group, typically consisting of one or two parents and their children.
Holistic development	Holistic development considers the whole child and emphasizes the importance of their physical, social, emotional, cognitive, moral, creative and aesthetic abilities. Every aspect of a child's development should be recognized and valued to maximize the child's potential.
Human capital index	An index that quantifies the contribution of health and education to the productivity of the next generation of workers.

[2] ECD policy, 2016

Inclusion	The term inclusion captures an all-embracing societal ideology. Regarding children with disabilities and/or special educational needs in an ECD service context, inclusive practice ensures that all children are cared for within their community, whilst receiving the individual support they require to thrive and succeed.
IZU	Inshuti z'Umuryango or "Friends of the Family" are community volunteers responsible for child protection within the community.
Pillars of ECD	Rwanda's ECD policy highlights six pillars that support the implementation of the policy and holistic ECD service delivery for the wellbeing of the child. They are health, nutrition, education, water, sanitation and hygiene (WASH), child protection and positive parenting.
Primary caregiver	The parent, guardian or any other person legally responsible for the daily care and rearing of a child.
Breastfeeding	Also called nursing, this the process of feeding a mother's breastmilk to her infant, either directly from the breast or by expressing (pumping out) the milk from the breast and feeding it to the infant.

1. Introduction and rationale

Early childhood is a critical period that affects human health and productivity throughout a person's life. Rwanda, with its commitment to rights-based policy and programming, adopted an ECD policy in 2016 to inform service delivery. The policy clearly stipulates that ECD targets children from conception to 6 years of age with the active participation of their parents, community and caregivers for the physical, social, emotional, spiritual, moral and intellectual development of a child (MIGEPROF, 2016).

ECD in Rwanda has reached a satisfactory position with several pillars in place to support policy implementation, thanks to considerable efforts invested in the various forms of ECD services delivery that cover nutrition, health, early learning, WASH, child protection and nurturing care.

To support the implementation of ECD Policy, various official documents were elaborated including ministerial others from both MIGEPROF (2020) and MINEDUC (2021). In addition, to ensure the effective coordination and monitoring of ECD services, the Government established The National children Development Agency with that specific mandate.

In the same line to facilitate the ECD policy, MIGEPROF developed the minimum standards for ECD in 2017 and MINEDUC sets out the minimum standards for early childhood education in 2018. However, having separate standards meant, that children not receive the same levels of services.

Since the target beneficiaries (children) are the same, it was found necessary to merge these two standards to create this single and harmonized National ECD standards to ensure that all children benefit from integrated ECD services at the same levels.

2. Objectives of the ECD standards

The overall objective of these standards is to promote the healthy growth of children in all aspects of development – physical, cognitive, language, social and emotional – with the intention of helping children to reach their full potential. These standards apply to all ECD facility that provide services to children up to the age of 5 years. The specific objectives of developing national ECD standards are to:

1. Provide a tool to certify ECD facilities offering services to children up to the age of 5 years – be it in home-based, day-care, community-based, school-based ECD facilities and model ECD facilities
2. Provide partners in ECD programmes with standards for establishing ECD facilities of all types.
3. Improve the quality of integrated ECD services by defining criteria for the services delivered.
4. Assist ECD practitioners to conduct self-assessment and strive to meet the requirements.
5. Guide the development of training programmes for ECD practitioners and other stakeholders, and other ECD policy documents.
6. Elaborate monitoring tools to assess the quality of ECD services.

3. The methodology

The process of harmonizing the ECD standards was led by MIGEPROF through NCDA, supported by UNICEF. The activity consisted of merging the existing ECE and ECD Minimum Standards to create agreed and homonized standards that both MIGEPROF and MINEDUC would implement.

The harmonization went through various steps: desk review of the existing ECD policy, minimum standards and guidelines and other documents, including ministerial orders, to find the similarities and differences. The next step was to prepare and share a report on the differences/gaps

and areas of convergence and the recommended scope of a harmonized standards document. Consultation workshops were held with stakeholders to review the harmonized standards. The existing monitoring/inspection tool was also reviewed and aligned with the new harmonized standards. The last step was to validate and disseminate the standards to the relevant stakeholders.

4. Using the ECD standards

This document is for use by all stakeholders providing ECD services for children from conception to 5 years. These include primary caregivers (parents and guardians), as well as crèches or day care and ECD proprietors. The document is also intended for all those working in ECD facilities as caregivers or support staff. Teaching institutions such as the University of Rwanda College of Education (URCE) and Teacher Training Colleges (TTCs) will need these standards to equip student-teachers with knowledge about ECD standards for their future career. All partners in ECD service delivery will need to consult this document for guidance on the quality of services needed. Experts and researchers around ECD will also find this document invaluable; the document will also be useful for central and local government policymakers in ECD-related activities.

5. Maintaining compliance

All ECD service-providers in Rwanda should comply with these standards as per issuing date. MIGEPROF through National children Development Agency (NCDA), in collaboration with different stakeholders, is responsible for ECD facilities serving children from conception to 5 years. The licensing authority for ECD services is executed by the competent authority. Staff in charge of accreditation in that authority are available to advise applicants and permit holders on compliance with the standards.

6. Inspection

Regular inspections are conducted to examine ECD services and check for compliance with these standards. The main purpose of inspections is to monitor the implementation of and compliance with the standards. If the inspection results show that services are substandard, areas of improvement are discussed with the concerned authority: technical assistance and consultation are provided to find solutions. If the ECD service provider for an international programme wishes to meet the intention of a standard in a way that differs from the described standards, they should first comply with the national standards, then make a written request to the authority in charge of accrediting ECD facilities to adopt the negotiated standard. They should also provide the approval from the programme owner to use that international programme.

7. Categories of standards

These ECD standards classify services into two main categories. The first comprises day-care facilities for children from conception to 3 years; it sets out the standards for services offered to pregnant women and young children. The second category sets out standards for services offered to children aged 3–5 years old. ECD facilities for this age group (3-5 years) operate in different contexts so there are four sub-categories: model ECD, school-based ECD, community-based ECD and home-based ECD facilities. High standards apply to model ECDs and school-based ECDs – community-based and home-based ECD facilities have standards appropriate to their contexts.

7.1. Standards for ECD day-care facilities – from conception to 3 years

The period from conception to 3 years is characterized by two main periods – prenatal and postnatal development. Specific standards during this period are needed where the child is still much dependent on the mother. Therefore, Standards focus on ECD services for both the mother and the child. The age of 3 years marks the end of toddlerhood and the beginning of the preschool years.

7.1.1. Care and support for the mother and child during pregnancy

- Every pregnant woman has access to antenatal care immediately after missing her periods.
- There should be at least eight antenatal contacts during pregnancy.
- Pregnant mothers received regular nutritional assessment, Counselling and provision of Multiple Micronutrient Supplementations (MMS)
- Fathers provide full support to the pregnant woman: physically, socially, financially, emotionally and psychologically.
- Community health workers (CHW) and Inshuti z'Umuryango (IZUs, friends of the family) conduct home visits to families with pregnant women at least once a month to monitor antenatal care.
- Community-based structures (CNF, village committee, Umugoroba w'Imiryango (UWI, evening parents' forums) etc. ensure that the pregnant woman is healthy and secure.
- Attention is given to marginalized teen and single mothers for adequate antenatal and postnatal care.
- Both parents stimulate the brain and play with babies during pregnancy, for example singing, playing, touching, etc.
- Pregnant women receive adequate nutrition and healthcare including nutrition counselling.
- Pregnant women and fathers of children attend parenting education sessions to learn about the wellbeing of mother and baby.
- Service providers give a special consideration and first priorities to pregnant women.
- All pregnant women deliver at a health centre/hospital and are accompanied by the father of the child.
- The Government at the central and local level supports pregnant women with disabilities to access antenatal services.

7.1.2. Care and support for children from birth to 3 years

Care and support services should ensure the following:

- The mother has access to postnatal care in the first 24 hours after giving birth.
- Breastfeeding initiated within the first one hour of birth and the newborn will be on exclusive breastfeeding for six month followed by appropriate complimentary feeding and continuation of breast feeding until two years.
- Maternity leave regulations[3] ensure that mothers have time to nurture and emotionally bond well with their babies.
- Employers grant paternity leave to fathers in accordance with the labour law to also support mothers and bond with the newborn.
- Attention is given to parents in informal sector who do not benefit from paid parental leaves.
- Support is provided for teen and single mothers who would want to go back to school or gain skills through trainings.
- Support and guidance are provided for parents and families with children having developmental delay or disability.
- Children should be provided with balanced diet, vitamin A, vaccination, deworming and growth monitoring services at regular basis.
- Parents, caregivers and guardians attend parenting education sessions at their nearest ECD facilities to improve the quality of care and support for children.
- CHWs and IZU conduct home visits to families with young children to monitor children's growth and development.

[3] MIFOTRA (2023). Ministerial Order n° 02/MIFOTRA/23 of 01/08/2023 on occupational health and safety, organisations employees' organisations and employers' organisations, child employment, employment of a foreigner and leave In Official Gazette n° Special of 02/08/2023.

7.1.3. Day-care facility staffing

Staff in a day-care facility must fulfil the following requirements:

- The minimum qualification for the staff is secondary certificate (S6) from TTC in Early childhood Education, Early Childhood and Lower Primary Education(ECLPE), and General Education with training on ECD services delivery.
- The caregiver has a basic training in holistic child development, childcare methods and first aid.
- Every staff member must submit a medical certificate issued by the competent health institution.
- The caregiver-to-child ratios are:
  - 1: 3 (for children aged 3 months to 1 year)
  - 1: 5 (1–2 years)
  - 1: 10 (2–3 years)
- All new staff have induction training in their first week of employment on comprehensive ECD services.
- There is a plan for continuous professional development of staff as required.
- Every staff member in a day-care facility has a working contract.

7.1.4. Sanitary facilities in a day-care facility

The standards recommend the following:

- A clean, washable, hygienic space to change nappies.
- The nappy changing room is well equipped with hygienic materials such as water and soap and a covered waste bin.
- Safe disposal of child faeces.
- Age-appropriate toilets for children in the facility, with separate rooms for girls and boys.
- A labelled potty for each child.
- At least one clean child-sized toilet for 40 children.
- At least one toilet designed for children with special needs and one for staff with special needs.
- Potty-chairs are cleaned and sanitized after each use.

- All sanitary materials are well maintained after use and kept out of reach of children.
- Sleeping equipment and materials are cleaned, maintained or replaced before they are used for another child.
- At least one pair of bed sheets for every child.
- All waste bins are kept free of insects, rodents and offensive odours.
- Children are guided how to use the waste bins.
- Table surfaces, furniture and other equipment are cleaned after use.
- Cleaning supplies and toxic materials are kept separate from food and inaccessible to children.

Handwashing facilities

- Each ECD facility has health education posters teaching children hand-washing practices.
- There is a handwash basin available for handwashing.
- Handwashing station with soap and water is available.
- Caregivers and children apply the recommended times for handwashing: 40 to 60 seconds.

7.1.5. Building specifications

- A day-care facility is housed on the ground floor of a building.
- A facility not located on the ground floor of the building has grills on the windows and balcony.
- The facility is located away from public toilets, rubbish dumps, main roads and other potential health or safety hazards.
- There are no swing doors.
- The floor is smooth, washable, damp-proof and has a non-slip surface.
- Every childcare facility has designated areas for recreational activities.
- Every childcare facility has specific storage areas.
- Drains are covered.
- Where there are staircases, safety gates are installed at both ends of the staircase.
- Electric sockets are raised out of children's reach and are rendered harmless or ineffective to the children.

- A childcare facility is accessible to all children including children with disabilities.
- All buildings used as ECD spaces are assessed for safety and must comply with national building safety regulations.
- Facilities are equipped with learning materials accessible to all children.

7.1.6. The physical environment

The premises should be safe, secure and fit for purpose. They should have adequate space in an appropriate location, with the facilities necessary for activities which promote children's development.

- The day-care facility has a stimulation room, breastfeeding room, sleeping room, kitchen, store, child-friendly toilets and an outdoor playground.
- The premises are clean, well lit, adequately ventilated and maintained in a suitable state of repair; decorations are child friendly.
- The location is not in a risk zone (landslides, erosion, flooding etc.)
- Rooms are maintained at an adequate temperature.
- There is good lighting.
- Play areas are large enough to allow free movement.
- The sleeping area is spacious, quiet and well ventilated.
- The compound is regularly cleared and maintained.
- The surface of the outdoor play area is free of sharp objects, harmful plants, rocks and discarded materials and equipment.
- There is at least one toilet for people with disabilities.
- There are handwashing facilities, bassin, soap, clean hand towels or paper towels.
- The nappy changing room is well equipped with hygienic materials such as water and soap and a covered waste bin.

7.1.7. Equipment

- Furniture is appropriate for children's size and age.
- Equipment is arranged to create an accessible and stimulating environment.

- The equipment is of suitable design and condition, well maintained and conforms to safety standards.
- There are sufficient, suitable indoor and outdoor toys and play materials.
- Play materials provide stimulating activities and play opportunities for the children in all areas of play, learning and development.
- Play equipment is appropriate to the age and individual developmental needs of the children.
- There are sufficient safe, child age-appropriate chairs, tables, carpets and mats to allow children to play and eat together.

7.1.8. The breastfeeding room

Rwandan national guidelines on breastfeeding and feeding practices for young children recommend early initial breastfeeding (within the first hour of birth); exclusive breastfeeding for the first 6 months of life; the introduction of complementary feeding at 6 months; and continued breastfeeding up to 2 years or beyond. A breastfeeding room in any ECD setting should meet the following standards:

Location

- It is easy to reach and is situated away from the bathroom and from garbage disposal areas.
- It complies with privacy standards, with the door securely locked so that lactating mothers can breastfeed undisturbed.
- It is only accessed by lactating mothers and cleaners: auditors and administrators may enter, with permission, for a monitoring visit.

Lighting and ventilation

- It is light and airy.
- The room provides fresh air or a ventilation system for the mother's comfort.

Hygiene

- There are handwashing facilities, soap, clean hand towels or paper towels.

- The room has safe water for drinking and washing hands.

Chair, table and cot

- The room has a chair and table adapted for the lactating mother, and other equipment needed by a breastfeeding mother.
- The room has a small baby bed (cot).
- If the breastfeeding room is used by more than one mother, their seats are separated by a curtain to ensure privacy.

Breast pumps and storage of breastmilk

- The breastfeeding room has a sink to clean the cups used by the mother when extracting milk.
- If possible, the room has an electric breast pump for milk extraction, a sterilizing machine and a refrigerator to store the extracted milk.
- Alternatively, the mother can express breastmilk by hand (before doing this, she should wash her hands with soap and clean water) and store it in a cupboard.
- Expressed breast milk stored in a safe container at room temperature will last between 6 and 8 hours.
- Every mother has her own storage facility labelled for the left milk/ breast milk.

7.1.9. Care, learning and play

The facility should meet children's individual needs and promote their welfare. The caregivers should plan and provide activities and play opportunities to develop children's emotional, physical, social and intellectual capabilities.

- Children have opportunities to explore their world and adequate stimulation by providing items to look at, touch, smell, hear and taste.
- Caregivers allow children to engage in creative activities and appreciate their work to boost their self-esteem.
- Children are given appropriate language stimulation activities.

