Assessment of Safe Child Friendly Environment of Day Care Centres in Government and Non Government Organizations of Dhaka City

Studied By,

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Ethical Approval Form (Sample)

Date: _____

Student name: _____

Title of Thesis Topic: _____

1. Source of population

2. Does the study involve (yes, or no)
    1. physical risk to the subjects
    1. social risk
    2. psychological risk to subjects
    3. discomfort to subjects
    4. invasion of privacy

3. Will subjects be clearly informed about (yes or no)
    1. Nature and purpose of the study
    2. Procedures to be followed
    3. Physical risk
    4. Sensitive questions
    5. Benefits to be derived
    6. Right to refuse to participate or to withdraw from the study
    7. Confidential handling of data
    8. Compensation and/or treatment where there are risks or privacy is involved

4. Will Signed verbal consent for be required (yes or no)

    1. From study participants
    2. From parents or guardian
    3. Will precautions be taken to protect anonymity of subjects

5. Check documents being submitted herewith to Committee:

    1. Proposal
    2. Consent Form
    3. Questionnaire or interview schedule

ETHICAL REVIEW COMMITTEE

Research Authorization

Title:

The Research Checklist indicates:

- ☐ Approved without amendments
- ☐ Approved with advice to research
- ☐ Not Approved. Resubmission is required

Authorized by:

Name:

Position in Ethical Review Committee: chair/co-chair/other

Signature:

Date: 30.07.11

Approval from the Thesis Committee:

The second page of the report should state the approval from the Thesis Committee. This approval will not other aspects of the report apart from the ethical concern e.g. acceptance of the topic, soundness of the methodology. Like the ERC form, Thesis Committee approval should also contain the original signature of the members of the committee. The sample approval form of the thesis committee is given below:

THESIS APPROVAL FORM (SAMPLE)

Name of the Student: _____

Expected Date of Graduation: _____

Thesis Topic:

_____

_____

Examiner's comments:

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Date of Thesis Submission to the Committee:

☐ Excellent

☐ Good

☑ Satisfactory

☐ Fail

Thesis Committee Signature: _____

Approval from the supervisor:

The thesis report should also contain approval from the respective supervisor. Since the reports will be examined by experts who may not be acquainted with the thesis. It is very important to include the clearance from the concerned supervisor with the report. A sample approval letter from the supervisor can be as follows:

Approval from the supervisor (sample)

In my judgment the thesis and the candidate meet recognized scholarly standards for the degree and are therefore ready to submit his/her thesis to the Thesis Committee.

Signature of the Supervisor

Date: 10.01.2012

Details of the supervisor

Name:

Designation:

Workplace:

Mailing Address:

E-mail:

Telephone:

Fax:

ID No. 09255010

Institute of Educational Development

Master's Thesis Program

Early Childhood Development

Consent Form for Participant/Sample

Institute of Educational Development (IED), BRAC University has taken a research initiative as part of Master's course in early childhood development in your area. The research will focus on your children development and your family related information under the study of Children development in a day care center under ECD programs in Bangladesh. The aim of this research is to assess the perception of parents regarding Child Care and Developments of children (1-5 years) in day care centers in Bangladesh. The study will also try to determine how these perception happened by their socioeconomic status and family conditions.

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.

The research will not benefit you personality. The information will provide you however, have significant contribution in learning and improving IED's development programs and may benefit you in the long run.

If you are willing to participate in this research or disclose information about yourself, you would request you to sign this consent form. Your participation in this research is voluntary therefore you may refrain from taking part in this research. You may also withdraw your participation at any time during FGD, Case study or later while the information is analyzed. Directly or indirectly, you will not be deprived of any of the services or benefits that you are currently receiving or are likely to receive in the future from IED if you do not participate or withdraw from the study.

If you want to know more about this research and/or your participation rights, or if there is pertinent clarification that you may require, please contact the following persons.

Dr. Wahida Khanam Asst. Professor, Pediatrics Institute of Child and Mother Health (ICMH) Matuail, Dhaka-1362. Bangladesh **Phone:** 7542672, 7542673, 7542820-3 **Fax:** 880-2-7542672 **E-mail**: info@icmh.org.bd	**Fahmida Afreen** Assistant Project Coordinator Early Childhood Development Support Program, PHULKI. House 264, Road 4/A, Block F, Boshundhara R/A, Dhaka 1229. Phone: +88-02-8845093-4.

