

Checklists for the Components of a Model Day Care Center

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A Thesis Presented to the BRAC University Institution of Educational
Development in partial fulfillment of the requirements for the degree of
Masters in Early Childhood Development

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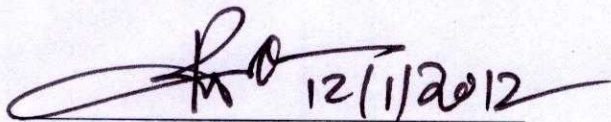
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If you want to take part and/ or allow your children to participate in this research, please sign the form below after you read (or listen to) this form telling you what the study is about. Your participation is totally voluntary, and you may change your mind and withdraw at any time before and during the study. If you agree to participate, we will ask or determine you some specific areas about information on the issues mentioned above such as child care of the children in day care center, family related data and other child related information of under age five years children' parents. In addition, we will also collect information about socio-economic status of your household, family type or structure of your family. Researcher and one experienced research assistants will be involved in collecting information from you. It will take approximately an hour to complete the discussion/case studies that will follow according to the guideline/process. Researcher will observe of your organizational activity of child care in the center. It will be done in 9.00 a.m. to 5.00 p.m.

Researcher and assistant will maintain your privacy and confidentiality about any information (sensitive information). All materials with your information in it will be stored in a safe locked location. The researchers name below will be responsible to ensure the protection of the information.

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I have read the consent form or acquaintance read the consent form to me. I completely understand my rights about participation and I am willing to participate in this research.

Name (please print): Jennifer Siddique Signature: _____

Date 12.01.2012

I have read the consent form or my acquaintance read the consent form to me. I completely understand the rights about my participation and I am willing to let myself as a subject of this research.

Name (Please print): _____ Signature: _____

Date: _____

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Annexure

Layout of a Model Day Care Center

Executive Summary

The beginning of the institutionalized day care centers was originated with the welfare and reform movements of the 19th century. Day care centers grew out of the need to care for the children of working women in the United States where mothers were working outside of their homes during that period (Scarr & Weinberg, 1986). With the course of time, the change has also occurred in Bangladesh. Currently, mostly in the urban areas, many women opt for work outside of their home. The reason of this varies from the rise in the living cost, to the rise in educational achievement of women in the country. The increasing urbanization for the reduction of waged work in the villages also contributes to this fact. The overall scenario is, therefore, women, irrespective of social class and educational achievement, are coming out of their homes irrespective of social class and education and being engaged in the wage earning activities.

The family structure has also change with the rise of industrialization as well as urbanization in Bangladesh. The traditional extended family structure is breaking and giving rise to the numbers of nuclear families. The problems of child care is occurring in such of the nuclear families where both parents work outside of their homes and the children are left in the hands of strangers for the day. The lower and middle income families mostly leave their children at home or in the slums with the neighbors, or entirely alone. On the other hand, the middle to high income families are able to arrange some one to take care of the children while both parents work. However, in most cases, the caregiver is a complete stranger, with no education or training for child care.

This is how, the two faced dilemma is prevailing in Bangladeshi society; the women are being left out of the job market for the safety and care of their children, and the country is deprived of the skilled workers. On the other hand, the well being of the children are being compromised for the lack of proper care while their parents are at work outside of their homes. Therefore, one of the most feasible solution for this two tier problem is the arrangement and establishment of proper day care centers in the country, especially in the urban areas.

The day care center is a relatively new concept in Bangladesh. Although there are a number of Government, Non-Government and individually operated day care centers currently being operated in the country for the benefit of the working mothers and their children, but their quality and services vary significantly. All of them have their different approaches of child care. However, early childhood years are the most important years of the children's lives. The experiences and learnings they receive during these years can affect their whole lives. Therefore it is very important to have a general standard of a Model Child Care Center for the well being of the next generation of the country.

This brief study has identified a number of components necessary for the establishment and continuation of a Model Child Care Center. Among the necessary elements of a Model day Care Center, the first one is to have competent caregivers. The caregivers should be attentive and responsive to the children, and also have a continuation of their services, so that the children can grow a bond with them to feel secured and safe when they are outside of their homes. The ratio of children and caregivers is another crucial element for a Model Day Care Center. Such a center should have a lower caregiver-child ratio, so that the children can have soul attention of the caregivers at all times, and not left alone and uncared for. A wide space, physical safety and a neat and clean environment is a must needed component of a Model day Care Center. As the children are at their early childhood years in these centers, a Model Day Care Center would have to have the proper learning environment and a sufficient supply of toys and learning materials. Also these Centers will have to have a functional linkage with health service providers and the family members as well, so that the child care would be involving the integrated aspect of child development.

This study has also developed two checklists. One checklist is a simple one for parents who have little or no knowledge on Early Childhood Development, but have to ensure the quality of a child care center for the sake of betterment of their children. On the other hand, there is a second checklist which has more complex indicators, and this one is for Early Childhood Development professionals who will check the quality of a child care

center for academic or professional purpose. The parents who have a more in depth idea about ECD can also be the users of this second checklist.