- Children have support in acquiring new motor, language and thinking skills.
- Children are helped to learning how to control their own behaviour.
- Children are given daily opportunities to play with a variety of objects. Toxic, very tiny or sharp objects are not used.
- Children may interact with a consistent adult at frequent intervals.
- Children are given opportunities to learn to care for themselves: dressing, feeding, washing etc.
- Activities, toys and equipment provide varied sensory experiences.
- Staff offer support to children in the activities they choose.
- Staff listen to children and talk with them about what they are doing.
- There are opportunities for children to rest as needed.
- Children's individual sleeping routines are respected.
- Children are washed before sleeping for a healthy body.
- There are cosmetic materials (lotion and others) for individual child
- There is adequate recreational space for children to relax.
- Play items are made of wood or non-toxic materials.
- There are swings, climbing frames and other playground equipment.
- The number of children does not exceed the capacity of the playground equipment.
- Children, up to two years, are screened for developmental delay/ disability by CHWs, parents and health professionals every 6 months.
- Children identified as being at risk of developmental delay, or who have special needs or disabilities have additional support to meet their individual learning needs.

7.1.10. Health

The owner of a day-care facility should proactively promote good health for children and establish mechanisms to prevent the spread of infection.

- Parents and caregivers ensure that their children have been immunized according to the vaccination schedule.

- ECD caregivers remind parents of the importance of timely immunization.
- Caregivers check the child's immunization card to ensure that all vaccines have been provided.
- Children are regularly monitored for healthy growth by local CHWs or health professionals.
- Staff undergo health screening before employment.
- ECD caregivers ensure that their children receive vitamin A and deworming as per the Ministry of Health calendar and any other preventive and curative measure implemented by the MoH.
- Staff are regularly reminded of the importance of good hygiene practices to prevent the spread of infection.
- Those responsible for the preparation and handling of food comply with the established food safety and hygiene regulations.
- Guidelines or protocols on handling sick children with infectious diseases and the use of medicine are available.
- Medicines are clearly labelled and stored in their original containers.
- Medicines are kept out of children's reach.
- There are first aid kits and staff are trained how to use them.
- Parents give prior permission for any medication to be administered.
- Specific attention is given to children with HIV/AIDS, special needs or disabilities to promote an inclusive, stigma-free environment and support their nutrition and medication.
- Children are screened for disabilities and special needs to allow appropriate interventions as soon as possible.
- Children aged 0–2 years are screened for developmental delay and disability every 6 months.
- Each child with disabilities and special needs has access to rehabilitation services (such as counselling, physiotherapy, sign language) within the ECD facility and outside.
- Day-care owners provide support to services for children with developmental delays and disabilities.
- Day-care facilities ensure children have medical insurance.

- Day-care facilities conduct parent education sessions on family planning.
- Health workers' contact details are kept at the facility for health-related issues.
- A child or caregiver who contracts or is suspected to have contracted a contagious disease will stay at home until cleared by a healthcare provider.
- The facility is required to close temporarily when there is a threat of, or presence of, an infectious disease outbreak at the facility, as directed by health officials.
- The facility works closely with IZU and local leaders to promote children's safety at household and facility level.

7.1.11. Food and nutrition

Children should be fed sufficient, good quality, nutritious and safe food at regular intervals. Food should be properly prepared, appetizing and meet dietary requirements.

- Children are provided with healthy, balanced diets as per the National Maternal, Infant and Young Child Feeding Counselling package.
- Food handlers, including cooks and food suppliers, are trained on food hygiene and safety.
- Cooks and food suppliers maintain proper personal hygiene: washing hands, wearing apron/uniform and covering their hair when preparing and serving food.
- Cooks and food suppliers have basic training in hygienic food preparation.
- During meals, children are always supervised by an adult to ensure that all children are eating, to prevent choking and teach good table manners.
- Caregivers encourage parents/caregivers to practise exclusive breastfeeding during the first 6 months.
- Caregivers encourage parents to provide adequate complementary food in addition to breast milk after 6 months.
- Clean drinking water is always available to children.

- Children spending all day at the day-care facility are offered meals at designated intervals:
  - Before 6 months, the baby is breastfed exclusively and on demand
  - From 6 months, children take complementary foods considering appropriate frequency, amount, thickness, variety, and hygiene per age group
  - At 6 months, the baby takes complementary food twice a day
  - From 6–9 months, the baby takes complementary food 3 times a day
  - From 9–12 months, the baby takes complementary food 4 times a day
  - From 12–24 months, the child takes complementary food 5 times a day.
- The staff ask parents about any special dietary requirements, preferences or food allergies children may have.
- Babies are held upright, close, supported and facing the carer whilst bottle feeding or breastfeeding, preferably by the same carer each time.
- Facilities for the hygienic preparation of babies' foods are available.
- Babies' feeding equipment is sterilized in suitable equipment before every meal.
- For children with eating and drinking difficulties, caregivers are trained to adapt feeding practices to minimize harm and maximize nutritional intake.
- Children with identified feeding difficulties are supported with adequate nutrition to avoid prolonged ill health.
- Caregivers ensure that children aged 6–23 months receive micronutrient powders (MNP, *ongera intungamubiri*) or any other food supplement recommended by the competent authorities.
- Parents/caregivers receive monthly cooking demonstrations and sessions on holistic child development at ECD facilities.
- There is a kitchen garden with fruit and vegetables to contribute to a balanced diet.

- Adequate nutrition and healthcare, including vitamin A supplements, appropriate vaccination, deworming, MNPs and child growth monitoring are regularly provided.

7.1.12. Children's safety and protection

Mechanisms for children's safety and protection are in place. These include a safe physical environment, as well as awareness of child protection – the need to prevent and respond to abuse, violence, exploitation and neglect.

- Caregivers are trained on safeguarding children's rights and welfare; a safeguarding policy is available and approved by all staff.
- All staff are aware of the possible signs of children at risk and are aware of their responsibility to report or act on such issues.
- Parents and caregivers protect the child from any form of harm or abuse.
- The facility is a drug-free environment: people must not smoke, consume alcohol or any prohibited drugs and substances in the child-care faciltiy, during transportation, or on field trips.
- To protect children's privacy, taking pictures of children and social media sharing in a childcare facility must not be done without parental consent.
- There are clear mechanisms for dropping off and picking children up from the facility.
- The names and child relationship of the person dropping and picking a child should be well communicated by parents or legal guardians and well recorded by the day-care management.
- All activities are supervised by a caregiver.
- The compound is fenced, has a guard and a lockable gate for children's security.
- Electrical sockets accessible to a child have child-proof covers or safety outlets.
- The premises are free from poisonous or potentially harmful plants.
- Ponds, drains, pools or any natural water are fenced, and children are supervised in case they gain access to these facilities.

- Operational procedures for the safe conduct of any outings are in place.
- Records are kept of vehicles in which children are transported (including insurance details, service history and a list of named drivers).
- Sleeping babies are frequently supervised.
- Every facility has fire extinguishers, sand or water and caregivers are trained on how to use them.
- Toys, play materials and equipment are clean and safe for use by children.
- All staff should sign a child safeguarding policy and work ethics document before starting work.
- All toys intended for infants and toddlers are non-toxic, safe and large enough that they cannot be swallowed, are not a choking hazard and cannot be put into children's ears.
- The kitchen area is not accessible by children unless it is being used solely for a supervised children's activity.

Positive discipline

- Caregivers for children in the facility are trained on positive behaviour management.
- Positive behaviour posters are displayed for reference by both children and caregivers.
- Corporal punishment must not be used.
- Caregivers conduct regular parenting education sessions on positive discipline.

7.1.13. Record keeping and management

- There is a system for registering daily attendance by children and staff, showing hours of attendance.
- An accreditation certificate for the facility must be available.
- Information forms on individual children must be completed, updated and kept confidential.
- Health data are well documented and safely kept.

- There is a system for the exchange of information between parents and staff members.
- An occurrence and action logbook/record is kept.

7.1.14. Curriculum, pedagogy and assessment tools

Children in a day-care facility should be provided with early learning/ stimulation activities for holistic development especially for brain development.

- Learning is holistic and creates opportunities for play-based enquiry and sensory stimulation (exploring environment, manipulating objects, making decisions etc.).
- A daily visual timetable is available.
- Caregivers are trained how to use the pre-primary CBC, the national parenting curriculum and early learning and development standards.
- Curricula and related guides are available and in use.
- There is a holistic stimulating learning environment.

7.1.15. Enrolment of children

- A day-care facility may be attended by children from 6 months to 35 months.
- Children may quit day-care if they will reach 3 years of age in the first term of the school year.
- The birth certificate or immunization card can be referred to when registering the child.
- Non-discrimination considerations are observed when admitting children with disabilities and special needs.

7.2. Standards for ECD facilities for children aged 3-5 years

After toddlerhood, the child enters a new phase of development, when there is a shift from home to preschool. The preschool environment offers various ECD services – children may receive them in a range of settings. Some children attend model ECD -facilities or school-based ECD -facilities; others join community-based or home-based facilities. The services offered in these different types of facilities are different because their contexts are different. The following sections describe each setting and its appropriate standards.

7.2.1. School-based and Model ECD Facilities

These are facilities where children receive services for holistic development. They are well equipped to offer ECD services under all six pillars (health, nutrition, education, WASH, child protection and positive parenting), with sufficient qualified caregivers, infrastructure, operational budget, furniture, play and learning materials to support all aspects of a child's development.

7.2.1.1 The physical environment

These focus on accessible location and infrastructure, and age appropriateness.

Geographical location

- There is access to a road.
- The maximum walking distance from home to the facility does not exceed 1 km.
- It is free from excessive noise (workshop, industrial parks and markets).
- The location is recognized by local authorities.
- There is a primary school close by to ease the transition from ECD to primary education.
- There is a health facility nearby.

Physical environment

- The facility is fenced with durable materials, with a lockable gate that children cannot open.
- The compound and surrounding areas are free from litter and have proper rubbish disposal.
- The compound is safe and secure, free from harmful items such as sharp objects or poisonous plants.
- No footpaths cross the facility.
- A sign prohibits smoking and alcohol consumption within the premises by staff members and visitors.
- The playground is dry, not waterlogged.
- Potholes and wells are well covered.
- The cooking place is far from the play area.
- There is a garden for children to tend and agroforestry trees including fruit trees.
- There is an electricity supply to enable the use of technology.
- The service provider consults the district for guidelines on physical accessibility and safety when designing the buildings.
- The service provider complies with the guidelines specified in these standards regarding measurements for buildings and furniture.
- Equipment and play materials are accessible by all children.

7.2.1.2 Early learning rooms and equipment

The standards in this sub-section focus on indoor space; furniture; kitchen; toilets; outdoor space and play equipment.

Classrooms/indoor space

- At least three classrooms for a complete cycle: Grades 1, 2 and 3.
- To enrol in Grade 1, children are 3 years old or will turn 3 in the first trimester after enrolment.
- The classrooms are child friendly: age appropriate, visually stimulating with meaningful decorations, engaging and culturally appropriate.

- There is at least 2 m^2 space per child for indoor play and learning.
- Enrolment for each early learning room does not exceed 30 children.
- The early learning room has a cement/tile/sealed earthen floor and is cleaned every day.
- The walls are constructed of durable materials and are painted.
- The roof is made of tiles or iron sheets.
- Each classroom has two doors.
- Each classroom has two windows of at least 1 m x 1 m to allow sufficient light and ventilation.
- Classrooms are accessible for use by children with special needs and have ramps, rails and lower door handles.
- The early learning room is step-free to ease access.
- Indoor space allows free movement between furniture for mobility-aid users and children with visual impairment.
- There is a staff room and an office for the ECD representative/coordinator.
- There is a store for teaching, learning and other materials.
- Drawings and other materials displayed on the wall are hang at an appropriate height (20 cm from the floor) so that children can see them easily.

Furniture

- Tables and benches/chairs are child age-appropriate (30 cm high), durable and painted in child-friendly colours.
- The ECD classroom and office have a caregiver's chair, table and cupboard.
- Mats and child-friendly tables are available in each classroom for activities such as reading, storytelling, play, corner play, theme display, group work and other uses.
- Open shelves, cupboards, boxes or other containers are used to keep learning materials.
- Each class has enough bag/clothes hooks for children.
- There is a chalkboard or similar large writing surface (movable or fixed).

- The chalkboard/white board is placed slightly above the floor (20cm) for children to use easily.

Kitchen

- The kitchen is enclosed (with roof, walls and floor) to protect the cooks, food and utensils from heat, cold, rain and wind.
- The cooking place is at least 2 m x 2 m and uses an economical stove or gas cooker.
- The cooking area is kept clean and tidy.
- There is a sink for washing up and a drying area for dishes.
- The kitchen is supplied with clean water.
- Utensils are safely kept in a well-covered container.
- Plastic items (plates and cups) are not used for hot food or drinks.
- The kitchen is separate from classrooms and toilets.
- The kitchen is ventilated, well-lit and has a chimney.
- The floor is slightly sloping to ease cleaning.
- Waste disposal facilities are in place.

Kitchen store

- The kitchen has a separate storage room.
- The store is spacious and far from bins and toilets.
- There is lockable storage for pre-packed food.
- There are lockable cupboards for crockery, cooking utensils, and stores of groceries and other consumables.
- The store has pallets.
- The storeroom is constructed to prevent the entry of rodents and insects.
- Windows and other openings are covered with wire mesh.
- Weighing scales are available.

Toilets

- There is at least one latrine per 40 children.
- There are separate child-friendly and accessible toilets/latrines for boys and for girls, clearly labelled with child-friendly signs.

- Female and male adults have their own separate lockable toilets.
- Toilets have adequate light when the door is closed.
- The toilet facility has a separate storage area to keep cleaning materials away from other cleaning materials.
- All ECD facilities have an on-site toilet/latrine.
- There is at least one toilet for people with disabilities with the following specifications:
    - ✓ Step-free — with a ramp if needed and a path at least 90 cm wide.
    - ✓ A seat or built-up sitting area over a pit latrine should be in place for people with disabilities.
    - ✓ Handrails are attached either to the floor or side wall.
    - ✓ The space is large enough for a wheelchair user and their assistant.
    - ✓ There is a smooth and safe pathway for sight-impaired children.
    - ✓ Toilet door should be at least 100 cm wide to allow easy wheelchair access.
- Door latches (locks), inside and outside, are fixed no higher than 60–80 cm from the ground for children's easy use.
- Latches open and close easily without causing injuries.
- Toilets doors open outwards with 10 cm free space between the floor and the door.
- The door height ranges from 100 to120 cm to let a caregiver open it from the outside if a child is stuck inside.
- Latrines are constructed with adequate waste storage so that emptying is easy and is done frequently. Appropriate chemicals should be used when emptying to minimise any unpleasant odours.
- The toilets are equipped with a hygienic, easy-to-clean, slab (solid with no gaps other than the drop hole).
- The diameter of a drop hole in a pit latrine does not exceed 15 cm.
- Toilets should be close to classrooms for easy access by young children.

- Pit latrines are not less than 6 m deep and are 15 m away from borehole.
- There is a pictorial and printed wash sign on each toilet/latrine door to remind children and caregivers to wash their hands with water and soap after using the toilet.
- There are urinals for boys set at a child-appropriate height (30 cm) from the floor.
- The space inside the toilet is large enough to enable caregivers to enter in the space with the child and bend over/move around to support the child.
- Raised footrests are installed on both sides of the hole and should fit children's feet.
- Handwashing facilities are installed near the toilet for easy access and use.
- The handwashing facility is age appropriate and installed at a height of 50 cm measured from the floor.
- The pathways are clean and accessible by children with disabilities.
- Guiding signs are available to the toilets.