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):_____ Signature:

_____

Date

_____

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:

_____

Executive summary

Child rearing is defined as 'purposive activities aimed at ensuring the survival and development of children. Urban working mothers, mostly from low-income groups, face great difficulty in terms of accessing child day care services. Most of them are forced to leave their children unattended in their slum dwellings exposing the children to great risk and inadequate nutrition. The solution is only a good day care centre for the children of all working mother. A good day care centre means the centre which can ensure proper child care and having a child friendly environment. As in Bangladesh, the concept of day care is still new, but the good thing is that it is being started. This study was aimed to assess the environment of the day care centres of Dhaka city in both Government and Non Government setting. And at the same time, to evaluate the knowledge of the caregivers about child development in early childhood. Total 10 day care centres were taken as sample and from these centres, 20 caregivers were interviewed. The study showed that only 20% centres were with the facility of a good out door play ground for the children; which is necessary for the urban children for their physical development. 40% centres had appropriate room size for the children and only 20% centres had good child related display or decoration. They had safe drinking water in their centres, but the water management was not really hygienic. Of all, 80% centres were not using separate water glasses for the children. Among the all centres 80% were following their daily routine but only 20% of them were strictly following the routines. Food support is an important item for a day care centre and among 10 day care centres, 40% centres were with good quality food support. As in these 40% centre, they had cooking facility for the children and they also consider children's need and test to prepare food. In the rest 60% centre, mothers were providing food for their children. Among caregivers, 50% had formal training on ECD and they have idea on early childhood development. Assessing their knowledge regarding child development, child rearing and caring, and the caregivers had good knowledge on physical (75% to 80%) and social emotional (60% to 70%) development but they did not have much idea regarding language development (55% to 75%) and cognitive development (only 50% to 55%). The study showed that among the ten studied centers 90% were of average category (score 96-116) and rest 10% centres were of inadequate category(score 71-95). But as an initiative; the day care

facilities were relatively good. It is better for the children to stay in day care cantre rather than keeping alone at home. However, still there is scope for further improvement of child friendly environment of the day care centres in our country.

Glossary of terms:

List of table:

List of figure:

CHAPTER ONE

INTRODUCTION

1.1 Background

Learning begins right from birth. Children's experiences last a lifetime and parents/ communities have the challenging responsibility of nurturing and caring for their children. Early Childhood Development (ECD) programs and services are designed to empower caregivers (parents, elder sibs, other family members), service providers to provide the best possible start for the children. Early childhood development refers to the growth that takes place from pre–conception until age eight. The early years are the most critical for neurological development, as the most significant brain growth occurs in the first eight years of life. (Early Childhood community of practice, http://www.tapartnership.org/COP/earlyChildhood/default.php). The experiences of early childhood have a profound impact on the overall health and well being of individuals throughout their lifetime. Day care centres are the reliable child care centre where parents keep their children for a particular period of time during their working time & feel secured that their children are better cared during this period. Day care centres are the most institutional centre for a child care and this quality can work in their favor too: they are regulated, offer a structured setting and care is well supervised. Experts say this arrangement can work well for children of any age as long as the centre is high quality. (Daycare centers: Overview, Reviewed by the BabyCenter Medical Advisory Board)

Children develop faster during their first eight years of life than any other period of their lifespan (Stages of growth child development, http://education.stateuniversity.com/pages/1826/Child-Development-Stages-Growth.html).All the domains of development that is motor, cognitive, language, social and emotional development occur during this period. In urban life of Dhaka, the numbers of nuclear families are increasing day by day. When both the parents are working, the children stay for a long time of the day in the day care centres. Therefore, the environment and child rearing practices and care giver's attitude towards the children of the day care centers are very important for their future development as a good citizen. (National Childcare Strategy, 2006-10, Ireland)

1.2 Literature review

Day care is best when teacher-to-children ratio is low and groups are not too large. (Daycare centers: Overview, Reviewed by the BabyCenter Medical Advisory Board