Chapter 1

Introduction

Chapter 1

Introduction

1.1. Introduction

The Government of Bangladesh has put emphasis on participation of women in income generating activities as a way to increase family income. Women's income is considered important for the survival of relatively low income and middle class households. Employment in the formal sector could improve the situation of women and bring both women and their children out of poverty. Bangladeshi women have always worked inside the household. They are expected to be a dependent wives and devoted mothers. But this scenario has changed. Now women also work outside the household and in particularly in the garment factories. Most of these women have migrated from rural areas to urban areas to avail this opportunity. It has led to a transformation of the entire family and living systems in the country. Thus begins the change in the traditional social structure of the Bangladeshi society. Traditionally in Bangladesh people lived in extended families, where the responsibility of childcare was entrusted to grand parents or other family members. The rise of nuclear families in the urban areas has resulted in children being totally dependent on their parents for care. Thousands of working women spend long hours at work leaving their children at home, unjustly neglected and uncared for. Apart from the enormous mental agony of the working women, the children are often the worst victims of hunger, ill health, abuse and negligence. Worst of all young children are deprived of their mother's milk. In many cases skilled women employees are forced to quit their jobs in order to care for their children or tend to be less productive in work place. As a result they get less payment.

The most appropriate solution for this situation is arranging day care centers for the children of the working mothers. The day care centers can be situated in the premises of the workplaces of the mothers, as well as in the residential areas. Where ever situated the

purpose of the day care centers will be to take appropriate care for the children for a certain period of the day, when their mothers are at work. This care would include feeding, nursing and addressing the learning need of the children in accordance with their age and developmental needs. These types of arrangements will solve the two tier dilemma of the working mothers; whether to leave their jobs, or to sacrifice their children's well being. With the establishment of adequate number of good day care centers, women won't have to leave their jobs, and will keep on having better care for their children.

1.2. Background and Literature Review

Family structure and the role of women within the family have changed significantly in the last two decades. The current rate of working women in Bangladesh is 26%, which has been doubled between 1995 to 2003 (World Bank, 2008). When the women opt for working outside of their homes, the need for proper care for their children while they are at work becomes a concern for them. Therefore, the day care centers become a necessity. With the number of working women increasing in Bangladesh, the demand of day care center is also increasing. The Government and some NGOs have been working on this issue for the last few decades. Currently, Phulki is operating 62 community based day care centers in 7 urban slums in Dhaka as well as 300 garments factory based day care centers in and around Dhaka as well as in Chittagong (Phulki, Annual Report 2009). However, these centers are designed for low paid working women. For the low paid working women, some other NGOs like Center for Injury Prevention and Research Bangladesh (CIPRB) and Aparajeyo Bangladesh are also providing the day care center support. CIPRB operates 40 and Aparajeyo Bangladesh operates 12 day care centers in Dhaka. On the other hand, for the mid income women, the Government is running 32 day care centers across the country (Ayesha Siddika, 1997). There are some workplaces who have day care centers at their own premises. BRAC, a major NGO in Bangladesh operates a day care center for their own employees. Some other NGOs like ICDDR,B, Acid Survivor Foundation and Phulki have their own day care centers for their employees. Currently some corporate offices like Grameen Phone, banks and others are

also operating day care centers for the benefits of their employees as well. There are also some privately owned day care centers for the middle to high income working mothers emerging in Bangladesh, mostly in Dhaka. However, there are differences in the service they provide in terms of basic standard of infrastructure, nutrition and hygiene facilities as well as the initiatives taken for the children's overall early childhood development.

The first six years of a child's life is the prime time for parents and caregivers to provide positive experience to child. The experience the children have this time affects their entire lifecycle. Children develop and learn faster during these early years than any other time in their lives. They undergo tremendous growth and challenge during their early childhood years. Erickson & Kurz-Reimer (1999) stated in their article that if early childhood period of life includes support for growth in cognition, language, motor skills, social-emotional functioning, children are more likely to succeed in school and later, contribute to the society. The quality of child care centers where the children stay when their parents are at work has a long term effect on their entire life cycle (Shonkoff & Phillips, 2000). Out of home child care centers can enrich children's early experiences providing a safe and consistent base for care and protection, when the quality of the care center can be considered as high (Phelps, 1993). Chowdhury (2010) has found in his research that fifteen years old children who received better quality child care services in their early years did better academically and cognitively. Myer (1992) mentioned early childhood care has a strong impact on further development and learning of the children, it decreases drop out and grade retention rate. Taylor (2010) has found out that, children can gain early literacy, language skill, reading and writing skills if pre-primary curriculum are incorporated in the day care centers and do better in these areas later on. The responsibility of contributing to their overall development falls upon the day care centers to a great extent, as the children stay in the day care centers for a longer period of time. Engle (1999) described the importance of better child care practices and mentioned that incorporating health, nutrition, psychosocial care and development in the day care centers are very important to ensure the betterment of the children.

There are different standards of day care centers around the world that have different types of practices for the betterment of the children. Many of them are identified as

Model Day Care Center due to their overall services provided to children. The Early Childhood Environment Rating Scale (ECERS) is an internationally recognized evidence-based quality improvement tool, specifically designed for the childcare environment that has been in use for the last 17 years. ECERS has been continuously updated with international input from early years practitioners, researchers and educationalists to ensure that the scale remains current and accurate, and it is now known as 'ECERS-Revised' (ECERS-R). The ECERS-R contains inclusive and culturally sensitive indicators for many items. Also, new items have been added on Interaction (staff-child, child-child and discipline), Curriculum (nature/science and math/number) Health & Safety and Parents & Staff.