Sleeping area

- The sleeping space allows boys and girls to sleep separately.
- Sleeping area should provide a minimum of 1.5 m^2 per child.
- The sleeping space is cemented/tiled/sealed earthen floor and cleaned every day.
- Furniture and walls are child-friendly (brightly painted with happy images).
- Furniture includes a mattress (covered with waterproof material), bed covers, bed sheets and storage space/shelves. Bed covers and bed sheets must be clean.
- The sleeping room is well lit and ventilated. Windows should have curtains that can be opened and closed.

Outdoor play area

- The outside play area is clean and free from hazards.
- There is at least 2 m2 space per child for outdoor play.
- Safe outdoor play equipment and materials for motor skills and holistic development is provided: seesaw, slides, swings, merry-go-round, sandbox, set of tyres etc.
- In the case of a school-based facility the playground is separate from recreational spaces intended for older children.
- The playground has a variety of surfaces: earth, grass or sand.
- The playground and materials are adapted for children with special needs.
- There is space between items of play equipment so that users of mobility aids can move between them freely and safely.
- The space is step-free and well-maintained to ensure children with visual or physical impairments move as independently as possible and without hindrance.
- A fenced playground is available and play equipment is installed to allow a separate running space.
- Indoor and outdoor play are always supervised by adult(s).

Play equipment

- There is fixed, child-friendly equipment including low slides and logs to walk on, rubber swing, ladders, tunnels, slides etc.
- The outdoor play materials are made of plastic or wood – metal equipment should be avoided if possible.
- There are movable play materials including ropes, balls, tyres, hoops etc.
- There is a sandpit with recycled scoops and containers.
- There is a water play area with recycled containers, hoses and other world discovery tools.
- Play equipment is accessible by children with disabilities.
- Besides manufactured materials, locally made play and learning materials and toys are available.

7.2.1.3 Children's health including health, hygiene and nutrition

Health

- Children's registration forms including identification, health status, immunizations, contact information and any parent's concerns, are available.
- Immunization cards are verified at the time of registration.
- The facility has a CHW's contact for health-related issues.
- Children aged 3–5 are screened for developmental delay/disability by CHWs, parents or other health professionals.
- After screening, the ECD facility refers children with suspected developmental disability to specialized services.
- Any medicine brought to the facility for children by the family must be prescribed by an authorized healthcare provider.
- The name of the child is written on the medicine container as well as the prescribed dosage.
- Containers with safe drinking water and clean cups for each child are available.
- In case of emergency, a caregiver escorts the child to the nearest health post and parents are informed as soon as possible.
- Parents/caregivers are encouraged to ensure that their children are immunized on schedule and receive vitamin A and deworming twice a year.
- The facility has information about children with/without medical insurance.
- Guidelines with child-friendly pictures are posted on how to manage communicable disease outbreaks and to promote good practices such as handwashing.
- A child or caregiver who contracts or is suspected to have contracted a contagious disease will stay at home until cleared by a healthcare provider.
- Health officials may order the temporary closure of an ECD facility when there is a threat of, or presence of, an infectious disease outbreak at the facility.

- ECD service providers adopt appropriate behaviours regarding prevention and care of children living with HIV/AIDS to promote an inclusive, stigma-free environment.
- The ECD facility works closely with IZU and local leaders to promote safety at household and facility level.

Food and nutrition

- Children are provided with healthy, balanced diets as per National Maternal, infant and young child feeding counselling package.
- Food handlers, including cooks and food suppliers, are trained on food hygiene and safety.
- Cooks and food suppliers maintain proper personal hygiene: washing hands and covering their hair.
- Cooks and food suppliers have basic training in hygienic food preparation.
- During mealtimes, children are always supervised by an adult to ensure that all children are eating, to prevent choking and teach good table manners.
- The ECD facility has a kitchen garden with fruit and vegetables to be used in as part of a balanced diet.
- Caregivers of children with identified feeding difficulties receive support to provide adequate nutrition.

7.2.1.4. Child protection and safety

- Children are accompanied to and from the ECD facility by an adult.
- Details of the person dropping and picking a child are communicated and well recorded.
- All staff receive regular training on relevant health and safety issues.
- Staff training includes fire safety precautions and basic first aid for children.
- Outdoor play equipment is maintained regularly to ensure that it is in good condition and safe for children to use.
- All reasonable precautions are taken to protect children and caregivers from the risk of fire and accidents.

- Where the facility has electricity, covered sockets are used to protect children from electric shock.
- No electric cables are left loose.
- The play area is away from the cooking area.
- The playground is levelled to avoid unnecessary falls.
- ECD facilities have a fire extinguisher or a sand bucket and caregivers are trained how to use them.
- First aid kits and any medicines are stored out of children's reach.
- Contents of the first aid box are checked regularly and replaced when necessary (details of contents are in Appendix 8).
- All service providers are trained how to use the contents of the first aid box and how to deal with accidents.
- A lightning conductor is installed on the roof.
- Guidelines to prevent accidents and how to deal with emergencies are posted with child-friendly pictures.
- Health centre telephone numbers are available to call in case of emergency.
- Children are supervised by an adult when playing outside.
- Hazardous/risky play games are discouraged.
- There is a signpost prohibiting intruders inside the ECD facility at the entry point.
- Measures preventing corporal punishment and abuse are established and communicated to school staff and parents.
- Hazardous materials and sharp objects (e.g. knives, petrol, gas, cleaning solutions, construction leftovers etc.) are kept out of children's reach. Toys and learning materials are inspected by caregivers before use by children. Damaged toys are replaced promptly.
- All toys intended for younger children are non-toxic, oversized pieces so that children cannot swallow or choke on them, or put them in their ears.
- The equipment is clean and safe for young children; learning materials and toys are cleaned using a non-harmful cleaning substance (e.g. soap) and dried regularly.

- All surfaces of play materials are smooth and undamaged, with no sharp edges or protruding surfaces.
- Jumping, climbing and sliding areas are covered with soft ground, sand or grass.
- ECD facilities create a safe space for children to know their rights and responsibilities.
- The compound is fully fenced and has a lockable gate.
- A fenced compost pit is located at the farthest corner of the compound.
- Where transport is provided, the vehicle has adequate and comfortable seats fitted with child-appropriate safety belts.
- The vehicle to transport children is safe, closed and with windows fixed above child level.

7.2.1.5. Water, sanitation and hygiene (WASH)

- Safe drinking water is always available for caregivers and children to drink and for washing hands.
- There are adequate water storage containers for drinking water which are cleaned regularly.
- Children aged 3 are recommended 1,000 ml of water per day while children aged 4–6 years should take 1,200 ml per day.[4]
- Food is cooked using clean water.
- There is running water at the premises or a public water point no further than 500 m away.[5]
- There is a staff member in charge of hygiene and sanitation within the premises.
- The entire compound and equipment including classrooms, toilets, kitchen and playground are cleaned every day.
- Classrooms are clean and have at least one rubbish bin per classroom.

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4 Oxford University Hospitals (2012). Children's fluid management: Information for parents to help your child's continence.

5 NECDP (2019). Minimum Guidelines for Water, Sanitation and Hygiene in Early Childhood Development (ECD) Centers. Kigali.

- The facilities are age-appropriate and have user-friendly toilets for children.
- Children are clean and wear uniform for easy identification.
- A water container with clean water and soap is available for use in the classroom, toilets, kitchen, and any other places where washing may be necessary.
- Water containers and clean water for drinking are available.
- There are rainwater harvesting facilities.
- Hygienic materials are available near the toilet: toilet paper, water containers, water and soap for mobile hand washing stations (*kandagira ukarabe*).
- Mobile hand washing stations (*kandagira ukarabe*) and/or a multi-tap handwashing stand are available and inclusive. Caregivers always wash their hands before and after helping children.
- Adequate facilities for the disposal of waste are available, enclosed and regularly collected.
- Bushes and pools of water around the ECD facility are cleared to avoid the possibility of harbouring snakes or breeding mosquitoes.
- There are visual health education posters teaching children how to wash their hands properly .
- Caregivers ensure that children wash their hands before eating and after using the toilet.
- All WASH facilities are accessible by children with disabilities.

7.2.1.7. Teaching and learning for children aged 3–5

Recognized educational childcare providers have obligations with respect to the educational quality of their services. This sub-section includes standards for teaching and learning approaches, activities and resources in an ECD facility.

Teaching and learning approaches

- Caregivers apply thematic, integrated, holistic and contextualized approaches: daily and weekly plans are based on themes integrating all learning areas of the competence-based curriculum (CBC).

- Caregivers are trained how to use the pre-primary CBC, the national parenting curriculum and early learning and development standards.
- Curricula and related guides are available and in use.
- Caregivers apply a play-based learning approach: indoor, outdoor, structured, child-centred free play, with gross and fine motor activities rotated in a daily schedule.
- Caregivers use a multi-sensory approach: activities engage children's senses (sight, hearing, touch, smell and taste).
- Caregivers tell/read stories to children reflecting the themes of the week.
- Caregivers use songs/rhymes/poems to develop different skills connected to themes.
- Caregivers use print letters to write for children.
- The ECD facility has plenty of inclusive teaching and learning materials.

Organizing the teaching, learning and play activities

- Children aged 3–5 years have access to activities that promote:
  - literacy
  - numeracy/pre-mathematics
  - social-emotional growth, for example, reading and imaginative play
  - creativity and culture
  - discovery of the world
  - physical development and health skills.

These activities are planned in a fun and age-appropriate way.

- Children are encouraged to become critical thinkers by guiding them how to ask and answer WH-questions (what, when, where, who, whom, which, whose, why and how).
- Children are given opportunities to express themselves using all forms of communication (verbal and non-verbal) and be listened to.
- Children have access to a print-rich environment (indoor and outdoor).

- Children have access to activities that develop fine motor and pre-writing skills. These include mark-making, writing, painting, drawing etc.
- Children develop competences in the following learning areas through daily play and experiences:
  - discovery of the world
  - numeracy
  - physical development and health
  - creative art and culture
  - language and literacy
  - social and emotional development
- The daily schedule is a minimum of 4 hours.
- A user-friendly daily schedule with visuals is posted at children's eye level.
- Children with sensory impairments have access to materials that maximize their capabilities e.g. large-print, high contrast, auditory and/or tactile materials to support access to literacy development.
- The daily schedule balances and alternates activities – quiet-noisy, indoor-outdoor, active-passive, large group-small group and free-structured – so that children experience variety across all learning areas.
- The weekly scheme of work indicates time for outdoor activities to develop gross motor skills through football, jumping, running, climbing, dancing, throwing etc.
- The weekly scheme of work indicates activities to develop fine motor skills through writing, painting, decorating, drawing, shading, threading, cutting, pasting, clay work, puzzles and construction using locally available materials.
- The classroom encourages children to play and there are various materials, including those locally available, to stimulate children's analytical thinking and exploration.
- Caregivers are creative and keep the displays in print-rich classrooms updated.

- Children's original drawings, writing and other work are displayed on the walls at their eye level.
- Children with communication needs receive support to use different communication method(s): sign language, gesture, pictures, objects and tactile communication systems, or a combination of these.
- An adult/caregiver supervises the sharing of outdoor play equipment.
- Children identified as being at risk of/experiencing developmental delay or disability receive additional support to meet their individual learning needs.
- Each child with disability and special needs has an individual education plan.
- Routines, teaching and learning strategies, the learning environment, equipment and play/learning materials are inclusive to accommodate children with disabilities and special needs by applying universal design for learning (UDL) principles.
- Assessment tools and materials are adapted to cater for children with special needs and disabilities.
- For children diagnosed with the most severe/profound learning needs by competent professionals, special educational provision is advised.

Teaching, learning and play resources

- Play materials are adapted to be suitable for to all children.
- Appropriate learning materials for all learning areas are available: numeracy, language and literacy, creative art and culture, discovery of the world, social and emotional development, physical development and health (see Appendix 10).
- Learning and play materials are accessible to all children in all six learning areas of the curriculum. These materials are kept in open shelves and other containers.
- Learning promotes the use of Information and Communication Technology (ICT) in activities such as lesson preparation, making materials, research etc.

- The facility has a variety of Rwandan picture books with culturally and age-appropriate stories.
- Children's pre-writing materials (pencils, chalk, crayons, paper and drawing notebooks) are available.
- Materials are mostly locally available; culturally acceptable; age appropriate; inclusive; durable; safe and clean; attractive; multipurpose; gender sensitive and stimulating children's minds and senses; in good condition.
- Play materials are appropriate to the community context and imitate the games children play at home.
- Learning materials used are maintained and stored correctly to ensure their safety after use.
- The facility has one copy of the national pre-primary curriculum for each caregiver.
- The facility has and uses CBC guides, schemes of work, training modules, the national parenting curriculum, early learning and development standards and other relevant documents.
- Play materials can be bought or improvised from locally available materials.
- Manila paper sacks and other locally available materials for display are available.

Field and study visits

- Children leave the ECD facility compound to explore themes within their community every week.
- One caregiver or parent supervises a group of up to 10 children and has a list of those children with parents' contacts.
- Parents sign a consent form for visits.
- The lead caregiver carries the first aid kit during the study visit.
- The facility carries out a risk assessment and adopts related coping mechanisms to ensure the security and safety of the trip beforehand.

7.2.1.8. Establishment and registration of an ECD facility and training programmes

The standards in this area cover the procedures to set up an ECD facility/ training programme, accreditation and closure.

- To set up an ECD facility, the service provider follows defined application procedures.
- Model ECD and School Based ECD must register their services to competent authority.
- The competent authority reviews applications, inspects prospective ECD facility. If satisfactory, it can provide an accreditation.
- The approval of a training programme in ECD at a high school level follows the same procedures as an ordinary secondary school.
- The ECD facility may be closed down due to:
  - Failure to meet the National standards for ECD may be due to risky and dangerous physical structures, unhygienic conditions, inadequate teaching and learning, poor ECD facility management, and child abuse in any form..
  - The owner may have clear reasons for closing – in this case a phase-out plan will be shared for approval by the institution in charge of accreditation.
  - The closing of an ECD facility is requested and approved by competent authority for its accreditation.

7.2.1.9. Effective partnership and networking with families and communities

The standards in this section focus on collaborative, supportive relationships with families and communities.

- The service provider involves parents/guardians in setting up ECD services and programmes.
- All parents/guardians meet in a general assembly at least once a month.
- Parents/guardians/caregivers are advisors/counsellors in supporting children's holistic development and well-being.

- An ECD facility has a parent committee composed of:
  - Two parent representatives (male and female)
  - ECD coordinator
  - Caregiver
  - Village leader

- The service provider allows children at risk of developmental delay or disability to be enrolled.
- There are communication and feedback mechanisms between parents and the facility management (notebook, journal, WhatsApp group, phone calls, SMS etc.)
- The facility collaborates with the local authorities; collaboration is evidenced by monthly reports, meetings and supervision.
- The facility organizes and keeps records of monthly parenting sessions.

7.2.1.10. Assessment of children's development and learning progress

Assessment tools and record keeping

Assessment is formative rather than summative (there are no exams). Assessment is holistic and qualitative rather than quantitative. Children are compared to developmental standards and milestones (criteria-based assessment) rather than to one another (norm-based assessment).

