

MAGISTRATES' COURTS JUDICIARY REPUBLIC OF SOUTH AFRICA

JUDICIAL QUALITY ASSURANCE OFFICE C/O MAGISTRATES COMMISSION P O BOX 9096 PRETORIA 0001

12 July 2012

Circular Letter 64 of 2012 (File 7/2/4/1 MC)

CHILDREN'S ACT, NO. 38 OF 2005 : AMENDMENT TO GENERAL REGULATIONS REGARDING CHILDREN

Attached a copy of Government Notice no. R497 dated 29 June 2012 published in Government Gazette no. 35476 dated 29 June 2012 by the Department of Social Development amending the General Regulations Regarding Children for your information and distribution to all magistrates.

⊘J BARNARD

here. 1.

JUDICIAL QUALITY ASSURANCE OFFICE:

PRETORIA

TO ALL HEADS OF ADMINISTRATIVE REGIONS AND REGIONAL COURT PRESIDENTS

GOVERNMENT NOTICE

DEPARTMENT OF SOCIAL DEVELOPMENT

No. R. 497

29 June 2012

CHILDREN'S ACT, 2005

AMENDMENT: GENERAL REGULATIONS REGARDING CHILDREN

The Minister of Social Development has, in terms of section 306 of the Children's Act, 2005 (Act No. 38 of 2005), made the regulations in the Schedule.

SCHEDULE

 In these regulations "the Regulations" means the regulations published by Government Notice No. R.261 of 1 April 2010.

Substitution of regulation 33 of the Regulations

2. Regulation 33 of the Regulations is hereby substituted by the following regulation:

"Reporting of abuse or deliberate neglect of child

33. (1) A report by a person contemplated in section 110(1) of the Act, who on reasonable grounds concludes as provided for in that section that a

child has been abused in a manner causing physical injury, sexual abused, emotionally abused or deliberately neglected, must be made to the provincial department of social development, a designated child protection organisation or a police official in a form substantially corresponding to Form 22 by completing that form to the best of that person's ability and by including in the form such particulars as are available to him or her.

- (2) A designated child protection organisation or police official to whom a report contemplated in sub-regulation (1) has been made, must submit the completed Form 22 to the relevant provincial department of social development.
- (3) The provincial department of social development or designated child protection organisation to whom a report contemplated in sub-regulation (1) has been submitted, must submit the particulars of the abuse in a form identical to Form 23 to the Director-General for inclusion in Part A of the National Child Protection Register."

Amendment of regulation 40 of the Regulations

- Regulation 40 of the Regulations is hereby amended by the substitution for paragraph (a) of sub-regulation (3) of the following paragraph:
 - "(a) particulars regarding the date and place of the incident or act that led to the inclusion of the affected person's name in Part A of the National Child Protection Register; and".

Amendment of regulation 53 of the Regulations

4. Regulation 53 of the Regulations is hereby amended by the substitution for sub-regulation (1) of the following sub-regulation:

- care -
- (a) in terms of a children's court order contemplated in section 151(2) of the Act; or

police official who removes a child and places such child in temporary safe

(b) without a court order in terms of section 152(1) of the Act,

must complete a form substantially corresponding to Form 36 and submit it to the temporary safe care with admittance".

Substitution of regulation 107 of the Regulations

5. Regulation 107 of the Regulations is hereby substituted by the following regulation:

"Fees payable to accredited child protection organisations

107. The following fees, which must be reviewed annually, must be paid to an accredited child protection organisation in respect of an adoption:

SERVICE	THUOMA MUMIXAM
(a) Group orientation	R275, 00 per session;
(b) Interview/counselling (maximum four sessions	R275, 00 per hour,
(c) Home visits (maximum four visits)	R440, 00 per hour,
(d) Home study report	R550, 00 per report;
(e) Court processes	R550, 00 per day;
(f) Birth registration	R187, 00 per hour,
(g) Administration costs	R187, 00 per hour;
(h) After-care services	R550, 00 once-off
(1) 742.	payment; and
(i) Child study report	R500, 00 per report."