ECERS-R consists of 43 items organized into 7 subscales:

- Space and Furnishings
- Personal Care Routines
- Language-Reasoning
- Activities
- Interactions
- Program Structure
- Parents and Staff

According to ECERS-R none of these areas is more or less important than the others, nor can one substitute for another. It takes all of them to create quality care.

1.3. Rationale of the Study

Extensive research works have been conducted on the importance of better care of children in their early childhood years through the day care centers. The basic findings of such researches can be stated as mentioned by Irwin, Siddiqui and Hertzman (2007) in their research, that what a child experiences during the early years sets a critical foundation for their entire lifecycle. Early childhood development including physical, social-emotional, language and cognitive domains strongly influences learning, school success, economic participation and health outcome. On the other hand, very few researches have been conducted which would clearly identify the components of a model day center. Bredekamp and Copple (1997) have identified the age appropriate practices in the day care centers. Fenichel, Segal, Weissbourd and Szanton (1995) discussed about 10 different components of a good day care center, where the children would be cared

in groups. Fiene (2002) has also provided some guidelines needed to set up day care center where children would be cared and given appropriate stimulations according to their age. Moravec (2003) has mentioned about the physical structure of a day care centers and the guideline to arrange the center for a group of mixed aged children.

In Bangladesh, the interests have grown about the services provided by the day care centers among people, especially the working women and their family members. The number of day care center is increasing with the changing time. These day care centers are operated through institutional management, or private management. Some of the day care centers are even being operated by the Government. However, different management bodies are operating these day care centers in different ways. Various child development practices are being operated by them. Their physical structures differ, so do their services and payment policies.

As far as the knowledge of this researcher goes, there has not been any significant study on the components of a model day care centers in the context of Bangladesh. Although a number of studies have been conducted in the western world, the contextualizations of those studies differ from that of Bangladesh. Therefore, the researcher anticipates that this research study will provide a guideline for those whose would like to establish and operate child care centers for working mothers. It is expected that this study will assist the early childhood professionals, workplace managers, or interested individuals in their effort to provide the child care services. From the checklists developed in this study they will be able to assess the quality of their set up or any existing set up as well. The organizations who will set up day care centers for their employees in their own premises, this components identified in this study and the developed checklists will provide a guideline for them as well. Finally, the parents will be able to learn about the components of a model day care centers from this study and will be able to choose a day care center wisely for their children through the help of the checklists developed.

1.4. Conceptual Framework

The concept of any research depends upon the nature and the subject matter of the research topic. The concept of this research is developed here in relation with the main theme i.e Model Day Care Center and Checklist.

1.4.1. Model Day Care Center

The early forms of day care centers used to care for children of working wives and widows of merchant seamen who were an economically deprived and disadvantaged group in society. Settlement houses were especially active in promoting day care for immigrant children. Jane Adams, a well known reformer in her era, developed nurseries for poor children who needed supervision and care while their parents were at work. These day care centers were founded as a social service to alleviate the child care problems of parents who had to work, and to prevent young children from wandering the streets (Scarr and Weinberg 1986).

In Encyclopedia of Public Health (2002), a day care center is defined as an ongoing service for a specific period, such as parents' time at work, provided to the children by someone outside the child's immediate family. On the other hand, the Children's Health Encyclopedia described Day Care Center as a Center outside of the children's home, involving multiple caregivers. These centers care for children in groups, and are considered to provide better learning environment for the children.

These general definitions commonly describe the day care centers. However, a Model Day Care Center will be an improved version of them. Therefore, A Model Day Care Center can be defined as an institution where the children of working women aged between 4months to 6 years, stay for 8 hours while their mothers are at work. In a Model Day Care Center the children will be provided with all the necessary requirements in terms of food, nursing and stimulation designed to boost up their physical social, emotional and cognitive development as well as age appropriate education. Such a center

will have the capability of promoting trust, autonomy, well being and a true sense of happiness among the children.

1.4.2. Checklist

A checklist can be referred to an informal aid, which helps to improve success of any work by providing compensation for human memories and attention. The most common example of a checklist is a “to do list.” A more advanced checklist would be a schedule, which lays out tasks to be done according to time of day or other factors. Checklists are often presented as lists with small checkboxes down the left hand side of the page. A small tick or checkmark is drawn in the box after the item has been completed. Other formats may also be used for checklist depending on the preference of the users.

Finding a daycare that is a good fit for their child is one of the most important choices the working parents make. The checklist that provides information regarding the key elements of a day care center, and includes questions to ask about the daycare center facilities can be termed as a “day care center checklist”.

1.5. Objective of the Study

The main objective of the study is to identify the components of a Model Day Care Center by reviewing literature in terms of books, articles and research reports from various sources. Then conceptualize a Model Day Care Center with the inclusion of the findings from these literatures. Therefore, the specific objectives of this research are as follows:

- To conceptualize a Model Day Care center.
- To develop checklists for the parents and the professionals to examine the day care center facilities.

Chapter 2

Research Methodology

Chapter 2

Research Methodology

2.1. Introduction

The secondary information is the main source of this research. To conduct this research project the documents have been reviewed in terms of published as well as unpublished research report, books and articles. The literatures are reviewed to supplement the secondary information.

2.2. Study Duration

The study duration was from 15th September, 2010 to 28th February 2011. The researcher developed proposal from 15th September to 7th November.. Researcher has done data collection, writing thesis within and submit draft thesis on 15 th April 2011. The final presentation was made on the 4th May 2011 on the findings of this research.

