



# ECCD Facility Profile

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**I. ECCD Services and Facility Information** NOTE: Fields with (\*) asterisk are required fields

<b>1. Facility Name*</b>		<b>Status of Operation*</b> <input type="checkbox"/> Active <input type="checkbox"/> Inactive		If Inactive, State Reason* _____		
<b>2. Address</b>						
Region		Province	City/Municipality	Barangay	No. & Street Address	Cong Dist
<b>3a. Type of ECCD Service*</b>			<b>4. Sessions per Day*</b> <input type="text"/>	<b>6a. Location of Facility*</b>		<b>6b. Status of Facility*</b>
<input type="checkbox"/> Center-Based: <input type="checkbox"/> Child Development Center <input type="checkbox"/> Day Care Center <input type="checkbox"/> Child Minding Center <input type="checkbox"/> Learning Center  <input type="checkbox"/> Community-Based: <input type="checkbox"/> Neighborhood-Based Play Group <input type="checkbox"/> Family Day Care Program <input type="checkbox"/> Day Care Mothers Barangay Base <input type="checkbox"/> Parents to Other Parents			<b>5. Managed/Operated by*</b> <input type="checkbox"/> <b>Public:</b> <input type="checkbox"/> LGU <input type="checkbox"/> NGA <input type="checkbox"/> GOCC  <input type="checkbox"/> <b>Private:</b> <input type="checkbox"/> NGO <input type="checkbox"/> People's Organization <input type="checkbox"/> Faith/Church-Based	<input type="checkbox"/> Own/Separate Facility <input type="checkbox"/> Chapel <input type="checkbox"/> Within School Building <input type="checkbox"/> Within Barangay Center/Hall <input type="checkbox"/> Within Workplace <input type="checkbox"/> Within Residence <input type="checkbox"/> Within Center/Institution		<input type="checkbox"/> Completed <input type="checkbox"/> Pending <input type="checkbox"/> Ongoing Construction
<b>3b. No. of Day Care Aide/Helper*</b>		<b>3c. Date ECCD Facility Established*</b> <input type="text"/>		<b>6c. Building Materials Used*</b>		<b>6d. Building Status</b>
				<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Combination of Concrete and Wood <input type="checkbox"/> Light Materials (Bamboo, Nipa, etc.)		<input type="checkbox"/> For Rehabilitation

**II. Wash Indicator**

Water, Sanitation and Hygiene Indicators	YES	NO
<b>1. Availability of WASH facilities</b>		
1.1 Access to safe clean water for drinking, handwashing, and toothbrushing inside or within the premises of the child Development center		
1.2 Availability of water for flushing of toilet and general use inside or within the premises of the center		
1.3 At least one (1) functional sanitary toilet that is safe and appropriate for children		
1.3.1 Cubicle space allows adult assistance to the child inside the toilet		
1.3.2 Toilet bowl height and width is appropriate for children		
1.3.3 Adequate ventilation and lighting		
1.3.4 Walls and doors ensure privacy for users		
1.4 Availability of trash bins and system for proper disposal of solid waste		
1.5 Presence of proper drainage for waste water		
1.6 Access to functional individual lavatory within or near the toilet		
1.6.1 With running water from either a piped-in supply or water container		
1.6.2 With soap		
1.7 Access to functional group handwashing facility		
1.7.1 Can accommodate at least five children at a time		
1.7.2 With proper roofing and safe access if outside the learning center		
<b>2. Availability of hygiene and cleaning materials</b>		
2.1 Availability of soap, toothpaste and toothbrush for daily group and individual hygiene activity year-round		
2.2 Availability of cleaning materials for operation and maintenance of WASH facilities		
<b>3. Regular conduct of WASH practices and maintenance activities</b>		
3.1 Conduct of daily group handwashing with soap by children, especially prior to eating/feeding session, and daily group t		
3.2 Conduct of twice a year deworming of children following established regulations and protocols by the DOH		
3.2.1 DOH provided deworming medicine		

**III. ECCD Facility/Accreditation**

**1a. ECCD Facility Accredited?:**     Yes     No

**1b. Level of Accreditation:**

**1c. Accreditation No.:**

**1d. Validity (years):**

**1e. Date of Issuance:**  (YYYY - MM - DD)

**1f. Date of Expiration:**  (YYYY - MM - DD)



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**IV. Funding Source / Sponsoring Organizations Check as Applicable (use additional sheets as necessary)**

1a. Funding Source/Sponsor	LOT	CON	REP	LM	EQP	SAL	TRN	Others
1. LGU								
2. Registered SWD NGO								
3. Licensed SWD NGO								
4. Accredited SWD NGO								
5. GOCC								
6. NGA								
7. PO								
8. Congressional Initiative								
9. Bases Conversion Dev't Auth								
10. Vulnerable Group Fund								
11. KALAHI								
12. Poverty Alleviation Fund PAF2								
13. ECCD-CWC								
14. CIDSS								
15. ECD								
16. PDAF								
17. McDonald House Charities								
18. Parents' Committee								
19. Church/Faith-Based Org.								
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<b>KEY:</b>	<b>LOT</b> CON	<b>Lot / Office Space</b> Building Construction	<b>REP</b> LM	<b>Building Repair / Upgrade</b> Learning Materials	<b>EQP</b> SAL	<b>Equipment / Fixtures</b> Salary / Honoraria	<b>TRN</b>	<b>Training</b>
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**2a. Accomplished by\***

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Name and Signature of Day Care Supervisor

**2b. Date Accomplished\***

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(YYYY - MM - DD)

**2c. Encoder ID**

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