Insertion of regulation 114A in the Regulations

6. The following regulation is hereby inserted after regulation 114 of the Regulations:

"Fees payable to accredited child protection organisations

114A. The following fees, which must be reviewed annually, must be paid to an accredited child protection organisation in respect of an inter-country adoption:

SERVICE	MAXIMUM AMOUNT
(a) Group orientation	R275, 00 per session;
(b) Interview/counselling (maximum four sessions)	R275, 00 per hour;
(c) Home visits (maximum four visits)	R440, 00 per hour;
(d) Child study report	R550, 00 per report;
(e) Court processes	R550, 00 per day;
(f) Birth registration	R187, 00 per hour;
(g) Administration costs	R187, 00 per hour;
(h) After-care services	R550, 00 once-off
his men care carrier	payment."

Amendment of Annexure A

 Annexure A to the Regulations is hereby amended by the substitution of Forms 22, 23, 29 and 30 of the corresponding forms as set out in the Annexure to these regulations.

Commencement

8. These regulations will come into effect on the date of publication of the notice.

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		F ABUSE OR DELI (Regulation 110 OF THE CHILI	an 33)			
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TO: The Hea	d of the Departme	nt				
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are hereby advis	ed thet a child has	iren's Act, 2005, and been abused in a m of care and protecti	ratives , can assid bush	action 114(1 sical injury/)(a) of the sexually at	Act, you oused/
Source of report	t (do not identify	person)	Victim	Relative		☐ Parent
☐ Heighbour	friend	Professional (s	pedfy)	1 664 56 3 44 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	g presences vol job	94 54 Ecos : 254 950 p
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Child abuse	Chill	d labour C	Child trufficide		rest child	
☐ Commercia	sexual exploita	tion [Exploited child	ren 🗆 C	hild abdu	tion
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	Physical addres			Telephone :	number:	

5476		30VE/IN	MENT GAZE				FORM 22
Other children Im	terviewed			□ No	Number		
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de 12 · N				(MAX::(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fui	Name(s)	N
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				Officer/tan			
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FORM 22

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Poisoning (speci	(y) [Other Behavioral or physical (specify)
EMOTIONAL:	Withdrawal Depres	sion 🔲 Self destructive aggre	nesive behaviour
Corruption throu	igh exposure to lilegal :	activities Deprivation of	f affection
Exposure to anti	i-social activities	Exposure to fi	emily violence
Parent or care g	iver negative mental co	ondition 🔲 Inappropriate	and continued criticism
☐ Humiliation ☐	Isolation 🔲 Threat	Development Delays	Oppression
☐ Rejection ☐	Accusations Anxiety	Lack of cognitive stim	nulation
☐ Mental, emotion	al or developmental co	ndition requiring treatment (s	pecity)
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SEXUAL:	Contact abuse	Rape 🗀 Sodo	my
☐ Masturbation ☐	Oral sex area	Molestation	-
Non contact abo	use (flashing, peeping)	☐ Irritation, pain, injun	y to genital
Cother Indication	of sexual molectation	or exploitation (specify)	İ
		on Dedical Detrys	ical
<u>DELIBERATE MEGL</u>			
Refusal to assu	me parental responsib versil degree of risk to	ility 🔲 Neglectful supervisio	n Abandonment
☐ Mild	☐ Moderate		☐ Unicrown
7.4) Where app	licable, tick the second	lary type of abuse or multiple a	abuse: Yes No
Sexual	Physical	Emotional	Deliberate Neglect
Brief explanation o	of occurrence(s) (include	ling a statement describing fre	quency and duration)
8, MEDICAL INTE	RVENTION (*)		Line Shellands
Examined by:	Treatment received:	Where (name of hospital, clinic, private doctor):	Hospitalised:
☐ Doctor	□ Yes		☐ For treatment
Reg. Nurse	□ No		_
			As temporary safe care (place of safety)
Contact person:	Contact person:	Contact person:	Contact person:

Surname of Informant Employer Address			Name of Inform	ant	Name of employer Fax Number			
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Homeopat		bour pector	Legal Practitioner	Midwife	Member of staff – partial care facility	Medical Practitioner		
Caregiver	Corre	ections: Melal	Child and Youth Care Centre	Dentist	Doctor	Drop In Centr		
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iource	of report (do not identify	person)	. Victim Li	Relative	Perentl	
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5. OTHER INTE			CT PERSON T	NATED BY CHI	LD	
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Other children k	nterviewe	<u> </u>	Yes [] No	Number :	
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7.1)	Selfit t planted			,		
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* Passport No:				* Drivers lice	ridei	
Also known as:				Relationship	to child: 🔲 P	ather Mother
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Street Address	(include	postal cod	e) :	Stap moth	er 🗆 Foster fo	ther 🗆 Uncle 🗆 Aunt
				☐Foster mo	ther Sibling	Ceregiver
					el: social work	
Postal Code:				officer/teach Volunteer	er/caragiver/	priest/dr/
Postal Cost				Other (sp	pcify)	
7.21 WHERE	ABOUTE	OF ALLEGE	D ABUSER:			

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9. ARUSE								
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Place of inci	dent:	Псни	's home 🗆	Fleid Tav	ern [School		riend's place
After sch	ool centre	□aco (centre 🔲	Maighbour	Privat	nostal		Fester home
☐ Child an	d youth c	era combre	☐ Tempor	rary safé ce	re C Other	(apacify)		

9.1) TYPE OF ABUSE (Yick					
		Sexuel De	liberate neglect		
9.2) INDICATORS (Check:	eny that apply)				
PHYSICAL: Abraelo	ns 🗆 Sruises	☐ Burns/\$caldi:	ng 🖸 Fractures		
Other physical Winess	Cuts	□ Welts	Repeated injuries		
☐ Fetal injury (date of dea	eh) 🗆 Injury t	o internal organs	☐ Hend Injuries		
in the visible injuries (elaborate)	☐ Poison	ning (specify)	Other Behavioral or physical (specify)		
ENOTIONAL: Withdra	wal 🗆 Depress	nion 🛘 Self destructi	ve aggressive behavior		
☐ Corruption through exp	poure to illegal :	ectivities 🔲 Depri	vation of affection		
Exposure to anti-social	octivities	☐ Expe	pure to family violence		
Parent or care giver neg	jative mentel co	adition 🔲 Inapi	propriets and continued criticism		
☐ Humiliation ☐ Isolatio	n 🗆 Threats	Development	Delays Oppression		
Rejection - Accused	ions 🗆 Amxlety	☐ Lack of cogni	tive stimulation		
U Mental, emotional or developmental condition requiring treatment (specify)					
SEXUAL:	Contact abuse	□ Rape	☐ Sodomy		
☐ Meetwreation	🗆 Oral se	K area	☐ Piolestation		
Non contact abuse (flas	hing, peoping)	☐ Irritation, pe	in, injury to genital		
Other indicators of sex	uel moisstation (or exploitation (specif	(Y)		
DELIBERATE NEGLECT:	☐ Malout	rition	Physical Educations		
Refusel to assume per			pervision		
9.3) Indicate overall de	gree of Risk to e Moderate	delid:	Unimowa		
		ry type of abuse or me	eltiple abuse: Yes No		
	hysical	Emotional	Deliberate Neglect		
Selef explanation of occurr	unce(s) (includ	ing a statement descr	bing frequency and duration)		

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П	M	Ì					n	restment	
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			· · ·				☐ As place of safety		
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			AENLION (s)					· · · · · · · · · · · · · · · · · · ·	
Removal	of child to t	emperary :	iafe care (Sec	tion 152):		PO T	Date DD	CCV	,
ŧ	□ Y es	□ No							
Children	's Court Ope	nine: 🗆	Y	□ No	-				
Nan	ne of Court		Referen	ce Number		DD DD	eta MM	CCYY	
Movement of children placed in alternative care:									
- Chilld a	beconding f	om Alterni	tive Care (S			Yes		No No	
De De	MM	CCYY	Where to (place)					
-Remov	ni of child si	ready in al	bernative care	(Section 17	3); []	Yes			
-Remove Da	te		ternative care Where to (3):	Yes	[□ No	
Da		CCYY			s); 🗀	Yes	[□ No	
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Da DD	MM	CCYV		plece)				□ No	
De DD - Provisi Ds	MM onal transfe	CCYY	Where to (place) (Section 174)					
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De DD - Provisi Ds DD Other (#	MM onal transfe tta MM pecify):	ccyy	Where to ((Section 174)):		[] No	
De Do Do Other (e	MM onal transfe tta MM pecify):	CCYY	where to ((Section 174)):] No	