2.3. Data Collection Method

As mentioned earlier, the researcher has collected the necessary data for this thesis paper from various secondary sources. She has used three different techniques to integrate other scholars of ideas into this research project. One of the technique is summarizing, only the key point from the books, research article or any other written documents, research reports, magazine, newspaper etc. Although direct quoting technique could also be used to conduct this research, she did not use it. Rather the researcher has presented an authors idea into this research through paraphrasing.

2.4. Data Analysis

The data analysis was conducted in two phases. At the initial phase the researcher has collected data required and documented the findings. After this initial phase was

completed, she completed the main analysis phase where she has aimed at answering the research question to write the research report.

2.5. Data Validity

The researcher has taken care in collecting the data required for this dissertation. She applied appropriate methods and techniques of the data collection, so that the data is accurate and authentic and it is valid. However, the researcher has used the secondary data source to write this report, therefore, she is not responsible for any problem or invalidity in the related data sources.

Chapter 3

Findings

Chapter 3

Findings

3.1 Introduction

The findings of this research provide an in depth understanding on the components of a model day care center. All the identified components have similar importance for the quality assurance of a child care center. The Early Childhood Environment Rating Scale (ECERS) recognizes a large number of components of a childcare centre, and also provides in depth guideline for the quality assessment of the centres for the last 17 years. The updated edition of ECERS known as ECERS-R has included more components in terms of inclusive and culturally sensitive indicators. In this research, the ECERS-R has been used as a guideline, but the components that are recognized here are more context appropriate in relation to the reality of Bangladesh which includes the quality of care giving, developmentally appropriate environment, appropriate health and safety practices, learning practices, and finally family involvement with the care giving center. None of these components is more or less important than the others, nor can one substitute for another. It takes all of them to create quality care.

3.2. Components of a Model Day Center:

A Model Day Care Center provides an ideal setting for studying the developmental processes of child psychopathology. The quality of a Model Day Care Center is not a single dimension, but rather a multidimensional characteristic of programs that support the family in its child-rearing role and programs where children would thrive developmentally, socially, cognitively, physically, and emotionally with the help of a child friendly environment, sufficient toys and learning materials as well as adequate health, safety and hygiene practices . At the regulatory and accreditation level, approaches to quality focus on group size, adult-child ratios, and caregiver training alongside experience which is also a very basic need for the Model Day Care Centers.

Government initiatives and linkage with families also have a confounding effect on the measurement of a Model Day Care Center. In short 5 components of a model dare center have been identified in this study which can be listed as below:

- **Care Giving Quality:** Caregivers with proper early childhood education and training, who are responsive and attentive with the children. As well as continued care for the children consecutively by the same caregiver for a longer period of time. The ratio of caregivers and children is one caregiver for every four to six children under three years of age; the recommended ratio for three to five year's children one caregiver for ten children and one to twelve for school going children.
- **Child Friendly Environment:** Neat, clean and orderly physical setting, with adequate space for playing around.
- **Health, Safety and Security Practices:** Follow the basic rules of safety.
- **Learning Practices:** Adequate play and learning materials for each child to explore, experience and learn from. Addresses the age appropriate literacy and numeracy practices for the children and the caregivers guide children to develop good practice and behavior.
- **Functional Linkage:** Established positive relationships between the caregiver and the parents.

It is worth mentionable one more time that all the identified components have similar importance for the quality assurance of a child care center All the components have been discussed in the following chapter.

3.3. Checklist for a Model Day Care Center:

Finding a proper day care center for ones children is one of the most important choices parents would make. The Revised Early Childhood Environment Rating Scale (ECERS-R) provides a list of indicators for the qualitative assessment of the day care centers; however, the ECERS-R can be difficult to be used as a checklist for the parents who do

not have in depth knowledge on Early Childhood Development. At the same time, for the beginner professionals in Early Childhood Development the ECERS-R will also be difficult to use. Rather a simple checklist containing some basic information would be helpful for both parents and ECD professionals. The Checklist for the parents is named Checklist A, and the one for the ECD Professionals is named Checklist B.

3.3.1. Checklist A

Component	Existing Situation		Remarks
	Yes	No	
Caregivers and Care giving Practices			
Caregivers' Trained from recognized organization			
Caregiver-Children Ratio is appropriate (1 caregiver: 3-4 Infant; 1 caregiver: 4-6 toddlers; 1 caregiver: 6-10 preschoolers)			
Caregivers continuing in the same center for one year or more			
Child Friendly Environment			
The center is well lit and well ventilated			
The center has a large floor area (International standard is 2.8 sm per child)			

The center has adequate toys; multiple copies/sets for each toys			
The furnitures and toys are colorful			
The furnitures and toys do not contain any sharp edge or toxic colors			
The toys are made of washable materials			
Abusive/ harsh language are not used by the caregivers			
Learning Opportunities in the center:			
The caregivers prepare learning plans			
The learning plans are followed			
Presence and guided use of materials that enhance pre literacy, pre numeracy, art and creativity etc (blocks with numbers, alphabet, crayons, papers etc)			
Health, safety and security practices:			
The center is clean			
The toilet is clean			
The feeding utensils ie plate, glass, cup, spoon, are separate for each			

children			
The hygiene materials ie toothbrush, handkerchief, comb etc are separate for each children			
The food preparation area and playing area are separate			
Presence of fire extinguisher; caregivers are trained to use them			
Presence of first aid box in the center; caregivers are trained in first aid			
The children come and leave the centers with allowed chaperons only			
Center Management			
The center management are open to provide all the basic information to the willing parents			
The management has a functional relation with the existing parents through monthly and other required meetings			
The center has linkage with local physicians, nurses, hospitals, schools, and police.			