Another factor favoring large corporate day cares is the existence of childcare facilities in the workplace. Large corporations will not handle this employee benefits directly themselves and will seek out large corporate providers to manage their corporate daycares. Smaller, for-profit day cares operate out of a single location. In general, the geographic limitations and the diversity in type of daycare providers make child daycare a highly fragmented industry. The largest providers own only a very small share of the market. This leads to frustration for parents who are attempting to find quality child daycare, with 87% of them describing the traditional search for child daycare as "difficult and frustrating". (Child Day Care Services, http://work-from-home-guide.info/moms/daycare.php)

"Considerable research has accumulated showing that not-for-profits are much more likely to produce the high quality environments in which children thrive." Local governments, often municipalities, may operate non-profit day care centers. In non-profits, the title of the most senior supervisor is typically "executive director", following the convention of most non-profit organizations. (Article on Day care, http://en.wikipedia.org/wiki/Day_care)

Family day cares can be operated by a single individual out of their home. There may be occasions when more than one individual cares for children in a family childcare home. This can be a stay-at-home parent who seeks supplemental income while caring for their own child. There are also many family childcare providers who have chosen this field as a profession. Local legislation will regulate the number and ages of children allowed per family child care home. Family childcare may be less expensive than center based care because of the lower overhead in family childcare. Many family childcare providers may be certified with the same credentials as center based staff. (Choosing Child care, Kids health. org)

Children learn about the world around them through play. Through an individualized approach within a group setting, the staff strives to provide the children with a consistent warm environment. The open-door policy and emphasis on the team approach to childcare makes parental participation fundamental. (McGill Daycare Centre, http://www.mcgill.ca/daycare/). The Daycare administration, staff, parents and volunteers help to provide a nurturing and stimulating environment for the children. As part of the philosophy, the centre encourages exposure to the multicultural facets of Canadian life. The centre is fortunate to have a community representative which in turn reflects the rich cultural life of Montreal. (Children Learn through Play, Written by Lone Parenting Admin)

1.2.1 Concept and historical perspective of day care centre

At first, day care appeared in France about 1840, and the Société des Crèches was recognized by the French government in 1869. Originating in Europe in the late 18th and early 19th century, day cares were established in the United States by private charities in the 1850s, the first being the New York Day Nursery in 1854. The day care industry is a continuum from personal parental care to large, regulated **institutions. A** worker drops off her child at day care. (Article on Day care, http://en.wikipedia.org/wiki/Day_care)

The service is known as child care in the United Kingdom and day care in North America and Australia (although childcare also has a broader meaning). Day care is provided in nurseries or crèches or by a nanny caring for children in their own homes. It can also take on a more formal structure, with education, child development, discipline and even preschool education falling into the fold of services. Some child minders care for children from several families at the same time, either in their own home (commonly known as "family day care" in Australia) or in a specialized child care facility. (Article on Day care, http://en.wikipedia.org/wiki/Day_care)

Some employers provide nursery provision for their employees at or near the place of employment. Child care in the child's own home is traditionally provided by a nanny or au pair, or by extended family members including grandparents, aunts and uncles. In traditional response systems, child victims are often bounced from one institutional

setting to another. Only day care centres can provides a child-friendly atmosphere for children where professionals come together in one place to meet with the child and the family at the center.

The vast majority of childcare is still performed by the parents, in house nanny or through informal arrangements with relatives, neighbors or friends. For example, in Canada, among two parent families with at least one working parent, 62% of parents handle the childcare themselves, 32% have other in-home care (nannies, relatives, neighbors or For all providers, the largest expense is labor. In a 1999 Canadian survey of formal child care centres, labor accounted for 63% of costs and the industry had an average profit of 5.3%. Given the labor-intensive nature of the industry, it is not surprising that the same survey showed little economies of scale between larger and smaller operators. (Article on Day care, http://en.wikipedia.org/wiki/Day_care)friends) and only 6.5% use a formal day care center. (Encyclopedia, Britannica, eb.com)

Franchising of home based day care facilities attempts to bring economies of home day care. A central operator handles marketing, administration and perhaps some central purchasing while the actual care occurs in individual homes. The central operator may provide training to the individual care providers. Some providers even offer enrichment programs to take the daycare experience to a more educational level.