FEEDBACK REPORT: FORM 23

CASE NR			Polic	e Station		Tele	phone Nr			
Name of Police Officer		Rank of Police Officer								
12.1) Police intervention: None				11.2) Offunder guilty of previous abuse:						
			nct							
☐Charges laid ☐ Police Investigatio			ation			Date:				
				DD	3404		CCYY			
13. TYPE OF FACULTY (If child is piaced as a pre				statory placed		N 191(2)				
Type: Reception and	Post	ni code	_			······································				
Reception, developme	nt and s	ocure c	are Re	ception, care ared besis	and develo	pment of	children on a			
FACTORS	not kn	OWN	<u> </u>	If known to			<u></u>			
14.5) Parents	to a welfere organisation : Current Situation		organisation be com			Improvement (To be completed on subsequent assessment)		Unchanged (To be completed on subsequent accessment)		
	Yes	No	Stight	Significant	Slight	Signl/ icent				
Utterry child care responsibilities										
Dieck of support										
□marital difficulties										
□lack of knowledge of child care / development		<u> </u>								
physical violence/ corporal punishment acceptable					ļ ———					
idifferent cultural/ sub-cultural/ religious norms										

l <u> </u>				1	T		
□alcohol/drug abuse	<u> </u>			<u> </u>	1		
□physical Mness							
□mental liiness							
personality disorder							
Intellectual limitation							
Debused in childhood							
14.2) Child		If chil	d le lenor	n to Child Pro	bection Orse	nization	
24.2, 4	Curre	वारे	Deterio		Improvem	ent	Unchanged
	Yes	No	Slight	Significant	Slight	Signif	
□unwented							
□premeture							
□disabled							
Dehaviour problem/							
Dather							
14.3) Environment			If child	is known to C	hild Protect	lon Orga	nization
	Curre		Deterioration Improveme			tent	Unchanged
	Yes	No	Slight	Significant	Slight	Signi Nam t	
				 	 		
Dacial Isolation	Yes	No					
□housing: I = informal	Yes	No					
☐housing:	1	F					
□housing: I = informal		_					
☐housing: I = informal F= Formal ☐finances:	1	F					
☐housing: I = informal F= Formal	1	F					
housing: I = informal F= Forma Ifinances: U=unemployed	1	F					
☐ housing: I = informal F= Forma) ☐finances: U=unemployed E=ensployed	1	F					
Incusing: I = informal F= Formal Ifinances: U=unemployed E=employed Other 14.4) Services provided	u	F	By (Near	ne of service p	provide)	Date: F	rom-to
☐ housing: I = informal F= Formal ☐finances: U=unemployed E=employed ☐other	u	F	By (New	ne of service s	provide)	Date: F	rom-to
☐housing: I = informal F= Formal ☐finances: U=unemployed E=employed ☐other 14.4) Services provided ☐psychiatric/psychological	U	F	By (New	ne of service s	rovide)	Date: F	rom-to
housing: I = informal F= Formal Offinances: U=unemployed Semployed Other 14.4) Services provided psychiatric/psychologament	U	F	By (Next	ne of service s	novide)	Date: F	rom-to
☐ housing: I = informal F= Formal ☐finances: U=unemployed E=employed ☐ other 14.4) Services provided ☐ psychiatric/psychotogassesgment ☐ psychiatric treatment	U	F	By (New	ne of service s	provide)	Date: F	rom-to
housing: I = informal F= Formal Ifinances: U=unemployed E=employed other 14.4) Services provided psychiatric/psychologassessment psychiatric treatment counseling	U	F	By (Nen	ne of service s	novide)	Pate: F	rom-to