3.3.2 Checklist B (Model Day Care Center Rating Scale)

1. Caregivers education and training

1	2	3	4
Caregivers do not have Early Childhood Training	Caregivers receive training on early childhood development and /or day care center management less than 12 days.	Caregivers have training/education on early childhood development and day care center management for 12 days or more. Additional chances of refresher training for the caregivers	Caregivers have educational background on early childhood development. Caregivers receive professional training on day care centre management of adequate duration. Additional refresher training on ECD and DCC Management.

2. Caregiver-children ratio

1	2	3	4
1 caregiver for 10-12 children of mixed group.	1 caregiver for 8-10 children of mixed group	1 caregiver for 6-8 children of mixed group	1 caregiver for 4-6 children of mixed group

3. Continuity of Caregivers

1	2	3	4
Frequent drop out rate of caregivers	Caregivers stay for 6-12 months	Caregivers stay for 12-18 months	Caregivers stay for 18+ months

4. Caregivers attitude towards children

1	2	3	4
Caregivers' response and talking to children	Caregivers' response and talking to children	Caregivers respond and talk to children spontaneously, but	Caregivers spontaneously respond with

are minimum Caregivers do their duty but not engage with children in play and other activities	are dutiful, not spontaneous Caregivers engagement in playing and other activities are minimum	do not initiate the talking. Caregivers engage in children's activities	children, initiate conversations. Initiate activities for children and engage themselves into them.
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5. Space inside the centre

1	2	3	4
Inadequate space for children Storage, food preparation, sleeping and playing area are not separated	Limited space for children Storage, food preparation, sleeping and playing area are separated, but congested	Adequate space for children Storage, food preparation, sleeping and playing area are separated	Spacious area for children (at least 5 sq ft per child) Storage, food preparation, sleeping and playing area are separated and spacious

6. Toy Materials:

1	2	3	4
Inadequate number and types of materials	Limited number and types of materials	Adequate number and types of materials	Maximum number and type of materials with multiple copies to ensure each child's individual access

7. Learning Materials

1	2	3	4
Inadequate number and types of materials	Limited number and types of materials	Adequate number and types of materials	Maximum number and type of materials with

			multiple copies to ensure each child's individual access
--	--	--	--

8. Health and Safety Practices:

1	2	3	4
Center not clean and tidy The materials used in the centers are not up to health standard (unwashable, with broken or sharp edge etc) No fire extinguisher Toilet and bathing facilities are inadequate Food storage and preparation procedure unhealthy	Center clean Materials in the center are usable, but the broken or dirty ones are also available for children Fire extinguisher not present Toilet and bathing facilities are minimum/unclean Food storage and preparation area clean but congested/adjacent to the storage or toilet	Centre clean and tidy Materials are well kept, broken and dirty ones are separated Fire extinguisher present, but the caregivers are not trained Toilet and bathing areas are well kept Food storage and preparation areas are clean , separated from storage and toilet area	Centre clean and tidy Materials are well kept. No broken or dirty ones are around the centers Fire extinguishers present and caregivers are trained on the use of it Toilet and bathing areas are clean, caregivers and children's toilet are separated Food storage and preparation area are clean, far from toilet and other storage areas

9. Discipline practices:

1	2	3	4
No authorized persons selected for children to come and leaving the center Greeting and bidding goodbyes are not practiced Daily routines are neglected	Authorized persons selected, but not well maintained Greeting and bidding goodbyes practiced but not regularly Daily routines are not often practiced	Authorized persons are selected for the children to come and leave the centers Greetings and bidding goodbyes are practiced regularly. Daily routines are practiced but not	Authorized persons are selected for the children to come and leave the centers Greetings and bidding goodbyes are practiced regularly. Daily routines are

		adjusted or customized related to the need of the children	practiced and adjusted with individual needs of the children
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10. Relation between parents and caregivers:

1	2	3	4
Parents come to the centers only to drop off and receive the children , but do not engage in conversation	Parents and caregivers engage in conversation during the drop off and receiving of the children	Caregivers know the information regarding each children through interaction with parents during drop off, receiving and/or any other times	Caregivers know the information regarding each children through interaction with parents during drop off, receiving and/or any other times, and individualize activities/routines accordingly.

11. Relation between parents and management :

1	2	3	4
Management do not engage parents in center activities.	Management inform the parents about the center activities	Management are open to receiving suggestions from the parents regarding the center operations.	Management regularly meet the parents and design centre operation practices according to the needs of the parents/children

12. Linkage between management and others:

1	2	3	4
Management have very week relation with local doctors/nurses	Management have linkage with doctors/nurses but not with the security service providers	Management have good linkage with doctors/nurses. The security service providers are	Management have functional relation with local doctors, nurses, police, fire departments and

		informed about the presence of the center	elementary schools.
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Rank:

0-18: No rank

19-28: Below Standard

29-38: Considerable

39-48 : Model Day Care Center

Chapter 4

Discussion

Chapter 4

Discussion

4.1. Introduction

The main objective of the study is to identify the components of a Model Day Care Center by reviewing literature in terms of books, articles and research reports. Based on the study findings 5 components have been identified for a Model Day Care Center, which are mentioned in Chapter 3. Each of the components are discussed in this chapter. The applicability of the developed checklists is also discussed in the later part of this chapter.