1.2.2 Signs of a good day care centre

Starting a childcare centre (also commonly known as daycare centre or nursery) for our children needs lots of ground work and survey, asking plenty of questions and being observant. Use the following factors as a guide to a good childcare or daycare centre, although we need to add our own criteria about what is important for our children.

We start a centre with:

- A good reputation (word-of-mouth is often an important factor).
- Established ground rules and policies.
- A stimulating and structured environment.

- Curriculum guidance being followed.
- Qualified, caring staff.
- Clean, safe facilities. [www.babycentre.com]

The best centres have a structured curriculum that includes plenty of time for physical activity, play, quiet time (including daily story book sessions for groups and individuals), group activities, individual activities, meals, snacks and free time. Television and videos should play little or no part in what your child does at daycare. If videos are part of the curriculum, make sure that they are age-appropriate and educational. A well thought out curriculum stimulates our child's development, and introduces variety and interest, although of course our child will see all of this as different ways of playing.

1.2.3 Importance of day care facilities on ECD

Independent studies suggest that good day care for non-infants is not harmful. Some advocate that day care is inherently inferior to parental care. In some cases, good daycare can provide different experiences than parental care does, especially when children reach two and are ready to interact with other children. Bad day care puts the child at physical, emotional and attachment risk. Higher quality care was associated with better outcomes. Children in higher quality child care had somewhat better language and cognitive development during the first 4½ years of life than those in lower quality care. They were also somewhat more cooperative than those who experienced lower quality care during the first 3 years of life. (Ref. Study of Early Child Care and Youth Development, SECCYD)

The National Institute of Health released a study in March, 2007 after following a group of children through early childhood to the 6th grade. The study found that the children who received a higher quality of child care scored higher on 5th grade vocabulary tests than the children who had attended child care of a lower quality. The study also reported that teachers found children from child care to be "disobedient", fight more frequently, and more argumentative. The study reported the increases in both aggression and

vocabularies were small. "The researchers emphasized that the children's behavior was within the normal range and were not considered clinically disordered."

As a matter of social policy, consistent, good daycare may ensure adequate early childhood education for children of less skilled parents. From a parental perspective, good daycare can complement good parenting.

A 2001 report showed that children in high-quality care scored higher on tests of language, memory and other skills than did children of stay-at-home mothers or children in lower-quality day care. (Day care, From Wikipedia, the free encyclopedia) A study appearing in Child Development in July/August 2003 found that the amount of time spent in day care before four-and-a-half tended to correspond with the child's tendency to be less likely to get along with others, to be disobedient, and to be aggressive, although still within the normal range. A new study by the Norwegian Institute of Public Health of nearly 20,000 children shows that fewer children who attend regular formal centre- and family-based child care at 1.5 years and 3 years of age were late talkers compared with children who are looked after at home by a parent, child-care or in an outdoor nursery.

We know that children learn through play, so the day care centres that places a high value on children simply doing activities that they enjoy and having fun are good for early learning and development.
A childcare centre with a wide range of age-appropriate toys will encourage child's development and these helps them to get stimulate creative, imaginative play.

1.2.4 Scopes in a good day care centre

It is important that there are plenty of drawings and paintings that the children have done themselves, showing that their creativity is valued.

We have to establish the daycare serves with nutrient meal check if they are geared up to serve nutritious options to vegetarian children, children who need high nutrient meals or those with food allergies or intolerances. All childcare centres must be registered with the Welfare Department. This ensures that they have met the requirements of the Fire and

Rescue Department, the Health Department and the local council. Many home-based arrangements, such as childcare by a babysitter, are not registered with the Welfare Department. Strictly speaking, this is illegal but it is common, and few parents expect the older auntie/babysitter to be registered.

Whatever the choice we make, we have to make sure there is a safe environment for children and visiting parents. This should be apparent when we visit. For example, we should be able to see that all play equipment and the grounds are safe. Check that fire drills take place regularly. Security must be a high priority. Need to check that children cannot leave the building without being noticed and unauthorized persons cannot enter without valid reason. Prevention of dangerous situations is a must in a childcare setting. A good childcare or daycare centre is clean and sanitary. Floors, corridors, walls and the kitchen area must be spotless; rubbish bins should not be left sitting unimpaired, and the building should be well-lit and ventilated. Staff must be aware of the importance of personal hygiene and follow appropriate procedures. Look for a childcare centre that has an outdoor play area. Children should have the chance to play outside every day - running, jumping and skipping are good for them physically, mentally and socially. If we live in a built-up area, where even the best centres may not have enough space for an outdoor playground, make sure there is a spacious indoor area.