ECD caregivers will formatively assess children using:

- Observation checklist.
- Progressive records.
- Interview checklist (interviews with a child are recorded in the child's file).
- Mid-term progress reports of each child.
- Children's portfolios

Assessment areas

The assessment (which assess both development and learning) covers six learning areas and is based on specific expectations according to the Rwanda's pre-primary CBC:

- Discovery of the world
- Numeracy
- Language: Kinyarwanda and English
- Creative art and culture
- Physical development and health
- Social and emotional development.

Analysing and sharing children's progress

- Progress reports are shared and discussed with individual parents and/or groups of parents.
- ECD caregivers analyse children's progress and adjust their processes, tools and practices accordingly.
- ECD caregivers meet every week in communities of practice (COPs) to reflect on the effectiveness of their processes, tools and practices.
- Children's progress reports contain detailed developmental and learning information.

Rating procedure

- Colour-coded rating is used to clearly share children's progress with parents, using the following colours:
  - ✓ **GREEN:** the child is consistently demonstrating the expected competence in a specific area.
  - ✓ **BLUE:** the child is making good progress towards achieving the expected competence in a specific area.
  - ✓ **YELLOW:** the child is making little progress towards achieving the expected competence in a specific area.
  - ✓ **RED:** the child needs more attention and support to develop skills in a specific area.

- Assessment results in ECD facilities recorded in MINEDUC's comprehensive assessment management information system (CAMIS).

7.2.1.11. Qualifications, training and incentives for caregivers and cooks

Recruitment of caregivers and support staff

- The recruitment of caregivers follows national procedures governing teacher recruitment in Rwanda[6] or caregiver management guidelines.
- Each room in an ECD facility has a caregiver and an assistant.
- Each facility has at least one cook and one guard.

Qualification requirements

ECD coordinator: For a stand-alone ECD facility (not attached to a school), the coordinator has a secondary certificate in early childhood education, and related field.

ECD caregivers and support staff

An ECD caregiver meets the following requirements:

- At least 18 years old.
- The minimum qualification for the staff is secondary certificate (S6) from TTC in Early childhood Education, Early Childhood and Lower Primary Education(ECLPE), and General Education with training on ECD services delivery. (Certificates and diplomas from other countries are acceptable if deemed equivalent by a competent authority.)
- Demonstrate positive values and respect for children in their respective communities.
- Dress decently, are good role models to young children and respect the role of parents in bringing up children.
- Be able to make toys from locally available materials.
- Never use any form of corporal punishment or psychological abuse.
- Have the basic knowledge and skills to identify and handle children with disabilities and special needs.

6 MINEDUC (2007). Teacher Development and Management Policy in Rwanda. Kigali

- Caregiver- child ratio:
  - **Grade 1:** 1:15
  - **Grade 2:** 1:25
  - **Grade 3:** 1:30

An assistant caregiver is needed to support caregiver, where possible, for caring children including those with special needs.

Guards

- Have a minimum level of literacy and numeracy.
- Demonstrate positive values and respect for children in their community.
- Have not been involved in criminal activities (having good testimonies from the community members).

Cook

- Should have a short course training certificate in culinary arts from a recognized training institution.
- Hygiene principles and rules regarding behaviour and ethics are respected.
- Has a minimum level of literacy and numeracy (before recruitment, cooks should pass a simple test of food calculations).

Continuing professional development (CPD)

- Caregivers and support staff are continuously trained and mentored as needed.
- CPD is organized by the facility's administration or by linking with other institutions.
- Internal CPD is conducted at least once a week through COP/mentors.
- All ECD providers receive initial and ongoing training on inclusive ECD care and learning for children at risk of /with developmental delay or disability.
- The validation of training content in the ECD programme is done jointly by the Rwanda Basic Education Board (REB) and NCDA.

Working conditions

- Caregivers and support staff are entitled to salary or fringe benefits/ incentives.
- Caregivers are capacitated and provided with teaching/learning materials and empowered to creatively develop them.

7.2.2 Standards for community-based ECD facilities

A community-based ECD facility is a setting where services are offered in borrowed or improvised buildings with limited infrastructure and equipment. This setting needs specific standards to flexibly provide services pertaining to the six pillars (health, nutrition, early education, child protection, WASH and positive parenting).

7.2.2.1 Geographical location

- The facility has access to a road.
- The maximum walking distance from home to the facility does not exceed 1 km.
- Children are accompanied by an adult to and from the facility.
- The facility is recognized by local authorities.
- There is a primary school close by to ease the transition to primary education.

7.2.2.2 The physical environment

- The compound and its surrounding areas are free from harmful objects, rubbish and have proper rubbish disposal.
- The playground is dry, not waterlogged.
- All wells and pits are properly covered.
- Water containers and clean drinking water are available.
- Rainwater is harvested.
- The facility has electricity to enable the use of technology.
- Buildings are accessible by all children (inclusive).
- Facilities have equipment accessible by all children.

7.2.2.3 Classrooms/indoor space

- At least three classrooms are available for a complete cycle: Grades 1, 2 and 3.
- Classrooms are clean and there is at least one rubbish bin in each classroom.
- The classrooms are child friendly: age appropriate, visually stimulating with meaningful decorations, engaging and culturally appropriate.
- The learning room is cemented/tiled/sealed earthen floor and cleaned every day.
- The roof is tiles or iron sheets.
- Each classroom has two windows in opposite walls of at least 1 m x 1 m to allow sufficient light and ventilation.
- Classrooms are accessible for use by children with special needs, and have ramps, rails and lower door handles.
- A caregiver's chair, table and cupboard are available in the classroom.
- The play and learning area is step-free for ease of access.
- Indoor space allows free movement between furniture for mobility-aid users and children with visual impairment.
- Tables and benches/chairs are child age appropriate.
- Each classroom has mats and child-friendly tables for reading, storytelling, and play, corner play, theme display, group work and other activities.
- Open shelves, cupboards, boxes and other containers are used to store learning materials.
- Each classroom has enough bag/clothes hooks for children.
- A chalkboard or similar large writing surface (movable or fixed) is placed slightly above the floor (20 cm) for children to access it easily.
- A sleeping area is set up in one corner of the classroom for special cases.
- The sleeping facility include mats or mattress if available covered with waterproof material plus a bed cover or bed sheets.
- The sleeping area is cemented/sealed earthen floor and cleaned every day.

7.2.2.4 Kitchen

- The kitchen roof is made of durable materials.
- The cooking area is at least 2 m x 2 m and uses an economical stove.
- The cooking area is kept clean and tidy.
- The kitchen is supplied with clean water.
- The kitchen has a place for washing utensils.
- Utensils are safely kept in a clean and well-covered container.
- Plastic items are not used for hot food or drinks.
- There is a table or shelf as a drying area for dishes after washing.
- The kitchen is separated from classrooms and toilets.
- It is ventilated and well lit.
- The floor is slightly sloping to ease cleaning.
- Waste disposal facilities are in place.

7.2.2.5 Toilets

- There are separate toilets/latrines for boys and girls, clearly labelled with child-friendly images.
- Female and male adults have their own separate lockable toilets.
- Latches inside and outside are fixed 60–80 cm from the bottom of the door for children's easy use.
- There is a pictorial and print hand-washing sign on each toilet/latrine door to remind children and caregivers to wash hands with water and soap after using the toilet.
- The handwashing facility is near the toilet, age appropriate and installed at 50 cm from the floor.
- Accessible toilet to children disabilities and special needs is in place.
- At least one clean child sized latrine per 40 children.

7.2.2.6 Outdoor play area

- The outside play area is clean and appropriate for children.
- Safe outdoor play equipment and materials for motor skills and holistic development are available: rubber swing, seesaw, slides, swings, merry-go-round, sandbox, set of tyres etc.

- The playground and materials are adapted for children with special needs.
- The surface of the outdoor play area is free of sharp objects, harmful plants, rocks and discarded materials and equipment.
- Outdoor play areas provide enough space between play equipment for mobility-aid users to move freely and safely.
- Outdoor play areas are step-free and well-maintained to ensure children with visual or physical impairments can move as independently as possible and without hindrance.
- Indoor and outdoor play are always supervised by adult(s).

7.2.2.7 Play equipment

- There is child-friendly fixed equipment including low slides and logs to walk on, rubber swings, ladders, tunnels, slides, etc.
- There are movable play materials including ropes, balls, tyres, hoops etc.
- There is a sandpit for sand play.
- There is a water play area with recycled containers, hoses/water pipes and other world discovery tools.
- All play materials are smooth and undamaged, with no sharp edges or protruding surfaces.
- Jumping, climbing and sliding areas are covered with soft ground, sand or grass.
- Play equipment is selected based on children's disabilities.
- Besides manufactured materials, locally made play and learning materials and toys are available.

7.2.2.8 Health

- Children aged 3–5 years are screened for developmental delay/disability by CHWs, parents or health professionals.
- Children's registration forms provide information on identification, health status, contact information of parents/guardians, and any parental concerns.
- Immunization cards are verified at the time of registration.

- The facility has a health worker's contact details for health-related issues.
- Any medicine brought to the ECD Facility for children by the family has been prescribed by an authorized health care provider and is kept in a container bearing the child's name.
- Caregivers administer the medicines as directed by the physician.
- In case of emergency, a caregiver escorts the child to the nearest health post and parents are informed as soon as possible. Another designated staff member takes care of the remaining children.
- Parents/caregivers are encouraged to make sure that their children are immunized on schedule and receive vitamin A and deworming.
- The facility has information about children with medical insurance.
- Illustrated guidelines on how to manage communicable disease outbreaks or promote good practices such as handwashing are posted.
- An ECD setting is required to close temporarily, as directed by health officials, when there is a threat of, or presence of, an infectious disease outbreak.
- The facility adopts appropriate behaviours regarding the care of children living with HIV/AIDS to promote an inclusive, stigma-free environment.
- Children are regularly monitored for healthy growth by local CHWs and/or health professionals.
- The facility works closely with IZU and local leaders to promote children's safety at household and centre levels.
- The Ministry of Health through CHWs regularly administers deworming pills to the children.

7.2.2.9 Food and nutrition

- The facility has a kitchen to prepare children's meals.

Standard guidance and recipe used to prepare children's meal in line with MIYCN counselling package.

- Children are always supervised at mealtimes by an adult to ensure

that all children are eating, to prevent choking and to teach good table manners.

- Food handlers, including cooks and food suppliers, are trained on food hygiene and safety.
- The cooks and food suppliers maintain proper personal hygiene: washing hands and covering their hair.
- Caregivers of children with identified feeding difficulties receive support to provide adequate nutrition including referral to health facility for management if needed.

7.2.2.10 Child protection and safety

- All staff receive regular training on relevant health and safety issues.
- Outdoor play equipment such as swings, merry-go-round, slides, see-saws and sandpits are maintained regularly to ensure that they are in good condition and are safe for children.
- Sand and water are available to use in case of fire.
- All reasonable precautions are taken to protect children and caregivers from the risk of fire and accidents.
- Where the facility is supplied with electricity, covered sockets are used to protect children from electric shock.
- No electric cables are left loose.
- First aid kits and any medicines for children are kept out of children's reach.
- Contents of the first aid box are checked regularly and replaced whenever necessary (details of first aid kit contents are in Appendix 8).
- All ECD service providers are trained how to use the contents of the first aid box and how to deal with accidents.
- Illustrated guidelines to prevent accidents and showing how to deal with emergencies are posted.
- The playground is well levelled to avoid unnecessary falls.
- Health centre telephone numbers are available to call in case of emergency.
- Children are supervised by an adult when playing outside.
- Hazardous/risky play games are discouraged.

- Measures preventing corporal punishment and abuse are established and communicated to school staff and parents.
- Any suspected sexual abuse/harassment or rape is reported to the relevant authorities for the interest of the child.
- Hazardous materials and sharp objects are kept out of reach of children (e.g. knives, petrol, gas, cleaning solutions, construction leftovers etc.) Toys and learning materials are inspected /checked by caregivers before use by children. Once toys are damaged, they should be replaced promptly.
- All toys intended for younger children are non-toxic, oversized pieces so that children cannot swallow them, choke on them or put them in their ears.
- The compost pit is enclosed and located at the farthest corner of the compound.

7.2.2.11 Water, sanitation and hygiene (WASH)

- Containers with safe drinking water and cups for each child are available and cleaned regularly.
- Clean water is always available for caregivers and children to wash their hands.
- Potable water is used for cooking.
- There is running water at the premises or at a public water point no further than 500 m away.
- Clean and functioning toilets are always available.
- Children have clean clothes and shoes.
- Water containers with clean water and soap are available in classrooms, toilets, kitchen and other places.
- Mobile handwashing stations (*kandagira ukarabe*) are available near the toilets.
- Caregivers always wash their hands before and after helping children.
- Adequate facilities for waste disposal (rubbish pit, waste bin or similar) are available, enclosed and regularly emptied.
- Bushes, potholes and pools of water are cleared to avoid the possibility of harbouring snakes or breeding mosquitoes.

- There are educational posters showing handwashing practices and the importance of a balanced diet.
- All WASH facilities are accessible by children with disabilities.

7.2.2.12 Organization of teaching, learning and play activities

- Children have access to activities that cover the following areas:
  - literacy
  - numeracy/pre-mathematics
  - social-emotional growth (e.g. reading and imaginative play)
  - creativity and culture
  - discovery of the world
  - physical development and health skills.
- Children are engaged in activities that develop fine motor and pre-writing skills. These include mark-making, pre-writing, painting, drawing etc.
- Teaching and learning follow appropriate approaches (play-based, multi-sensory learning, contextualization, individualization, thematic and integrated approach).
- The daily schedule runs for a minimum of 4 hours and working hours can be extended according to ECD speciality.
- Community-based facilities follow the same REB and NCDA proposed schedule.
- Children with sensory impairment have access to materials that maximize their capabilities e.g. large-print, high contrast, auditory and/or tactile materials to support access to literacy development.
- The daily schedule balances and alternates activities: quiet-noisy; indoor-outdoor, active-passive; large group-small group and free-structured, so that children experience variety across all learning areas.
- The classroom is attractive and encourages children to play with various materials, including locally available items, to stimulate children's analytical thinking and exploration.
- Learning and play materials are accessible to all children in all six learning areas of the curriculum.

- Children's original drawings and other work are displayed on the walls at their eye level. These will change periodically according to the current theme.
- A caregiver/adult must supervise the sharing of outdoor play equipment.
- Routines, teaching and learning strategies, learning environment, equipment and play/learning materials are inclusive to accommodate children with disabilities and special needs by applying UDL principles.
- All children are screened to identify those with learning needs; those with special needs (visual, hearing, physical etc.) receive specific support in the mainstream.
- Teaching and learning is conducted in Kinyarwanda, following the pre-primary CBC framework, parenting curriculum and early learning and development standards.
- Assessment is formative rather than summative on the six learning areas of the curriculum: numeracy; discovery of the world; literacy (Kinyarwanda and English); physical development and health; art and culture; social and emotional development.
- A colour-coded rating is used to share children's progress with parents by using the following colours:
  - ✓ **GREEN:** the child is consistently demonstrating the expected competence in a specific area.
  - ✓ **BLUE:** the child is making progress towards achieving the expected competence in a specific area.
  - ✓ **YELLOW:** the child is making little progress towards achieving the expected competence in a specific area.
  - ✓ **RED:** the child needs more attention and support to develop skills in a specific area.
- Assessment results are recorded in Comprehensive Assessment Management Information System (CAMIS).