4.2. Components of a Model Day Care Center

The detailed discussion on the components of a Model Day Care Center is presented here:

4.2.1. Component 1: Quality of Care giving

The quality of care giving by the staffs of child care centers mostly depends on how they are educated and trained. Their training on early childhood care plays a vital role in their overall service to the children including their attentiveness and responsiveness towards the children. Quality of caregiving can be affected by various issues, which are discussed here:

1(A) Caregivers Training

Caregivers should be educationally qualified in advance for the role they are entering and shall receive orientation training during the week immediately following employment. This is very important to maintain the quality of child care, because the caregivers play the most important role in the day care centers. Their trainings and education should include basic knowledge on early childhood care and development, the

learning process of children, the importance of responding and talking to children, the management of emergency situation such as choking, sudden rise of temperature etc (Lowenthal 1995). The caregivers should also have training on primary health care and emergency evacuation for situations like fire and earthquake.

1(B). Responsive Care giving

Responding to the children appropriately takes to be adequate preparation through training, practice, and access to necessary information of children's overall situation at all times (Sazer, & Boose 1996). When the caregivers respond to children appropriately the bond between the caregivers and children starts to develop and become stronger. The relationship between caregivers and children is a very important component in maintaining the quality of a child care center. Active and responsive caregivers regulate everyday activities of the day care centers by taking cues from the children (Bredecamp & Copple, 1997). They guide children to various activities as appropriate. Also, they teach and stimulate the learning experiences of the children depending on their individual learning needs. The active and responsive caregivers facilitates the development of self esteem of the children by respecting the children, accepting and comforting them, and individualizing their choice of words and body language for each of the children.

1(C). Continuation of Care

Along with the quality of care giving, another important factor of the care giving practice is the continuity of the same caregivers. Having the continuous care from the same caregiver for more than a year is important to child's emotional development. Frequent change in caregivers makes children anxious and wary of the whole care giving process. The process of letting go of one caregiver, and adapting into the new ways of the new caregiver may slow down the overall development of the children and make them reluctant to form new relationships, as well as becoming suspicious of new relationships. This, in the long run, affects their social-emotional behavior in their adult lives (Fenichel, 1995).

1(D). Ratio of Caregiver and Children

With the quality of child care and the continuity of care giving, the ratio of children and caregivers is another important component of a good child care center (Bredecamp & Copple, 1997) . Group size and ratios determines the amount of time and attention the caregivers can provide to each of the children. The smaller the group of children assigned to each caregiver, the better the intimacy and safety between the caregivers and children become (Griffin, 1995). Activities, plays and conversation can be carried out in a better way when few children are assigned to each caregivers. This enables the caregivers to build strong relationship with the children, adapt with each child's learning needs, cope with their changing interests and attend to their individual needs. This also promotes less distress in the children, and greater social competence. In a day care with lower caregiver and children ratio, children engage in more talk and play which enhances their developmental process. The recommended ratio for better care giving practices is at least one caregiver for every three to four infants, and one caregiver for every four to six children under three years of age; the recommended ratio for three to five year's children is one caregiver for ten children and one to twelve for school age children (Kostelnik, Soderman and Whiren, 1993). The centers that have lower caregiver-children ratio are seen to be providing higher quality care for the children (Whitebook, 1995).

4.2.2. Component 2: Child Friendly Environment

The environment of the child care is considered to be very important for the overall development of the children (Swim, 2001). Good child care environment has the capability of promoting trust, autonomy, and a true sense of happiness and well being in children. The environment should also be supportive to their emotional well being, stimulating their senses, and challenging to their motor development (Torrelli, 2000). The setting and layout of the center as well as the materials should give the children many opportunities to explore and experiences through touching, feeling and moving. There are a number of variables of child friendly environment, such as, safety, space,

availability of materials and enabling learning. A good day care center will also abide by some basic disciplinary activities as well.

2(A). Safety

The child friendly environment is, first of all, safe for the children. The floor and furniture should be clean and not have any sharp edge. The colors of the furniture and other equipments as well as learning play materials should not be toxic and harmful for the children. Neat, clean and orderly physical setting contributes into better child development (Clarke-Stewart, 1987).

Another key aspect of providing a good environment for children is the safety of the setting (Clarke-Stewart, 1987). The room where the child care center is established must be well-lit, well ventilated, have adequate toilet and sanitary facilities. Absence of sharp objects in terms of toys or other materials is very important.

2(B). Spacious

Children should have a wide space for play. Room arrangements should be supportive for quite and active play, dramatic and messy play, large group activities as well as solitary play. This would require a large floor area. The area should also be divided according to the activities. There should be separate dining area, separate area for play etc. Also the changing and food preparation area should be separate as well. The storage area should also be separate, and this area must be out of reach for the children, because the storage areas might gather dust and germs, harmful to the children.

2(C). Materials

Toys and books should be available in plenty of quantity. Children learn through seeing, touching, feeling and holding the toys and other learning materials. Therefore it is very important to have a large quantity of materials for children. Multiple copies of same toys and books would prevent conflict among the children (Bredekamp & Copple, 1997). Along with the availability of materials, the caregiver should encourage the children about using and having hand on experiences of the materials. Irrespective of cost, the

materials should be chosen to enhance the gross and fine motor development of the children as well as their cognitive, language and all other domains of development.