Good parenting goes beyond the basic child care like feeding, cleaning, taking care of health and providing periods of rest. It encompasses various other issues which help the child to develop in order to increase social competence, to recognize feelings in self and others, to understand and express emotion, to have a good sense of identity – self-confidence and self-esteem, etc (Save the Children Sweden, 2008).

1.2.5 Law's about day care centre

Most countries have laws relating to childcare, which seek to prevent and punish child abuse. Such laws may add cost and complexity to childcare provision and may provide tools to help ensure quality childcare.

Additionally, legislation typically defines what constitutes daycare (e.g., so as to not regulate individual babysitters). It may specify details of the physical facilities (washroom, eating, sleeping, lighting levels, etc.). The minimum window space may be such that it precludes day cares from being in a basement. It may specify the minimum floor space per child (for example 2.8 square metres) and the maximum number of children per room (for example 24). It may mandate minimum outdoor time (for example 2 hours for programs 6 hours or longer). Legislation may mandate qualifications of supervisors. Staffs typically do not require any qualifications but staff under the age of eighteen may require supervision. Some legislation also establishes rating systems rating systems, the number and condition of various toys, and documents to be maintained. Typically, once the child reaches the age of twelve, they are no longer covered by day care legislation and programs for older children may not be regulated.

Legislation may mandate staffing ratios (for example 1:3 for under 18 months, 1:5 for 18–30 months, 1:8 for over 30 months, and even higher ratios for older children). The care to child ratio is one factor indicating of quality of care. Ratios vary greatly by location and by day care center. Potential consequences of a care: child ratio which is too high could be serious. Sadly many states allow higher numbers of toddlers to care givers and some centers sometimes do not comply consistently. For example, within the US: Pennsylvania, ages 1–3, 1 teacher to 5 children; Missouri: age 2, 1 teacher to 8 children; North Carolina: 1 teacher to 10 children.

The enthusiasm with which the convention of the rights of the child was received in Bangladesh quickly dissipated as difficulties in implementation arose. It is recognized both by the government and civil society that countless children in Bangladesh are routinely denied their basic human rights. However the scope of the problem is such that for too many children the promises of the convention remain hollow.

The Children's Act 1974: Provides for the custody, protection and treatment of children and the punishment of young offenders by juvenile courts. It also deals with care and protection of destitute and neglected children. It provides, among other safeguards, for the punishment of special offences such as cruelty to children, employment of children

for begging and exploitation of child employees.

1992, the Government of Bangladesh made the Dhaka Declaration for the promotion and protection of breast-feeding practice.
In 1994, the Government of Bangladesh agreed to support environment includes provision of child care and crèche facilities at the work place. [www.phulki.org]

In addition to these formal laws, there are a number of personal and religious laws, which mainly relate to social customs such as marriage, divorce, guardianship, adoption and inheritance, according to religious prescriptions

1.2.6 Situation of existing day care centres of Bangladesh

Women in Bangladesh are still far behind men. Still, education is spreading among women and many of them are working, including in white-collar jobs. At the same time, many are opting for small families. Joint families are becoming difficult to run in cities. Values about joint families are also changing fast.
Thus has emerged a new situation: working women becoming mothers with no one else to take care of the babies if they continue with jobs outside. Family elders are not always available and maids cannot be trusted. What happens then? Working mothers are confronting all these worries.
However, changes are coming, though slowly. Day care centres, where working mothers can leave their babies on payment, are coming up - both in government and private sectors.
The government currently runs 32 day care centres across the country, including seven centres opened in July. Costs in the centres differ. At state-run centres, one has to pay 250 takas in admission fees plus 300 taka a month for a baby's 8:30 a.m. to 4:30 p.m. stay.
At private centres, it takes for an infant 500 to 1,000 taka for half-day and double the amount for a full 8 a.m. to 5 p.m. stay. Babies, aged between six months and six years, are usually accepted.