7.2.2.13 Teaching, learning and play resources

- Every ECD provider delivers services based on the approved curricula.
- Learning materials for all learning areas (numeracy, language and literacy, creative art and culture, discovery of the world, social and emotional development, physical development and health) are available.
- Children's pre-writing materials (books, paper, drawing notebooks and writing materials – pencils, chalks, crayons) are available.
- Materials used in ECD facilities are locally available; culturally acceptable; age appropriate; inclusive; durable; safe and clean; attractive; multipurpose; gender sensitive and stimulating children's minds and senses; in good condition.
- Play materials are appropriate to the context of the local community and imitate games children play at home.
- Textbooks, supplementary reading books and other approved documents are available for use as necessary.

7.2.2.14 Establishment, registration and accreditation

- The service provider follows defined application procedures.
- Service providers register their services at the competent authority.
- The facility is accredited by competent authority before it starts.
- A community-based ECD facility may be closed at the request and approval of competent authority for accreditation.
- The process of transferring children to another facility is done by both local leaders and the administration of the facility that is being closed.

7.2.2.15 Management of a community-based ECD facility

- Establishment, registration and accreditation is done by competent authority.
- Children are eligible to enrol in Grade 1 at the age of 3 or if their third birthday falls during the first semester.
- The service provider involves parents/guardians in setting up the facility.

- Immunization cards or birth certificates are the only documents needed to register the child in any ECD grade; no exam should be administered to the child for admission.
- The age range for ECD is 3–5 years; at the age of 6 the child transitions to Primary 1.[7]
- Management of the facility is under the parents' general assembly, the ECD executive committee, control committee and advisory committee.
- All parents/guardians meet in a general assembly at least once a month.
- In collaboration with ECD frontliners, the community-based ECD service provider ensures that children at risk of developmental delay or disability are enrolled in an ECD facility.

7.2.2.16 Recruitment, selection and qualifications of caregivers

- The caregivers must have senior 6 (A2) certificate in any option with intensive training in ECD.
- Caregivers and support staff demonstrate positive values and respect for children in their respective communities.
- Caregivers continue to be trained and mentored as necessary through CPD.
- CPD is organized by the ECD facility administration or by linking with neighbouring facilities.
- Caregivers are selected by a parent committee.
- Care giver- child ratio:
  - **Grade 1:** 1:15
  - **Grade 2:** 1:25
  - **Grade 3:** 1:30

An assistant caregiver is needed to support caregiver, where possible, for caring children including those with special needs.

[7] Law N° 010/2021 of 16/02/2021 determining the organising of education.

7.2.3 Standards for home-based ECD facilities

A home-based ECD is formed where a group of neighbouring households designates one home to serve children aged 3-5 years, so that both parents and children can benefit from ECD services. Parents take turns to care for the children, which allows them to do their daily work. Care is provided in line with six pillars supporting the implementation of ECD policy. Given that this setting is a temporary structure, standards for home-based ECD are less stringent than those applied to other categories of ECD facility.

7.2.3.1 Choosing a suitable household

- With the support of local authorities and community members, parents themselves select a household to host the facility.
- The household fulfils the following criteria:
  - The household head is a person of integrity, as judged by their neighbours.
  - The volunteer parent or parents sign a consent form to host the ECD services for free.
  - The selected home is approved by local authorities.
  - The household is accessible to children with disabilities and other children with special needs.

7.2.3.2 Leadership and management

- It is led by a "parent leader", preferably the owner of the home that hosts the facility.
- The parent leader, in collaboration with parents, organizes a work rotation/schedule or selects two permanent caregivers to take care of the children.
- There are two parents/caregivers per day per home-based group: one carries out care and stimulation/early learning activities; the other ensures security, prepares snacks and food for the children, and takes charge of hygiene.
- Children aged 3–5 years may be enrolled in home-based ECD.
- The facility provides services for approximately 15 children from local families.

- The facility enrols and retains children with disabilities and special needs.
- All parents of children enrolled in the facility are trained to provide integrated ECD services: nutrition, health, child protection, WASH and early learning.
- A written daily routine/timetable is followed.
- Minimum working hours: every day from 8 a.m. to 12 noon for at least five days a week. Where it is possible ECD services continue even in the afternoon.
- Children's daily attendance records are kept.
- Parent meetings are conducted at least once a month;
- Minutes of all meetings are kept.

7.2.3.3 Curriculum and learning approaches

- The facility uses the parenting curriculum and related guides, early learning and development standards and the national CBC.
- Parents are trained how to make play materials using locally available resources.
- Parents are trained how to support learning through play using locally produced toys and learning materials.
- Caregivers are trained how to use the pre-primary CBC, the national parenting curriculum and early learning and development standards.
- Curricula and related guides are available and in use.

7.2.3.4 Health

- Caregivers check the immunization status of children in the facility.
- CHWs visit the facility for health-related issues.
- In case of emergency, the caregiver or a parent escort the child to the nearest health facility.
- Caregivers keep records of children's health status.
- Caregivers ensure children have medical insurance.
- Children are regularly monitored for health growth by local CHWs.
- The facility works in close collaboration with the CHWs, IZUs and local authorities for health monitoring, parenting sessions, cooking demonstrations and supervision.

7.2.3.5 Nutrition

- The facility has a kitchen to prepare porridge/meals for children.
- Standard guidance and recipe used to prepare children's meal in line with MIYCN national counselling package.
- When eating porridge /meals, children are always supervised by an adult to ensure that all children are served and to teach good table manners.
- Parent caregivers are trained on food hygiene and safety.
- Parent caregivers maintain proper personal hygiene: washing hands and covering their hair.
- Parent caregivers report children with feeding difficulties to their parents for appropriate action.

7.2.3.6 Child protection and safety

- Parent caregivers are trained on relevant health and safety issues.
- Children are escorted to and from the facility by a parent or other adult.
- All reasonable precautions are taken to protect children from accidents.
- Any suspected sexual abuse/harassment or rape is reported to the relevant authorities for the interest of the child.
- Health facility and parents' phone numbers are available to call in case of emergency.
- Children are supervised by an adult while playing.
- A compost pit is located at the farthest corner and enclosed for children's safety.
- All pits in the home compound are covered.
- Hazardous materials and sharp objects are kept out of children's reach.
- Caregivers check that play materials are safe before children use them.
- Where the facility is supplied with electricity, measures are taken to protect children from electric shock.

- Measures are taken to prevent children from accessing the kitchen unsupervised.
- The household is fenced, secure and clean to allow children to play and learn safely.

7.2.3.7 Water, sanitation and hygiene (WASH)

- Clean water is available for caregivers and children to wash their hands.
- There is running water in the premises or at a public water point no more than 500 m away.
- Potable water is used to prepare porridge.
- Children have clean clothes.
- The household has a clean and child-friendly toilet.
- The toilet is cleaned regularly and accessible to children with disability.
- A container with safe drinking water is available.
- Bushes and potholes in the compound are cleared.
- A waste bin is available to avoid rubbish being scattered in the compound.

7.2.2.8 Recruitment, selection, qualification and staffing of caregivers

A caregiver in an ECD facility must have one of the following qualifications:

- Caregiver selection for a home-based ECD facility is done by a parent committee.
- Ordinary secondary school-level certificate with intensive training in ECD.
- Primary-level certificate with intensive training in ECD
- Each home based ECD facility should have rotating caregivers.

8. Inspection tools

8.1 Inspection tool for day care

Inspection date: ...../...../ ....

1. IDENTIFICATION OF ECD FACILITY

Type: Day care

Name: ..... Code: .....

Owner: ..... Status: .....Year of establishment: .....

Accredited: Yes ..... No..... Year of accreditation: .....

Village: ..... Cell: .....Sector: .....
District: ..... Province .....

Name of the Coordinator: .....
Telephone number: ..... E-mail address: .....

2. CHILDREN'S DATA

Age-group	Number of children			Children with SEN			Observations
	Girls	Boys	Total	Girls	Boys	Total	
Below 6 months							
6 months–1 year							
1- 2 years							
2-3 years							
Total							

3. CAREGIVERS AND SUPPORT STAFF

Grade	Gender	Qualification (specify his/her level: e.g. A2 in Gen. EduC or A2 in ECE/ ECLPE A1 or A0	Received REB or NCDA training on ECE/ECD	Others (partners trained in ECE/ ECD	Total
Caregiver	M				
	F				
Cleaner	M				
	F				
Security Guard	M				
	F				

4. ADMINISTRATIVE STAFF

Position	ECD Coordinator	Secretary	Accountant	Nurse	Others:
Gender (M/F)					
Qualification					

Day-care facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Care and support before birth				
Pregnant mothers are visited at home to ensure they attend antenatal services.				
The facility files the reports of home visit.				
The daycare checks if pregnant mothers respect the protocols for antenatal visits as prescribed.				
The day-care facility encourages fathers to ensure the security of their pregnant woman.				
Sub-total			**..../4**	
Food and nutrition practices				
Children are provided with healthy, balanced diets as per MIYCN counselling package.				
ECD food handlers, including cooks and food suppliers, are trained on food hygiene and safety.				
Cooks and food suppliers maintain proper personal hygiene: washing hands and covering their hair.				
Children with eating difficulties are identified and receive adequate support				
Clean drinking water is always available to children.				
Children attending all day are offered meals at designated intervals				
Staff request information from parents about any special dietary requirements, preferences or food allergies the child may have.				
Facilities for the hygienic preparation of babies' foods are available.				

Day-care facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
Suitable sterilization equipment is used for babies' feeding equipment before every meal.				
ECD caregivers are trained how to adapt feeding practices to minimize harm and maximize nutritional intake for children with eating and drinking difficulties.				
ECD caregivers ensure that children aged 6–23 months receive micronutrient powders.				
Parents/caregivers receive monthly cooking demonstrations and sessions on holistic child development at the facilities.				
ECD caregivers encourage parents to provide adequate complementary food in addition to breast milk after 6 months.				
Sub-total			.../13	
Responsive care and support services to children from birth to three years				
The daycare has records of whether the working parents took maternity and paternity leave.				
Support and guidance are provided for parents and families of children having developmental delay or disability.				
Both parents attend parenting sessions at the day-care facility.				
The facility follows-up on whether CHWs and IZU conduct home visits to families with young children to monitor children's growth.				

Day-care facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Sub-total			**.../4**	
Day-care staffing				
Caregivers have basic training in holistic child development, childcare methods and first aid.				
Staff have medical certificates.				
Every staff member in a day care facility has a working contract.				
There is a plan for continuous professional development of staff as required.				
Sub-total			**.../4**	
Physical environment				
The day-care facility has access to the road.				
The day-care facility has an early learning room, breastfeeding room, sleeping room, kitchen, store, child-friendly toilets, outdoor playground.				
The day-care facilities are not placed in a risky zone (landslides, erosion area, floods, etc.).				
There is a good lighting system.				
Play areas are large enough to allow free movement.				
The sleeping area is spacious, quiet and well ventilated.				
The compound is regularly cleared and maintained.				
Sub-total			**...../7**	
Sanitary facilities				
There is a clean, washable, hygienic space to change diapers; and a safe disposal of child faeces.				

Day-care facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
The toilets are appropriate for children with separate toilets for boys and girls.				
Every child has a labelled potty.				
Potties are cleaned and sanitized after each use.				
Every child has at least one pair of bed sheets.				
Sanitary materials are kept out of children's reach.				
Waste bins are covered.				
Children are guided on how to use waste bins.				
There is at least one toilet specifically designed for children with special needs and one for staff with special needs.				
Sub-total			**.../9**	
Handwashing practices				
There is a poster reminding people to wash their hands.				
Staff ensure that children wash their hands before eating and after using the toilet.				
Staff have written guidelines on when to wash hands.				
Sub-total			**.../3**	
Building specifications				
The facility has protection for children in windows and anywhere children are may fall.				
The location of the facility is away from hazards (public toilets, rubbish dumps, main roads, etc.).				

Day-care facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
The doors are fixed, and none is swinging.				
The floor has a smooth, non-slip surface.				
The facility has an area for recreational activities.				
The facility has storage areas for children's things.				
The drains are covered.				
Staircases are closed at both ends.				
Electric sockets are raised to be out of reach of children and rendered harmless.				
The day-care facility is inclusive.				
The facility is equipped with learning materials accessible to all children.				
Sub-total			.../11	
Equipment				
Furniture (chairs and tables) is appropriate for children's size and age.				
Equipment is arranged to create an accessible and stimulating environment.				
The equipment is of suitable design and condition, well maintained and conforms to safety standards.				
The play equipment is stimulating and safe for children.				
There are sufficient and suitable indoor and outdoor toys and play materials.				
There are sufficient, safe and age-appropriate chairs, tables, carpets and mats to allow children to play and eat together.				

Day-care facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Sub-total			**..../6**	
Breastfeeding room				
The room is easy to reach directly, away from the bathroom, away from where garbage and other old materials are disposed of.				
It complies with privacy standards, with the door securely locked and equipment to screen lactating mothers if they wish.				
It provides fresh air or a ventilation system.				
There are handwashing facilities, soap, clean hand towels or paper towels.				
There is safe water for drinking and washing hands.				
The room has a chair and a table adapted for the lactating mother, and other necessary equipment when the mother is breastfeeding.				
The room has a small baby bed (cot).				
If used by more than one mother, the seats are separated by a curtain to ensure privacy.				
The breastfeeding room has a sink to clean the cups used by the mother when extracting milk.				
The room has facilities for extraction of breast milk				
Expressed breast milk (kept in a safe container at room temperature) is stored for no longer than 6–8 hours.				

Day-care facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Sub-total			..../11	
Care, learning and play				
Children are provided with items to look at, touch, smell, hear and taste.				
Children are given language stimulation activities: narrating stories, reading picture books, picture story books, singing, etc.				
Children are supported to acquire new motor, language and thinking skills.				
Children are helped to learn how to control their own behaviour.				
The daily schedule gives children opportunities to practise sensory activities with non-harmful materials				
Caregivers plan to interact with every child every day on what they are doing.				
Children are given the opportunity to begin to care for themselves: dressing, feeding, washing, etc.				
Sleeping is included in the daily schedule.				
Children are washed before sleeping, and before and after mealtimes.				
There is adequate recreational space for children to relax.				
Play items are made of wood or non-toxic materials.				
Children with developmental delay or disability receive additional support to meet their individual learning needs.				

Day-care facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
There are swings, climbing frames and other playground equipment for gross motor skills development.				
Sub-total			.../13	
Health				
Children aged 0–2 are screened for risk of developmental delay or disability every 6 months.				
Parents and caregivers ensure that their children have been immunized according to the vaccination schedule.				
Staff are taken through health screening before employment.				
Staff are regularly made aware of the importance of good hygiene practices to prevent the spread of infection.				
ECD caregivers ensure that their children receive vitamin A and deworming as per Ministry of Health calendar.				
Children are regularly monitored for healthy growth by the local CHW or health professionals.				
There are protocols on handling sick children with infectious diseases and use of medicines.				
Medicines are clearly labelled and stored in their original containers.				
Medicines are kept out of children's reach.				
There are first aid kits and staff are trained on their use.				

Day-care facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
Specific attention is given to children with HIV/AIDS, special needs and disabilities to promote an inclusive, stigma-free environment and support nutrition and medication.				
Owners of the day-care facility provide support to services for children with developmental delays and disabilities.				
The facilities ensure children have medical insurance.				
The facilities conduct parent education sessions on family planning.				
The facility has a health worker or health professionals contact for health-related issues.				
Sub-total			**..../15**	
Child safety and protection				
Caregivers are trained on safeguarding children's rights and welfare.				
All staff are aware of the possible signs and symptoms of children at risk.				
There is a code of conduct on safeguarding child's rights and child protection.				
The facility is a drug-free environment.				
Parental consent is obtained before taking pictures of children or sharing information on social media.				
There are mechanisms for dropping off and collecting children from the facility.				
Drop-off and pick-up of children is supervised by a caregiver.				