2(D). Learning

The environment of the child care should enhance learning of the children. Learning is an interactive process with activities, materials and opportunities for exploration and interaction (Bredekamp & Copple, 1997). The children should be provided with a number of choices for the activities, toys and learning materials, so that their learning experiences can be enriched. Activities that contribute to the children's developmentally appropriate learning needs such as pre literacy and pre numeracy are very important element of a good learning environment (Griffin, 1995). The path to pre literacy and pre numeracy begins with the plays and activities the children become engaged in. Here the caregivers play an important role by engaging children into extended conversations, arranging group games with conversations, counting, rhyme, etc. Play opportunities that enhances children's social, emotional, physical and cognitive development are another indicator of high quality day care centers (Bridgman, 1988). Children need to be given time to play and explore concrete materials in order to enhance their natural curiosity and intellectual development.

2(E). Discipline

Discipline shall include positive guidance, redirection, and the setting of clear-cut limits that foster the child's ability to become self-disciplined. Disciplinary measures shall be clear and understandable to the child, consistent, and explained to the child before and at the time of any disciplinary action. Caregivers should guide the children to develop self-control and orderly conduct in their relationships with peers and adults. Good behavior can be rewarded by praise or a clap. Most of all, Caregivers should not use physical punishment or abusive language with children in order to maintain discipline of the centers, rather they should use supportive language and gestures (McWilliams, & Arnold 1998).

4.2.3. Component 3. Health, Safety and Security Practices

The basic need of a good day care center is an appropriate health and safety practice. The toilet and sanitary areas of the centers need to be separated from the food preparation and eating areas (Swim 2001). Both the caregivers and the children need to practice regular hand washing routine after going to the toilet as well as before and after meal time. Tooth brushing, combing and cleaning eyes, feet and nails are among the most basic hygiene practices, which the caregivers will have to be trained in and be able to practice with children. Children spend a lot of time on floor, so the floor needs to be clean and tidy as well.

A good day care center must be clean and tidy. Floors, walls and the kitchen area should be clean. The food preparation area should be far from toilet and washing areas. In some day care centers there would be provision for diaper changing as well. In those centers the diaper changing areas will also be separate. The toilet areas need to be clean and dry. All children should have their separate towels, tooth brushes and combs. The cups, glasses and plates of each child should also be separated (Bredenkamp & Copple, 1997).

The centers should follow the basic rules of safety. The toys and play materials should be in a good condition. No broken or damaged toys should be in the centers, as they may cause injuries to the children. The doors and windows should have bars and locks. The fire extinguishers should be in the centers, and the caregivers should be trained to use them.

Quality child care must take place in safe and healthy settings. Because no environment can be absolutely safe, all staff must be prepared to handle medical emergencies and to use the appropriate emergency medical services (Wiebe & Fuchs, 1999). Staffs need to be prepared for emergency situations and injuries, medical emergencies, and need to have emergency medical policies and procedures in place. All child care staff that provides direct care must have training in pediatric first aid, including first aid for choking. But, all medicines and other chemicals should be out of reach of the children.

Another important aspect of security of the children is when they leave the centers. The centers should have the policy of allowing the children to leave only with the family members. This would reduce the risk of any out of center hazards for the children.

4.2.4. Component 4: Learning Practices

Learning to read and write is critical to a child's success in school and later in life. One of the best predictors of whether a child will function competently in school and go on to contribute actively in our increasingly literate society is the level to which the child progresses in reading and writing. Although reading and writing abilities continue to develop throughout the life span, the early childhood years—form birth through age eight—are the most important period for literacy development. This is why, day care centers should have activities that would contribute to the learning practices of the children (Neuman, 2004).

Developmentally appropriate programs promote children's active exploration of the environment. Children manipulate real objects and learn through hands-on, direct experiences. The curriculum provides opportunities for children to explore, reflect, interact, and communicate with other children and adults (National Association for the Education of Young Children, 1996). Learning centers are a means of providing active learning experiences.

Developmentally appropriate practice encourages the use of varied instructional strategies to meet the learning needs of children. Such approaches may include process writing, skill instruction, guided reading, modeled writing, cooperative learning, independent learning activities, peer coaching and tutoring, teacher-led instruction, thematic instruction, projects, learning centers, problem-based learning, and literature-based instruction (Privett, 1996). By providing a wide variety of ways to learn, children with various learning styles are able to develop their capabilities. Teaching in this way also helps provide for multiple intelligences, and enables children to view learning in new

ways. Developmentally appropriate practice encourages a mixture of teacher-directed and child-directed activities. Teacher-directed learning involves the teacher as a facilitator who models learning strategies and gives guided instruction. Child-directed learning allows the child to assume some responsibility for learning goals.

A good day care should have a learning “center” or “corner”. This would be an independent stations set up throughout the classroom where children can go to actually engage in some learning activity. Children choose the center they will go to and decide on the amount of time to spend there. The learning center approach provides a time when children explore and practice skills to their own satisfaction. These centers provide children with opportunities for hands-on learning, cooperative learning, social interaction, real-life problem solving, autonomous learning, and open-ended activities. Learning centers should reflect the goal of active learning; they must not be workstations full of worksheets for students to complete. Learning centers offer an opportunity for children to be responsible for their own learning; this responsibility is the foundation for lifelong learning (Stone, 1995).

