

**Inspection report of Child development center**  
**(to be completed by supervisors and probation officers.)**

01.I. Name of child development center

II. Address of child development center

02. Date of registration

03.I. Name and address of voluntary organization that maintained child development center

II. Name and personal address of manager of child development center

04. Year requesting aids

05.I. Probation office inspecting child development center

II. Name of probation officer in charge

III. Number of days inspected child development center during the year

IV. Name of probation officer inspected child development center

V. Number of days inspected during the year

VI. Number of installation committees held during the year

06.I. Day and amount of aids received last year

II. Did a financial statement certified by manager present for the year of aids requested?

III. Number of matron work in the child development center

07.I. Approved number of children for child development center

II. Number of children for 01<sup>st</sup> of January of the year aids to be received.

III. Number of children admitted during the relevant year

IV. Number of children resigned/ transferred during the relevant year

V. Number of children for the 31<sup>st</sup> of December of the relevant year

VI. Number of children to be received aids during the relevant year

VII. Number of children not received aids during the relevant year

08. I.Number of schools children attends in child development center

II.Names of those schools

III.Number of children who studied accordingly during the relevant year

IV.Programmes conducted on behalf of children not attending schools( Mention separately with a schedule.)

09.	No. of children	Approved amount of money
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Aids to be received for whole year: .....

Aids to be received quarterly .....

Total

I hereby certify above details are true and correct.

Supervising probation officer	Signature	Official seal	Date
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10.I hereby certify the details provided by supervising probation officer .....are true and accurate. I recommend to pay Rs..... as maintenance aids for .....year.

<b>Probation officer in charge</b>	<b>Signature</b>	<b>Official Seal</b>	<b>Date</b>
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11. I hereby certify that I have inspected the relevant documents related to the above maintenance aids payment, payments have been presented according to the circular and calculations are accurate and it is appropriate to be paid Rs. .... for the year .....

**Headquarters probation officer**

12.i hereby recommend to be paid Rs..... as maintenance aids for the year.....

**Deputy Commissioner/ Administrative Officer**

13. I hereby approved the above payment.

**Commissioner of Probation and child care  
Western Province**

**Requesting maintenance aids according to 52<sup>nd</sup> sentence of No 01 of 2008 Statute of  
Child development center**

Name of child development center : .....

Year of requesting aids : .....

Each and every child included in the p.c.s. 39 A draft are children interpreted in the 55<sup>th</sup> sentence of above statute, all details mentioned p.c.s. 39 A draft from 01-11 are accurate, I present annual financial statement relevant for the year to be requested aids certified by me, and I hereby certify child development center has conducted during last year according to the standards issued by Department of Probation and Child Care, Western Province.

.....  
Name of Manager      Signature of Manager      Official seal      Date

**For office use only**

I hereby certify, according to the instructions in the circular relevant for paying aids to child development centers all the details in p.c.s. 39 A draft has supervised in the dates of ....., relevant notes has been noted in the children's folders and amount of aids mentioned in 13 of p.c.s. 39 A draft is accurate.

.....  
Name of Supervising      Signature      Official seal      Date  
probation officer

I hereby recommend to pay Rs.. ..... certified as accurate by the above probation officer.

.....  
Name of Probation      Signature      Official seal      Date  
officer in charge

I hereby recommend to pay.

.....

Commissioner  
Department of Probation and Child Care  
Western Province

**Application for requesting aids for child development centers**

Name of child development center : .....

Address : .....

Children to be admitted : female/male/mix

Year of requesting aids: .....

School vacation :From To

1<sup>st</sup> term ..... ..

2<sup>nd</sup> term ..... ..

3<sup>rd</sup> term ..... ..

**Number of children to be received aids**

	<b>Female</b>	<b>Male</b>	<b>Total</b>
Orphan			
Abandoned			
Helpless			
Abused			
<b>Total</b>			

Annual financial statement of Child development center

Income	Rs. Cents	Expenses	Rs. Cents	Rs. Cents
<ul style="list-style-type: none"> <li>• Balance carried forward</li> <li>• Maintenance aids</li> <li>• Ad hoc For buildings For equipment</li> <li>• Aids</li> <li>• Parent foster aids</li> <li>• <i>Samurdhi</i> aids</li> <li>• Aids from local authorities</li> <li>• Foreign aids</li> <li>• Donations Local Foreign</li> <li>• Debts received</li> <li>• Bank interests</li> <li>• Garden income</li> <li>• Other receipts</li> <li>• .....</li> <li>• .....</li> <li>• .....</li> <li>• .....</li> </ul> <p>Expenses more than income</p>		<ul style="list-style-type: none"> <li>• Ad hoc For buildings For equipment</li> <li><b><u>Administration expenses</u></b></li> <li>• Salaries and wages</li> <li>• Travelling expenses</li> <li>• Post and telecommunication expenses</li> <li>• Electricity and water charges</li> <li>• Stationary expenses</li> <li>• Rents</li> <li>• Licenses charges</li> <li>• Debts paid</li> <li><b><u>Repair and maintenance expenses</u></b></li> <li>• Building repair and maintenance expenses</li> <li>• Vehicle maintenance expenses</li> <li><b><u>Expenses for children</u></b></li> <li>• Food</li> <li>• Medicine</li> <li>• Clothing</li> <li>• Sports and entertainment</li> <li>• Education</li> <li>• Sanitary</li> <li>• Other child expenses (schedule)</li> <li><b><u>Purchase of new assets</u></b></li> <li>• Land and buildings</li> <li>• Machines and machinery</li> <li>• Motor vehicles</li> <li>• Furniture and office equipment</li> <li><b><u>Other expenses (schedule )</u></b></li> <li><b><u>Income more than expenses</u></b></li> </ul>		
<b>Total</b>		<b>Total</b>		

I hereby certify that the above financial statement presented according to 02<sup>nd</sup> sub section of 52<sup>nd</sup> sentence of No 01 Of 2008 Statute of Child development centers is true and accurate.

.....  
Signature of Manager

Name of Manager : .....

National identity card number:.....

Date : .....

Official seal : .....

1	2	3	4	5	6	7	8	9	10				11	12	13	
Serial number	Department number to be entered to child development center/ case number	Entry number to the school	Full name of student	Male/Female	Date of birth	Age as per 01st of January in the year of maintenance aids to be received		Date entered into child development center	Date removed from the child development center	During the year in the child development center				For office use only		
						Years	Months			Number of days of residence	Number of days in the hospital	Number of days stayed with guardian for school vacation	Number of days stayed with guardian except for vacation	Number of days to be received aids	Daily maintenance aids	Aids to be received

Prepared by

Supervised by-Supervising probation officer

Recommended by -Probation officer in charge

Approval

Commissioner

Department of Probation and Child Care - Western Province