Day-care facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
The compound is fenced, with a guard and a lockable gate.				
Electrical outlets accessible to a child have child-proof covers or safety outlets.				
The premises are free from poisonous or potentially harmful plants.				
There are operational procedures for the safe conduct of any outings.				
Records of vehicles in which children are transported, including insurance details, valid technical check-up and a list of named drivers are kept.				
Sleeping babies are frequently supervised.				
The facility has fire extinguishers, sand or water and caregivers are trained on how to use them.				
Toys, play materials and equipment are clean and safe for use by children.				
The kitchen area is not accessible by children unless it is being used solely for a supervised children's activity.				
The facility works closely with IZU and local leaders to promote safety at household and centre level for children's wellbeing.				
Sub-total			**...../17**	
Positive discipline				
There are positive behaviour posters for reference by both children and caregivers.				
Caregivers for children are trained on children's positive behaviour management.				

Day-care facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Caregivers conduct regular parenting education sessions on positive discipline.				
Sub-total			**..../3**	
Record keeping				
Accreditation certificate is available.				
There is an individual child information form completed, updated and kept confidential.				
Health data are well documented and safely kept.				
There is a record of the person designated to drop and collect each child.				
There is a system for the exchange of information between parents and staff members.				
An occurrence and action logbook/record is kept.				
Sub-total			**...../6**	
Education				
The national parenting curriculum and related guides are available and in use.				
Early Learning and Development Standards (ELDS) are available and in proper use.				
Learning is holistic and creates opportunities for play-based inquiry and sensory stimulation.				
There is a daily schedule of activities.				

Day-care facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
Caregivers are trained on the use of the national parenting curriculum and related guides.				
The learning environment is holistic and stimulating.				
Sub-total			**...../6**	
Grand total			**..../132**	**...../100**
General comments:				

Inspection conducted by:

Name, title and signature

Head of the Daycare/crèche:

Name, signature and stamp

8.2. Inspection tool for model and school-based ECD facilities

Inspection date: ...../...../ ....

1. IDENTIFICATION OF ECD FACILITY

Type: School-based ECD ..... Model ECD .....

Name: ..... Grades: ..... Code: .....

Owner: ..... Status: .....Year of establishment: .....

Accredited: Yes ..... No..... Year of accreditation: .....

Village: ..... Cell:..... Sector: .....
District: ..... Province.....

Name of the ECD Coordinator .....
Telephone number: ..... E-mail address: .....

2. CHILDREN'S DATA

Grades	Number of classrooms	Number of children			Children with SEN			Observations
		Girls	Boys	Total	Girls	Boys	Total	
Grade 1								
Grade 2								
Grade 3								
Total								

3. TEACHING STAFF, CAREGIVERS AND SUPPORT STAFF

Grade	Gender	Qualification (specify his/her level: e.g. A2 in Gen. Educ, A2 in ECE/ECLPE or related fields	Received REB or NCDA training on ECE/ECD	Others (partners who trained on ECE/ECD	Total
G1	M				
	F				
G2	M				
	F				
G3	M				
	F				
TOTAL	M				
	F				
TOT. G.	M+F				

4. ADMINISTRATIVE STAFF

Position	ECD coordinator	Secretary	Accountant	Nurse	Others:
Gender (M/F)					
Qualification					

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Physical environment, facilities and equipment				
Geographical location				
There is access to the road.				
Children live within 2 km of the facility.				
The facility is close to a primary school.				
There is no excessive noise in the surroundings.				
The facility is recognized by local leaders.				
The facility is close to a health centre.				
Sub-total			**...../6**	
Pre-school physical environment				
The facility is fenced and has a lockable gate.				
The compound and surroundings are clean.				
The buildings are safe and disability-friendly.				
The playground is dry, not waterlogged.				
Play materials are appropriate to children's age.				
There are signs that prohibit smoking and alcohol consumption within the premises by staff members and visitors.				
There are no footpaths crossing the facility.				
There are water collection facilities (rain or from the Water and Sanitation Corporation, WASAC).				
The facility has electricity.				
Sub-total			**..../9**	
Classrooms/indoor space				
There are three classrooms – for Grade 1, Grade 2, and Grade 3.				

Model and school-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
Children enrol in Grade one at the age of 3 years or if their third birthday falls in the first trimester.				
The walls and roof are built in durable materials.				
Enrolment for each early classroom does not exceed 30 children.				
Indoor space allows free movement between furniture for mobility-aid users and children with visual impairment.				
Each classroom has two windows at least 1m x 1m to allow enough light and ventilation.				
Classrooms are accessible for use by children with special needs, and have ramps, rails and lower door handles.				
The classrooms are child-friendly, with age-appropriate, visually stimulating and meaningful decorations.				
The facility has a store for teaching, learning and other materials.				
Drawings and other materials displayed on the wall are hung at an appropriate height (20 cm from floor) so that children can see them easily.				
Sub-total			**..../10**	
Furniture				
Tables and benches/chairs are age-appropriate (30cm high), durable and painted in bright colours.				

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
A caregiver's chair, table and cupboard are available in each classroom.				
Mats and child-friendly tables are available in each classroom for activities such as reading, storytelling, and play, corner play, theme display, group work etc.				
Open shelves, cupboard, boxes or other containers are used to store learning materials.				
Each class has enough bag/clothes hooks for children.				
The chalkboard/white board is placed slightly above the floor (20cm) for children to use easily.				
Sub-total			**.../6**	
Kitchen				
The cooking place is at least 2 m x 2 m and uses an economical stove or gas.				
The kitchen has a sink for washing utensils.				
The kitchen has a supply of clean water.				
Plastic containers (plates and cups) are not used for hot food or drinks.				
Waste disposal facilities are in place.				
Kitchen has a drying area for dishes after washing.				
Kitchen is separated from classrooms and toilets.				
The kitchen is ventilated, well-lit and equipped with a chimney.				
Sub-total			**.../8**	

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Kitchen store				
The kitchen has a separate storage room.				
Kitchen store has locked cupboards for crockery, cooking utensils and stores of groceries and other consumables.				
The storeroom is rodent- and insect-proof.				
Windows and other openings are covered with wire mesh.				
A weighing scale is available.				
Sub-total			.../5	
Toilets/latrines				
There is at least one toilet/children latrine for every 40 children.				
There are separate child-friendly and accessible toilets/latrines for boys and for girls, clearly labelled with child friendly signs.				
Adults have their own lockable toilets, separate for males and females.				
The toilet facility has a storage area to keep cleaning materials separately from other cleaning materials.				
There is at least one toilet meeting the required standards for people with disabilities.				
Latches (locks) inside and outside are fixed at the height of 60-80 cm from bottom.				
Toilets doors open outwards with 10 cm of free space between the floor and the door.				

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Door height ranges from 100 to120 cm so that caregivers can open from outside if a child needs help.				
The diameter of a borehole in a pit latrine does not exceed 15 cm.				
Toilets are close to classrooms for easy accessibility by young children.				
There is a pictorial hand-wash sign on each toilet/latrine door to remind everyone to wash hands with water and soap after using the toilet.				
There are urinals for boys set at a child-appropriate height (30cm) from the floor.				
The space inside the toilet is large enough to enable caregivers to bend over/ move around to support the child.				
The handwashing facility is age appropriate and installed at the height of 50 cm from the floor.				
The pathways are clean and accessible by children with disabilities.				
Sub-total			**...../15**	
Sleeping area				
The sleeping space is designed so that boys and girls can sleep separately.				
The sleeping space is cemented/tiled/sealed earthen floor and cleaned every day.				
Furniture and walls are child-friendly (brightly painted with happy images).				

Model and school-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
Furniture includes a mattress (covered with waterproof material), bed covers, bed sheets and storage space/shelves.				
The sleeping room is well lit and ventilated. Windows should have movable curtains.				
Sub-total			**.../5**	
Playground/outdoor play area				
The outside play area is clean and free from hazards.				
There is at least 2 m^2 space per child for outdoor play.				
There is safe outdoor play equipment and materials for motor skills and holistic development.				
Where the facility includes primary/ secondary sections, the ECD playground is separate.				
The playground has a variety of surface areas: earth, grass or sand.				
Outdoor play area is step-free and well-maintained to ensure children with visual or physical impairments move without hindrance.				
A fenced playground is available and play equipment is installed away from a reserved running space.				
Indoor and outdoor play are always supervised by adult(s).				
Sub-total			**..../8**	

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Play equipment				
There is child-friendly fixed equipment (climbing frame, swings, merry-go-round, etc.).				
There are movable play materials including ropes, balls, tyres, hoops etc.				
There is a sandpit with recycled scoops and containers.				
There is a water play area with recycled containers and other world discovery tools.				
Play materials are undamaged, with no sharp edges or protruding surfaces.				
Areas for jumping, climbing and sliding are covered with soft ground, sand or grass.				
There is play equipment accessible by children with disabilities.				
Locally made play and learning materials and toys are available.				
Sub-total			**..../8**	
Health practices and procedures				
Children's registration forms (including identification, health status, immunizations, contact information and any parental concerns) are available.				
Immunization cards are verified at the time of registration.				
The facility has a health worker's contact for health-related issues.				
Containers with safe drinking water and clean cups for each child are available.				

Model and school-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
The facility has information about children with medical insurance.				
Guidelines with child-friendly pictures on how to manage communicable disease outbreaks or promote good practices such as handwashing are on display.				
Children aged 3–6 are screened for developmental delay/disability by community health workers, or early detection by parents, health professionals.				
Referral procedures are established for children with suspected developmental disability.				
There are guidelines for children and staff during emergency cases (diseases, outbreak, risks etc.).				
Sub-total			**..../9**	
Food and nutrition practices				
Children are provided with healthy, balanced diets as per MIYCN National Counselling package.				
Cooks and food suppliers are trained on food hygiene and safety.				
Cooks and food suppliers maintain proper personal hygiene: washing hands and covering their hair.				
During mealtimes, children are always supervised by an adult to ensure that all children are eating, to prevent choking and teach good table manners.				

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
ECD facility has a kitchen garden with fruit and vegetables to be used in a balanced diet.				
Children with eating difficulties are identified and parents are informed of any issues.				
Sub-total			**...../6**	
Child protection/ safety practices				
Children are accompanied to and from the ECD facility by an adult.				
All staff receive regular training on health and safety issues pertaining to the ECD facility.				
ECD facilities have materials to use in case of fire outbreak (fire extinguisher or a sand bucket and water); caregivers are trained how to use them.				
Covered sockets are used to protect children from electric shock.				
First aid kits and any medicines for children are kept out of children's reach.				
All ECD service providers are trained how to use the contents of the first aid box and how to deal with accidents.				
A lightning conductor is installed on the roof.				
A list of emergency contacts readily available to the staff.				
Children are supervised by an adult when playing outside.				

Model and school-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
A sign prohibiting intruders from the ECD facility is placed at the entry point.				
Hazardous materials and sharp objects are kept out of children's reach.				
All toys for younger children are non-toxic and oversized so that children cannot swallow or choke on them, or put them in their ears.				
The compound is fully fenced and has a lockable gate.				
An enclosed compost pit is located at the farthest corner of the compound.				
Where transport is provided, the school bus has adequate, comfortable seats fitted with child-appropriate safety belts.				
Sub-total			**...../15**	
WASH				
Safe drinking water is always available for drinking and washing hands.				
There are enough water storage containers for drinking water and they are regularly cleaned.				
Drinking guidelines are observed (1,000 ml per day for children aged 3; 1,200 ml for children aged 4-6).				
There is running water at the premises or a public water point within 500 m.				
The entire compound and equipment (including classrooms, toilets, kitchen, and playground) are cleaned every day.				

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
There is a staff member in charge of hygiene and sanitation.				
Children are clean and wear uniform for easy identification.				
A water container with clean water and soap is available for use in the classroom, toilets, kitchen and other places.				
Mobile handwashing stations and/ or a multitap handwashing stand are available and inclusive.				
Adequate enclosed facilities for the disposal of waste are available and regularly emptied.				
Bushes and pools of water around the ECD facility are cleared.				
Each facility has health education posters teaching children handwashing practices.				
Sub-total			**...../12**	
Teaching and learning approaches, methods and strategies				
Caregivers apply thematic-integrated, holistic and contextualized approaches.				
Caregivers apply a play-based learning approach.				
Caregivers use multi-sensory approach.				
Caregivers tell/read stories to children reflecting the themes of the week.				
Caregivers use songs/rhymes/poems to develop different skills connected to themes.				

Model and school-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
The facility is rich in inclusive teaching and learning materials.				
Sub-total			**...../6**	
Organization of teaching and learning activities/play activities				
The CBC and national parenting curriculum are used				
Children aged 3–6 have access to activities that promote skills in the six learning areas.				
Children are given opportunities to express themselves using all forms of communication (verbal and non-verbal) and are listened to.				
Children have access to a print-rich environment (indoor and outdoor).				
Children have access to activities that develop fine motor and pre-writing skills.				
The daily schedule runs to at least 4 hours.				
Children with sensory impairment have access to materials that maximize their capabilities.				
The daily schedule balances and alternates activities: quiet-noisy; indoor-outdoor, active-passive etc.				
The classroom encourages children to play with various materials, including locally available items.				
Children's original drawings, writing and other work are displayed on the walls at their eye level.				

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Children with communication needs are supported to use different communication method(s).				
Assessment tools and materials are adapted to cater for children with special needs and disabilities				
Sub-total			**...../12**	
Teaching and learning resources/play materials				
Play materials are adapted to suit all children.				
Learning and play materials are accessible to all children in all six learning areas of the curriculum.				
Learning promotes the use of ICT in activities such as lesson preparation, making materials, research etc.				
The is a variety of Rwandan picture books with culturally and age-appropriate stories.				
Pre-writing materials like pencils, chalks, crayons, paper and drawing notebooks are available.				
Learning materials are maintained and stored correctly to ensure their safety after use.				
The facility has and uses CBC guides, scheme of work, training modules etc.				
Manila paper/rice sacks and other locally available materials for display are available.				
Sub-total			**..../8**	

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Organization of field/study visits				
Children leave the compound to explore themes within their community every week.				
One caregiver or parent supervises a group of 10 children and has a list of those children with parents' contacts.				
The lead caregiver carries a first aid kit during the study visit.				
Sub-total			**..../3**	
Establishment, registration and accreditation				
The ECD facility is registered.				
The ECD facility is accredited.				
Sub-total			**...../2**	
Collaborative, supportive relationships with families and communities				
Parents were involved in setting up the facility.				
Parents have a general assembly meeting once a term.				
Parents visit the facility to get feedback on the children's progress.				
The PTC is available.				
The ECD provider establishes communication and feedback mechanisms between parents and the facility management.				
Collaboration between the ECD centre and local authorities is evidenced by quarterly reports, meetings and supervision.				
Sub-total			**...../6**	

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Assessment				
Assessment is formative and holistic				
The assessment covers all six learning areas of the curriculum.				
Progress reports are shared and discussed with individual parents and/or in groups.				
Children's progress reports contain detailed developmental and learning information.				
A colour-coded rating is used to share children's progress with parents: Green, Blue, Yellow and Red.				
Sub-total			**...../5**	
ECD staff recruitment and CPD				
If an ECD facility not attached to a primary school, there is an ECD coordinator.				
There is one caregiver and an assistant in each classroom.				
There is at least one cook recruited under a renewable contract.				
There is at least one guard recruited for security purposes				
ECD caregivers and support staff are entitled to salary or fringe benefits/incentives.				
CPD activities are organized by the school or via links with neighbouring schools.				
All ECD providers receive initial and ongoing training.				