			<u></u>			
Operants/ self t	velp group					
Ovolunteer supp	port					
Dhome commun	ity base care					
Ochild and yout	h care worker					
□foster care						
☐dey cere						
□substance abu	se treatment					
Imaterial need	/ financial					
☐housing						
				_	ļ	
Ochild teken ist	to care				ļ	
□other					<u> </u>	
□none (give res	seone)					
14.6) Planning		child et riok				
54.7) Recomm	endation			<u></u>		
Investigation co	onducted by: (Name of Organisatio	n):	DD	Date	CCYY
Reporting person:				Clen	minutes:	<u> </u>
Caseworker(s) (please print):				Signature:		
15. PERSON(S) (2f other the	WITH WHOM	IS CHILD LIVING A	TEME OR AFTI			
Surname				Full N	eme(s)	
Gonder	H	,		Age:		
		······				

			FI	EDBACK REP	ORT: FORM 23
Also known as: Rel		nahip to child:	Street Address (Include postal o		
			Postal c	ode	
<u> </u>					
16. INVESTIGATING DESIGN	ATED SOCI	AL WORKER			
Name of Social Worker		Employer		•	
Employer Address	· · · · · · · · · · · · · · · · · · ·	Work Telephone	Num ber	Pax Number	<u> </u>
		İ			
Email Address		Reference Numb	<u> </u>		
(*) = Complete If Information					
I declare that the particulars : the best of my knowledge.	but out in th	e above mentione	d stateme	int are true ar	nd correct to
Signature of investigating des	imated sec	da) marken			
Dete:			;		
•	Micial Stam	p of Department/ Organisation	Child Prot	ection	
				1	
				ĺ	
				1	

FORM 29

INQUIRY BY EMPLOYER TO ESTABLISH WHETHER PERSONS NAME APPEARS IN PART B OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 44) [SECTION 126 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General

Department of Social Development

Private Bag X901

PRETORIA

0001

Dear Sir / Madam

(* - Delete which is not applicable)

·										
1. EMPLOYEE'S DETAILS: Surname			Full name(s)							
Gender:	М	F	Data of Sirth:	MM	CCYY					
* He / she is I	chown as:	Driver's licence v	lo:		<u>L</u>					
Alias (aleo kno	own 86):		<u>-</u> -							
* IO no:	· <u> </u>		* Passport no:							
Physical Address:			Postal Address:							
* Telephone	noi		Mobile no:							
The above-me position:	intioned person	will be / is	currently* emplo	yed in the	following	j				
2. DETAILS O	F EMPLOYER - ((My / our de MPO:	tails are the following	wing :) ion numb	ėr;					

	FORM 29
Employer's Physical Address:	Employer's Postal Address:
Employer's telephone no/s:	Other contact details:
3. ATTACHED DOCUMENTS	
A certified copy of the following de identity:	ocuments is attached as verification of
authentic signed letterhead of	f employer or prospective employer
certified copy of birth certified signed letterhead	ficate, identity document or passport of person who
certified copy of birth certification.	icate, identity document or passport of person to be
Please note that section 125(5)(a) within 21 working days.	of the Act requires you to respond to this inquiry
Yours sincerely	
(Signature)	Designation)
(Date)	· · · · · · · · · · · · · · · · · · ·
Official Stamp of a	mployer/ Organisation

PORM 30

INQUIRY BY PERSON TO ESTABLISH IF HIS / HER NAME IS INCLUDED IN PART B OF NATIONAL CHILD PROTECTION REQUETER (REGULATION EQ(1)(b)) [SECTION 126(3) OF THE CHILDREN'S ACT, (No 38 OF 2005)] TO: The Director-General Department of Social Development Private Bag X901 Pretoria 0001 Dear Sir / Madam In terms of section 126(3) of the Children's Act, (No. 38 of 2005), I $_$ (full names and surname) wish to enquire whether my name is included in Part B of the National Child Protection Register. A certified copy of one of the following documents is attached as vertification of my identity. 1. IDENTIFYING DOCUMENTS: $\hfill \Box$ birth certificate (only if not in possession of identity document or passport) identity document passport Other In the event that my name has been included in Part B of the Register, ideally furnish res why this was done. My personal details are: 2. CONTACT DETAILS: Physical address: * Email: Telephone No: * Celtular No:

(* - if applicable)

Please note that section 126 of the Act requires you to respond to this inquiry within 21 working days.

Yours sincerely

(Signature)

(Date)

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