4.2.5. Component 5: Functional Linkage

Caregivers and health professionals shall establish linkages with physicians and nurses, This linkage with child care programs seems to be a viable determinant for a good day care center (Mondor & Wray, 1994).

Forming positive relationships between the caregiver and the parent and the caregiver and the child is essential to providing quality care. A parent needs to feel free to visit the child care program at all times and needs to be notified and made aware of any problems that arise. A parent must feel free to discuss any concerns with the care giver. It is equally important for parents to know what happens in the day to day occurrences in the life of their child, and having a sense that their child is important to the child care provider.

Family involvement is also important for individualization of the required activities of the children. Every child is unique. Therefore the eating and sleeping style as well as the

learning style, all are unique to each child. Only the family members are well aware of this uniqueness of their children. Therefore, to serve each children in a better way, the caregivers need to be well acquainted with the families (Bredekamp & Copple, 1997).

4.3. Applicability of the Checklists

The checklists have been developed based on the literature found on the day care checklists and the experience of the researcher. After the development both the checklists have been field tested to check their applicability. For the field test of Checklist 1, the researcher has selected one Garments Factory Based Day Care Center in Gazipur and one Community Based Day Care Center in Mohammedpur. For the Checklist 2, similarly one Garments Factory Based Day Care Center in Mirpur and one Community Based Day Care Center in Golapbag area was selected. All of the mentioned Day Care Centers are established and operated by Phulki. The list of Day Care Center is as follows:

For Checklist 1		
Name of Day Care Center	Type of Day Care Center	Address
Pride Day Care Center	Garments Factory Based	Pride Garments Limited, Gazipur, Dhaka
Shekher Tek Day Care Center	Community Based	Shekher Tek, Mohammedpur, Dhaka
For Checklist 2		
Name of Day Care Center	Type of Day Care Center	Address
Finery Day Care Center	Garments Factory Based	Finery Apparels. Mirpur 1,

		Dhaka
Outfall Day Care Center	Community Based	Golapbag, Dhaka

Table 1: List of Day Care Centers

The selection was done based on the positive response and availability of time of the Garments Factory Authority and Supervisors of the Community Based Centers. Both the checklists required little question-answer with the center authorities, rather they involve more observation. Before observation was to be made, the in charge/ supervisor of the centres were asked for permission. After getting their consent the entrance was made in the centers with the checklist. It was also made clear to the supervisors and caregivers that the whole result of the observation will serve only an academic purpose, and would not be used in official evaluation.

4.3.1. Result of field Test

The field tests were done mainly through observation. Question answer was used only to gather informations regarding the training of caregivers. The comparative analyses of the 2 lists are presented in the following table:

Issue	Checklist 1	Checklist 2
Duration of observation	The complete observation process through Checklist 1 took 35 minutes in the community based day care center and a little over 40 minutes in the garments factory based day care center.	The complete observation through the Checklist 2 took roughly 1 hour and 20 minutes in both community and factory based day care centers.

Quality of collected information	The informations collected through Checklist 1 were through “yes” or “no” so there was no scope of finding any interim situation.	Checklist 2 provided a better view of the situation through a 4 scale ranking process.
Finding a Result	Checklist 1 provides “yes” and “no”, it is possible to reach a result through Checklist 1	Checklist 2 provides a ranking of the centers, so its easy to reach to result.
Required Competency of the users	Checklist 1 required only observation skill.	Checklist 2 requires in depth analysis skill as there is ranking involved in it.

Table 2: Comparative Analysis of Checklist 1 and Checklist 2.

From the comparative findings the conclusion can be drawn that, both the Checklists are usable, but as Checklist 2 required more time and skill, it should be used by the ECD professionals. For parents in search of a suitable day care centre from their children, Checklist 1 would provide them with the information they would need.

[illegible]

Note: Management/Office room should be outside of the main day care premises

Chapter 5

Conclusion

Chapter 5

Conclusion

This study has given a more comprehensive view on the components of a model day care center. The study provides new information about the components which can be useful for those who want to work with the day care center in a professional way. Also, this study would give the parents an idea about what to look for when they will search a suitable day care center for their children. The checklists developed in this study would help both the professionals and the parents to make an overall assessment of any day care center.

With the increase of the extent of urbanization, the number of nuclear families have also increased in the urban areas. To meet up with the living cost of the urban areas, in most cases, all members of the households have to be engaged in the wage-earning activities. This causes the problem in child rearing practices of the urban areas. The children of such areas suffer most while their both of the parents work. In the rural areas, there are traditional extended families where even if both the parents work, the grand parents or other family members can take care of the children. Therefore, the problem prevails in the urban areas until now. The issue of the women working outside of home is not a problem of the individual household. This is a common problem of the urban areas. Establishment of day care centers is the most realistic solution of this problem.

Proper early childhood care ensures the best returns from the children when they are reared and cared in a better way. When both the parents are at work, the next best solution for the children is the establishment of model day care center. This is the issue of critical importance for all sectors; both Government and Non-Government. Therefore, the decision makers from the Labor Ministry, State Ministry as well as Ministry of Women and Children affairs would be the crucial people to address the issue.

This study has been conducted through reviewing the secondary information, most of them are researches done in the western countries. A basic research can be designed and conducted in this same area which would reveal the components of a model day care center and the problem of its execution in the context of Bangladesh.

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