Model and school-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
The training content in ECD programme is validated jointly by REB and NCDA.				
Sub-total			**...../8**	
GRAND TOTAL			**..../172**	**...../100**
General comments:				

Inspection conducted by:

Name, title and signature

Head teacher/ECD Coordinator:

Name, signature and stamp

8.3. Inspection tool for community-based ECD facilities

Inspection date: ...../...../ ....

1. IDENTIFICATION OF ECD FACILITY

Type: Community-based ECD

Name: .....Grades: ..... Code: .....

Accredited: Yes ..... No..... Year of accreditation: .....

Village: ..... Cell: ..... Sector: .....

District: ..... Province: .....

Name of the head of the facility: .....

Telephone number: ..... E-mail address (if any): .....

2. CHILDREN'S DATA

Grades	Number of children			Children with SEN			Observations
	Girls	Boys	Total	Girls	Boys	Total	
Grade 1							
Grade 2							
Grade 3							
Multi-grade							
Total							

3. CAREGIVERS

Grade	Gender	Qualification (specify his/her level: e.g. A2 in PCB or A2 in ECE/ECLPE A1 or A0	Received REB or NCDA training on ECE/ECD	Others (partners who trained on ECE/ECD	Total
G1	M				
	F				
G2	M				
	F				
G3	M				
	F				
TOTAL	M				
	F				
TOTAL G.	M+F				

4. ADMINISTRATION

Position	Head of the center	Secretary	Accountant	Nurse	Others:
Sex (M/F)					
Qualification					

Community-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Geographical location				
The facility has access to the road.				
The distance from home to the facility does not exceed 500 m.				
Children are accompanied by an adult to and from school.				
The facility is recognized by local authorities.				
There is a primary school close to the facility to ease transition from pre-school to primary education.				
Sub-total			**...../5**	
Physical environment				
The compound and surrounding areas are free from harmful objects, rubbish and have proper disposal for trash.				
The playground is dry, not waterlogged.				
All wells and pits are properly covered.				
Water containers and clean drinking water are available.				
There are facilities to harvest rainwater.				
The facility has an electricity supply.				
Buildings and equipment are accessible by all children.				
Sub-total			**..../7**	
Classrooms/indoor space				
At least three classrooms are available for a complete cycle: Grade 1, Grade 2 and Grade 3.				
Classrooms are clean, dust-free and have at least one rubbish bin per classroom.				

Community-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
Classrooms are child friendly: age-appropriate, visually stimulating with meaningful decorations, engaging and culturally appropriate.				
The play and learning rooms have cement/ tiled/ sealed earthen floor and are cleaned every day.				
The roof is made of tiles or iron sheets.				
Each classroom has two windows at least 1 m x 1 m in opposite walls to allow enough light and ventilation.				
Classrooms are accessible for use by children with special needs, and have ramps, rails and lower door handles.				
A caregiver's chair, table and cupboard are available.				
Indoor space allows free movement between furniture for mobility-aid users and children with visual impairment.				
Tables and benches/chairs are child age appropriate.				
Mats are available in each classroom for activities such as reading, storytelling, and play, corner play, theme display, group work etc.				
Open shelves, cupboards, boxes or other containers are used to store learning materials.				
The classroom has enough bag/clothes hooks for children.				

Community-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
A chalkboard or similar large writing surface (movable or fixed) is placed slightly above the floor (20 cm) for children to access it easily.				
A sleeping space is reserved in one corner of the classroom for special cases.				
Sub-total			**..../15**	
Kitchen				
The kitchen roof is made of durable materials (tiles or iron sheets).				
The cooking place is at least 2 m x 2 m and uses an economical stove.				
The cooking area is clean and tidy.				
The kitchen is supplied with clean water.				
The kitchen has a place for washing utensils.				
Utensils are kept safely in a clean, covered container.				
Plastic items are not used for hot food or drinks.				
Kitchen has a table or shelf as a drying area for dishes after washing.				
Kitchen is separate from classrooms and toilets.				
Kitchen is ventilated and well-lit.				
The floor slopes slightly to ease cleaning.				
Waste disposal facilities are in place.				
Sub-total			**.../12**	

Community-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Toilets				
There are separate toilets/latrines for boys and girls, clearly labelled with child-friendly signs.				
There are separate male and female lockable toilets for adults.				
Latches (locks) inside and outside are fixed at the height of 60-80 cm from bottom for children's easy access.				
There is a pictorial and printed hand-wash sign on each toilet/latrine door to remind children and caregivers to wash hands with water and soap after using the toilet.				
The handwashing facility is near the toilet, of age-appropriate design and installed at the height of 50 cm measured from the floor.				
Sub-total			.../5	
Outdoor play area and equipment				
There is an outdoor play area.				
There is safe outdoor play equipment and materials for motor skills and holistic development: rubber swing, seesaw, slides, swings, merry-go-round, sandbox, set of tyres etc.				
Outdoor play areas have enough space between play equipment to enable mobility-aid users to move freely and safely.				
Child-friendly fixed equipment includes low slides and logs to walk on, ladders, tunnels etc.				
Movable play materials include ropes, balls, tyres, hoops etc.				

Community-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
There is a sandpit for sand play activities.				
There is a water play area with recycled containers, hoses/water pipes and other world discovery tools.				
Play materials are smooth and undamaged, with no sharp edges or protruding surfaces.				
Jumping, climbing and sliding areas should be covered with soft ground, sand or grass.				
There is play equipment for children with disabilities.				
Locally made play and learning materials and toys are available.				
Sub-total			.../11	
Health practices and procedures				
Children aged 3–5 years are screened for developmental delay/ disability by community health workers, or early detection by parents, health professionals.				
Children's registration forms are available with information on identification, health status, contact information of parents/ guardians, and any parental concerns.				
Immunization cards are used during registration of children.				
The facility has a health worker's contact for health-related issues.				
The facility has information about children with medical insurance.				

Community-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Guidelines with pictures on how to manage communicable disease outbreaks or promote good practices such as handwashing are posted.				
Children are regularly monitored for healthy growth by the local CHW and/or health professionals.				
The facility works closely with IZU and local leaders to promote safety at household and centre levels for children's wellbeing.				
The Ministry of Health, through CHWs, regularly administers deworming pills to children.				
Sub-total			**.../9**	
Food and nutrition practices				
There is a kitchen to prepare children's meals.				
During mealtimes, children are always supervised by an adult.				
Food handlers, including cooks and food suppliers, are trained on food hygiene and safety.				
Cooks and food suppliers maintain proper personal hygiene: washing hands and cover their hair.				
Sub-total			**.../4**	
Child protection/safety practices				
All staff receive regular training on relevant health and safety issues.				

Community-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
Outdoor play equipment is maintained regularly to ensure it is in good condition and safe for children.				
There are firefighting facilities on the premises.				
Where there is electricity, covered sockets are used to protect children from electric shock.				
First aid kit and any medicines are kept out of children's reach.				
All ECD service providers are trained how to use the contents of the first aid box and how to deal with accidents.				
Illustrated guidelines on how to prevent accidents and deal with emergencies are posted.				
Emergency telephone numbers are available.				
Children are supervised by an adult when playing outside.				
Measures preventing corporal punishment and abuse are established and communicated to school staff and parents.				
Hazardous materials and sharp objects are kept out of children's reach (e.g. knives, petrol, gas, cleaning solutions, construction leftovers etc.).				
All toys for younger children are non-toxic and oversized so that children cannot swallow or choke on them, or put them in their ears.				

Community-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
An enclosed compost pit is located at the farthest corner of the compound.				
Sub-total			.../13	
WASH practices				
Containers with safe drinking water and a cup for each child are available and cleaned regularly.				
Clean water is always available for caregivers and children to wash their hands.				
There is running water in the premises or at a public water point no further than 500 m away.				
Clean, functioning toilets are available all times.				
Children have clean clothes and shoes.				
A water container with clean water and soap is available in the classroom, toilets, kitchen and any other place necessary.				
Mobile handwashing stations (*kandagira ukarabe*) are available near the toilets.				
Adequate, enclosed waste disposal facilities (rubbish pit, waste bin or any other mode of garbage) are available and regularly emptied.				
Bushes, potholes and pools of water around the facility are cleared to deter snakes and mosquitoes.				
There are educational posters on the importance of handwashing and balanced diet.				

Community-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
All WASH facilities are accessible by children with disabilities.				
Sub-total			.../11	
Organisation of teaching and learning activities/play activities				
Activities are planned around the six learning areas of the pre-primary curriculum.				
Children are engaged in activities that develop fine motor and pre-writing skills.				
Daily schedule is at least 4 hours.				
Facilities follow REB proposed schedule (the same as in school-based ECDs).				
Children with sensory impairment have access to materials that maximize their capabilities e.g. large-print, high contrast etc.				
The daily schedule balances and alternates activities: quiet-noisy; indoor-outdoor, active-passive; large group-small group etc.				
The classroom encourages children to play with a range of materials.				
Children's original drawings, writing and other work are displayed on the walls at their eye level.				
An adult/caregiver supervises the sharing of outdoor play equipment.				
The facility applies UDL principles				
Sub-total			.../10	

Community-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Teaching and learning resources/play materials				
Every ECD provider delivers services based on the REB and NCDA approved curriculum for children aged 3–6 years.				
There are appropriate learning materials for all learning areas.				
Children's writing materials: books, writing materials like pens, pencils, chalks, crayons, paper, and notebooks are available.				
Materials used in pre-primary are locally available, culturally acceptable, age appropriate, inclusive, durable, safe and clean, attractive etc.				
Play materials are appropriate to the local context and imitate games children play at home.				
Textbooks and other approved documents are available.				
Sub-total			**.../6**	
Establishment, registration and accreditation				
The facility is registered				
The facility is accredited				
Sub-total			**.../2**	
Management of a community-based ECD facility				
Children enroll in Grade 1 when they are 3 years old or will turn 3 in the first semester.				

Community-based facility checklist **All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.**	Yes	No	Marks	Comments
Parents/guardians were involved in setting up the facility.				
Children are registered using immunization cards or birth certificates.				
Management is under the parents general assembly, the ECD executive committee, control committee and advisory committee.				
All parents/guardians meet in a general assembly at least once a term.				
In collaboration with ECD frontliners, the service provider ensures that children at risk of developmental delay or disability are enrolled.				
Sub-total			**.../6**	
Recruitment and qualification of caregivers				
Caregivers have one of the following qualifications:				
• Secondary certificate (S6) with training in ECD by REB, NCDA, district or development partners.				
• Secondary certificate (S6) in general education or associate nursing graduates plus at least 2 years' experience in pre-primary teaching and childcare.				
• Experience of caring for young children with extensive training in ECD by REB, NCDA, districts and development partners.				

Community-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Caregivers are continuously trained, mentored as needed through CPD.				
A parent committee selects the caregivers for the facility .				
Sub-total			.../3	
Grand total			..../119	...../100
General comments:				

Inspection conducted by:

Name, title and signature

Head of the community-based ECD:

Name and signature

8.4. Inspection tool for home-based ECD facilities

Inspection date: ...../...../ ....

1. IDENTIFICATION OF ECD FACILITY

Type: Home-Based ECD

Name: .....Grades: .....Code: .....

Accredited: Yes ..... No..... Year of accreditation: .....

Village: ..... Cell: ..... Sector: .....

District: ..... Province.....

Name of the head of home: .....

Telephone number: ..... Name of the wife: .....

..... E-mail address (if any): .....

2. CHILDREN'S DATA

Age	Number of children			Children with SEN			Observations
	Girls	Boys	Total	Girls	Boys	Total	
3 years							
4 years							
5 years							
Total							

3. CAREGIVERS

Grade	Gender	Qualification (specify his/her level: e.g. A2 in PCB or A2 in ECE/ECLPE A1 or A0	Received REB or NCDA training on ECE/ECD	Others (partners who trained on ECE/ECD	Total
G1&2&3	M				
	F				

Home-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Establishment				
The household was selected by parents themselves.				
The parent hosting the facility has signed a consent form.				
The selected home has been approved by the local authorities.				
The household can accommodate children with disabilities.				
Sub-total			**..../4**	
Leadership and management				
The facility is led by a parent leader/the host				
There is a work rotation setting out the times when each parent is responsible for childcare at the facility.				
Two parents are on duty every day, offering ECD services to children.				
Any child aged 3–5 years may be enrolled.				
The facility provides services for approximately 15 children from neighbouring households.				
Parents have been trained how to provide integrated ECD services.				
A written daily routine is available and followed.				
Minimum working hours are 4 hours per day for 5 days.				
Children's daily attendance is recorded in a register.				

Home-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Parents' meetings are conducted once a term.				
Sub-total			**...../10**	
Curriculum and learning approaches				
The national parenting curriculum and related guides are used.				
The pre-primary CBC is followed.				
Parents have been trained how to use the national parenting curriculum and pre-primary CBC.				
Parents have been trained how to make play materials using locally available resources.				
Parents have been trained how to support learning through play using locally produced materials.				
Parents have been trained how to set up learning corners.				
Sub-total			**.../6**	
Standards for health				
Caregivers check the immunization status of children.				
CHWs visit the facility.				
Records are kept of children and their health status.				
Children have medical insurance				
Children are regularly monitored for health and growth by a local CHW.				
The facility works with CHW, IZU and local authorities.				

Home-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Sub-total			**..../6**	
Nutrition				
There is a kitchen to prepare porridge for the children.				
Children are always supervised by an adult when eating.				
The parent caregivers have been trained on food hygiene and safety.				
The parent caregivers maintain proper personal hygiene: washing hands and covering their hair.				
Parent caregivers report children with feeding difficulties to their parents for appropriate action.				
Sub-total			**..../5**	
Child protection and safety				
Parent caregivers have been trained on relevant health and safety issues.				
Health facility and parents' phone numbers are available to call in case of emergency.				
Children are supervised by adults while playing.				
An enclosed compost pit is located at the farthest corner of the compound.				
Hazardous materials and sharp objects are kept out of children's reach.				
All pits in the home compound are covered for safety.				

Home-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
Measures are taken to prevent children from accessing the kitchen alone.				
The household is fenced, secure and clean to allow children to play and learn.				
Where there is electricity, measures are taken to protect children from electric shock.				
Sub-total			**.../9**	
WASH				
Clean water is available for caregivers and children to wash hands.				
There is running water on the premises or at a public water point no more than 500 m away.				
Potable water is used to prepare porridge.				
Children have clean clothes.				
There is a clean, child-friendly toilet.				
A container with safe drinking water is available and kept covered.				
Potholes and bushes in the household compound are cleared.				
Waste bins are available to avoid rubbish being scattered around the compound.				
Sub-total			**.../8**	
Recruitment/selection and qualification of caregivers				
A caregiver has one of the following qualifications:				
a) Ordinary secondary school level certificate with intensive training in ECD				

Home-based facility checklist All responses should be based on observation at the time of the visit. Evidence should be requested where necessary.	Yes	No	Marks	Comments
b) Primary-level certificate with intensive training in ECD				
c) Experienced and trained on ECD by NCDA, Districts and partners.				
A parent committee of ECD settings selects the caregivers.				
Sub-total			.../2	
Grand total			..../50	...../100
General comments:				

Inspection conducted by:

Name, title and signature

Head of the family:

Name and signature

9. APPENDICES

Appendix 1: Accreditation requirements by type of ECD facility

REQUIREMENTS FOR ACCREDITATION OF DAYCARE

The application letter for accreditation should be addressed to the competent authority.

The application letter should come with the following:

1. The name of the Daycare ECD facility to be accredited;
2. The mission and vision of the Daycare ECD;
3. A copy of National Parenting Curriculum and it's guides;
4. List of caregivers, administrative staff of proposed the daycare ECD, and other planned personnel to work in ECD setting to be established specifying their qualifications or training;
5. A detailed document describing location, land titles, building and movable property;
6. An estimated number of expected children to be admitted in ECD setting;
7. A document indicating the annual budget of the ECD setting;
8. The Photographs of infrastructures, building and equipment of the Daycare ECD setting to be established;
9. If the applicant has no own building, have to show Daycare ECD premises rental agreement which is not less than 3 years, renewable.

Note that:

- After the submission of the application documents to the competent authority, the established ECD task force reviews the applications, inspects the Day Care ECD, and makes a report.
- An accreditation request for the Day Care ECD facility must be submitted to competent authority, at least three (3) months before ECD facility starts.
- All daycare ECD facility under one management and ownership shall be accredited independently, no seterites allowed.

- All requests regarding ECD accreditation have to be submitted to competent authority through the its official e-mail or Hard copies.

REQUIREMENTS FOR ACCREDITATION OF SCHOOL BASED, MODEL AND COMMUNITY BASED ECD

The application letter for accreditation should be addressed to competent authority.

The application letter should come with the following:

1. The name of the ECD facility to be accredited;
2. The mission and vision of the ECD facility;
3. A copy of National Parenting and Competence based Curricula and their related guides;
4. List of caregivers, administrative staff of proposed the ECD facility, and other planned personnel to work in ECD facility to be established specifying their qualifications or training;
5. A detailed document describing location, land titles, building and movable property;
6. An estimated number of expected children to be admitted in ECD facility;
7. A document indicating the annual budget of the ECD facility;
8. The Photographs of infrastructures, building and equipment of the ECD facility to be accredited;
9. If the applicant has no own building, have to show ECD premises rental agreement which is not less than 3 years, renewable.

Note that:

- After the submission of the application documents to the competent authority, the established ECD task force reviews the applications, inspects the ECD facility, and makes a report.
- An accreditation request for the ECD facility must be submitted to competent authority, at least three (3) months before ECD facility starts.
- All ECD facility under one management and ownership shall be accredited independently, no seterites allowed.

- All requests regarding ECD accreditation have to be submitted to competent authority through the its official e-mail or Hard copies.

REQUIREMENTS FOR ACCREDITATION OF HOME BASED ECD FACILITY

The home chosen to host ECD service provision must fulfil the following criteria:

- Be a safe home with a fenced compound.
- Have appropriate space for children to play.
- Have a clean water supply.
- Have a clean toilet.
- Have a clean kitchen.
- Be managed by a person of integrity.
- Able to support children with disability

Note that:

- After the selection of Home based ECD, competent authority inspect the Home based ECD facility, and makes a report.

Appendix 2: Application form for registration of an ECD facility

IDENTIFICATION OF THE APPLICANT

Full name: .....

District of residence: .....

Sector of residence: .....

Cell: .....

Village: .....

Telephone: .....

Email: .....

IDENTIFICATION OF THE ECD FACILITY

Name of the ECD Facility: .....

Status of the school: Public Government aided Private

Address: District: .....

Sector: .....

Cell: .....

Village: .....

Telephone number: .....

Website (if any) and Email address: .....

Owner of the school: .....

I certify that the information above is true, complete and correct to the best of my knowledge and belief.

Signature of the applicant

Appendix 3: Documents necessary for the management of an ECD facility

- Admission register
- Children's file containing bio data, health records, nutrition status etc.
- Attendance register for children
- ECD facility staff files
- Visitors' book
- Attendance register for teachers/caregivers
- Children's assessment files
- Finance records register
- SGAC minutes book
- School asset book
- Staff meeting minutes' book
- Caregivers' documents
- ECD facility strategic plan
- ECD facility action plan
- ECD facility budget plan
- Parent education session and home visit records

Appendix 4: Descriptive daily schedule for ECD facilities

Time	Activities	Description
8:30-8:45	ECD assembly	
8:45-9:10	Welcome	Children arrive and form a circle (indoors or outside, standing or seated on chairs or a mat), sing welcome songs and the caregiver takes attendance register. The children are asked about their wellbeing, their home life, the journey to ECD facility, and reminded of ECD facility rules.
9:10-9:30	Language and literacy	Children do an activity (indoors or outdoors) together to build Kinyarwanda and English speaking and listening, as well as pre-reading, and pre-writing skills in Kinyarwanda. This activity is learner-centred with hands-on activities.
9:30-10:00	Discovery of the world	Children do an activity (indoors or outdoors) together to build understanding of communities, living things, physical features and/or technology. This activity is learner-centred with hands-on activities.
10:00-10:30	Free corner play (numeracy activities, literacy activities, book reading, role play, creative activities,	Materials in the classroom are organized into different areas. Children choose which area they are interested in and are free to play with the various resources while sitting on mats or around a table. As the children explore the areas, the caregiver should move from one area to another, sitting for

	construction activities)	a while with each group of children, engaging them in different ways, observing and assessing what they do.
10:30-10:50	Snack time	Children take a snack provided by the ECD facility or brought from home. Before taking food, they wash their hands.
10:50-11:10	Physical development: outdoor play, health and self-care.	Children play outside the classroom and have the chance to run, throw, kick, jump and explore the environment in different ways. It is important that the caregiver provides enough materials for children to play with.
11:10-11:30	Story time: Kinyarwanda (Tuesday, Thursday and Friday)	The caregiver reads a story book aloud in an engaging way. All the children are seated so that they can see the pictures. Children can act out the story in front of others, draw a picture from the story etc. A child can also tell the story to the whole class. The same story can be read and re-told several times during the week.
11:30-11:50	Numeracy	Do an activity (indoors or outdoors) together to build number, measurement, shapes, or pattern knowledge and skills. This activity is learner-centred with hands-on activities.
11:50-12:10	Language and literacy: English oral communication	Children do an activity (indoors or outdoors) together to build English speaking and listening skills.

12:10 – 12:20	Closing time	Children and caregivers gather to review the day, sing good-bye songs and make announcements for the next day before the children go home. Children should be reminded about how to stay safe on the journey home.
12:20-13:25	Lunch time	
13:25-14h00	indoor play activities	Sensory development activities: - Creative arts - Fine motor skills development.
14h00-15h25	Sleeping time	Children sleep on matress or mats
15h25-15h55	Snack time	Children are provided with snacks including fruits, juice or milk.
15h55-16h05	WASH and sanitation activities	Washroom time
16h05-16h30	Activities for fine motor skills development	Cutting, sewing, writting, building, etc.
16h30-17h00	Closing time	Children and caregivers gather to review the day, sing good-bye songs and make announcements for the next day before the children go home. Children should be reminded about how to stay safe on the journey home.
17:00	Go back home	Parents/guardians pick children from ECD facility to home.

Appendix 5: End of term progress report on child's development, behaviour and learning

Name of the child: Grade:	School year: Trimester:

Learning areas	Achieved development	Observations
DISCOVERY OF THE WORLD		
Understanding of self and family		
Understanding of the environment/ community: people, things and services (themes)		
NUMERACY		
Sorting/grouping/classifying		
Counting		
Sequencing		
Comparing		
Seriating		
KINYARWANDA		
Gutahura inyuguti		
Gusubiza ibibazo ku nkuru basomewe		
Kubara inkuru		
Gukora inyuguti akoresheje ibintu bitandukanye		
Kwandika inyuguti		

ENGLISH		
Following instruction/listening comprehension (told /read story)		
Telling stories and singing songs/ rhymes/retelling the story		
ART AND CULTURE		
Drawing		
Colouring/shading		
Painting/printing		
Cutting/pasting		
Modelling/construction		
Folding/threading		
Singing/dancing		
PHYSICAL DEVELOPMENT AND HEALTH		
Gross and fine motor movements		
Body hygiene		
Self-care and caring for materials		
Washing hands before eating and using the toilet		
SOCIAL AND EMOTIONAL DEVELOPMENT		
Relationships with others		
Following instructions		
Initiative and curiosity		
Self-confidence		
Showing and controlling emotions		
Concentration on the activity and courage		

Meaning of colours:	
(1) Green: Excellent (2) Blue: Very Good	(3) Yellow: Good (4) Red: Significant improvement needed
Names and signature of the head teacher/ECD coordinator	**Parents' signatures**

Appendix 6: Suggested contents of first aid kit

Quantity	Description
1	Latex nonsterile gloves (box of 100)
2	Adhesive tape, Z.O., perforated, 2.5 cm x 5 m & 10 cm x 5 cm
1	First aid manual
5	Elastic bandage 7.5 cm x 5 m
10	Triangular bandage
2	Cotton balls (pack of 100)
3	Band aids 5 cm x 5 cm
1	Alcohol pads or antiseptic pads
1	Sterile gauze, 10 x 10 cm, n/ster, (pack of 100)
1	Gauze roll and pads
1	Hand sanitiser
2	Disposable instant cold pack
3	Safety pins
1	Betamethasone
1	Blanket, survival, 220 x 140 cm
1	Towel, huck, 430 x 500 mm
2	Sharp scissors
1	Pain killers (acetaminophen or ibuprofen 200 mg, paracetamol 500 mg)
1	Antibiotic ointment
1	Thermometer

Appendix 7: Circumstances leading to the closure of an ECD facility

- Unsafe buildings or structures
- Refusal to meet requirements as stipulated by local authorities
- Jeopardizing children's health of children
- Physical abuse of children
- Insufficient personnel
- Incapable personnel
- Chronic lack of or inappropriate stimulation programme
- Discrimination that leads to violation of children's rights
- Drastic reduction in the number of children who use the facility
- A management committee that is not functioning, dysfunctional, has poor co-operation and/or is involved with corruption and maladministration
- The community shows no interest, or there is no longer a need for the facility.

Procedures to be followed for a facility that does not meet the requirements or if a complaint is received:

- Compile an assessment report.
- Inform the management or the owner of the facility in writing of the contents of the report.
- Where needed, request the management or ECD facility owner to respond to the report in writing, within 14 days of its receipt.
- Provide guidance and support to the facility to meet the requirements within two to six months.
- Review the facility again and compile a report. If requirements are still not met, withdraw the registration certificate and instruct the facility to arrange for transfer of the children to a registered facility.
- Inform the ECD management in writing of the situation and actions taken.

Appendix 8: Suggested materials for each learning area

Discovery of the world

- A range of toys/play materials related to the topic.
- Drawings/pictures illustrating vocabulary related to each unit.
- Stories drawn on flip charts or manilla paper.
- Picture/word flash cards with vocabulary for each theme: animals, plants, sources of light etc.
- Real materials available in the facility: artificial sources of light, Rwanda's flag, food items, drinks etc.
- Real faith-based materials: Bible, Quran, prayer and song books, drum, Rosary, Cross etc.
- Real materials from daily life such as materials for fetching, collecting and using water.
- Plants: stalks of sorghum, dried banana leaves etc.
- Bottle tops, boxes, papers, yarn etc. for role play.

Numeracy

- Real materials to classify, sort, make patterns, compare, discover one-to-one correspondence, and count.
- Small sticks.
- Stones and bottle caps.
- Improvised dominoes or other matching items.
- Flash cards with numbers or rice sack squares with numbers.
- One large set of wooden building blocks in various shapes.
- Recycled measuring items such as empty containers.
- Pieces of fabric with different designs and colours for pattern recognition.
- Puzzles.
- Calendars.
- Different sizes of empty containers or boxes.
- Dice locally made from cardboard.
- Coins and banknotes.

Language and literacy

- Books: picture books and story books in Kinyarwanda.
- Flash cards with letters.
- Posters/rice sacks with upper- and lower-case letters for older children.
- Children's writing and drawing materials such as notebooks, chalk, and crayons, pencils etc.
- Puzzles with upper- and lower-case letters for older children.
- Real objects from classroom and environment for sorting by beginning letter sound or matching with printed word cards.
- Picture, letter and word cards for sorting.
- Charcoal and sticks for writing outside.

Creative arts and culture

- Rwandan musical instruments improvised from local materials such as shakers made with calabashes and ankle bells made with bottle caps.
- Materials for exploration and crafting such as banana fibres, clay and sisal.
- Story books about music, dance, art and Rwandan cultural traditions.
- Materials for drawing like pencils and crayons, painting materials.
- Thread, needle, beads, knitting needles, banana dried leaves etc. for doing crafts.
- Modelling clay.
- Glue and tape.
- Musical instruments: drum.

Physical development and health

- Materials that promote gross motor movements: ladder, slides, swings, tyres, balls, ropes for jumping over, seed bags for throwing and catching.

- Toys and materials promoting fine motor movements: scissors, pieces of paper, beads for stringing, pens for writing, shoes and laces for tying, brushes for painting. Materials such as bricks, sticks, bottle caps, stones, sand, water.
- Materials for hygiene: basin, water, soap, dustbin.

Social and emotional development

- Stories which cover conflict resolution, proper ways to behave etc.
- Puppets and dolls for role playing social situations.
- Games that promote turn taking.

Appendix 9: Suggested daily schedule for day-care facilities

Time	Activity
08:00 – 08:30	Check in: reporting with parents/guardians
08:30 - 08:40	Wash hands/ clean up
08:40 – 09:20	Breakfast/snacks/morning snack based on cereals
09:20 – 09:35	Potty/diapers + hand washing training
09:35 – 09:50	Circle time: group conversation, sing along, concept games
09:50 – 10:20	Outdoor time: gross motor activities. Games and play activities like tumbling, balancing and other movement games.
10:20 – 10:30	Wash hands/ clean up
10:30 -11:30	Nap time/sleeping/resting
11:30 – 12:20	Lunch: meal consisting of at least three food groups.
12:20 – 12:30	Potty + wash hands/ clean up
12:30 -12:45	Corner play: children choose play materials in various corners including dramatic play, animals, toy cars, people etc.

12:45 – 13:15	Story time: story telling/ music and singing time. Watching cartoons.
13:15 – 13:45	Snack: fruit, fruit juice
13:45 – 14:00	Wash hands/ clean-up/diapers
14:00 – 14:15	Sensory activities: art and crafts (colouring, cutting, pasting) – finger play
14:15 – 14:25	Wash hands/ clean up
14:25 – 15:25	Quiet time/ nap time: children lay on mats or mattresses listening to quiet music while they rest. Older children can look at books quietly during this time.
15:25 – 15:55	Snack time: milk
15:55 – 16:05	Potty/ wash hands/ clean-up/diapers
16:05 – 16:20	Fine motor skills activities (blocks, weaving, puzzles, pre-writing activities, sensory activities and other activities focusing on coordination and fine muscles).
16:20 – 16:30	Music and singing time. Watching cartoons
16:30 - 17:00	Prepare for pick up + free activity time + changing clothes
17:00	Check out + reporting with parents/guardians

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