The cost chart may discourage many to stay away from day care centres and depend on other options such as family elders or maids.
Not everyone in Bangladesh welcomes day care centres for babies. (Day care centres and working mothers, Ayesha Siddika Biplobe).

Different NGOs like Phulki, Oporajeo Bangla, CIPRB, SOF, etc are also working with day care issue for low paid working women's children. Here the finance is from different donors or organization by own. Though there are initiatives, it is not really sufficient with demand.

1.3 Rationale

In Bangladesh over the last decade day care centres have grown up which are very much helpful for child care outside the home environment. In these day care centres, young children are passing a long period of time of day keeping the parents apart from them. So, the environment and caregiver's knowledge and attitude regarding the potentials of child development are very important. There are limited research were done before to assess the child friendly environment of these day care centres. The study findings might help to know about the scope of the day care centres in both GOB & NGO sectors.

1.4 Operational definition

Child Care Centre Standards:
The following regulations apply to all day care centres:

- An on-site outdoor play area of 3.5 square meters for each child must be provided.
- This outdoor play space should be protected by fencing; located in a rear yard unless the particular lot configuration dictates otherwise; and, segregated from any parking, drop-off/pick-up areas or other areas used by vehicular traffic.
- One parking space plus one additional parking space per ten children enrolled in the facility is required. Furthermore, one off-street loading space may be required. Required parking spaces may be located in a required front yard.
- In a residential district, signage displaying the name of the child care business is not permitted. Only a single name plate indicating the name and address of the

occupant can be displayed. The name plate shall not exceed 0.1 square meters. On a corner lot, two name plates can be displayed, one facing each street. [Association of Day Care Operators of Ontario].

Physical Environment:

The physical environment of a licensed child care program serves a variety of functions. At minimum, it needs to be safe and clean. It should do much more than that, however, in that it is a key component of your child's overall learning experience. As such, the physical environment of a licensed child care program needs to be comfortable and appealing, and to offer children a range of play and learning options. When you walk through the door, the program should strike you as a place where your child will enjoy spending long periods of time. It should feel like a second home. [Copyright © 2007 Association of Day Care Operators of Ontario.]

Out door space:

Outdoor play space must be contiguous to the rooms where child care is provided or located less than 500 metres from the facility and to which the operator must be guaranteed access during the operating hours of the facility for at least 5 years; or an outdoor children's play space in a public park, enclosed by a fence. The outdoor play space must be securely enclosed on all sides. All entrances exits that do not lead into the interior of the child care facility must be kept closed at all times when the children are using the play space. Centres on public property may be exempt if the Director is satisfied that such space is not reasonably available and that the children will be adequately supervised and protected in the play space.

Child related display:

An early childhood environment is many things. It's a safe place where children are protected from the elements and are easily supervised. And it's where the important activities of the day like playing, eating, sleeping, washing hands, and going to the bathroom take place. Beyond the basics, however, an environment for young children

implements and supports a program's philosophy and curriculum. (Francis Wardle, Ph.D.)

The room arrangement must make your activity comfortable and convenient as well as flatter your furniture. Think about the use of the room as you arrange the furniture. If you typically eat or drink there, is there a place to set your cup or plate down? Is there enough storage for books or CDs? If the room is used for socializing, is there enough seating and is it appropriately arranged? Wherever possible keep pieces of similar scale together. A small occasional chair would look better next to an accent table or floor lamp than next to a large overstuffed sofa. Try to balance pieces of furniture opposite one another. A pair of upholstered chairs is visually more balanced across from a sofa than a pair of small scale occasional chairs. Mix straight lines for interest in a room. A round table or curved chair breaks up the monotony of an otherwise linear furniture arrangement. Balance the number of wood and upholstered pieces. Mix hard and soft surfaces by adding rugs or fabric covered tables to a room otherwise filled with wood, metal and stone. (China Export Directory)

Quality food:

Provide education and activities for families and children to promote healthy eating. Provide this information in the relevant community languages or discuss the issues with the culturally and linguistically diverse families.

Provide support for nutrition and food safety training and learning opportunities for all staff. Include training that involves awareness of culturally diverse foods and their preparation.

The best nutrition advice to keep your child healthy includes encouraging her to:

- Eat a **variety** of foods
- Balance the food you eat with **physical activity**
- Choose a diet with plenty of grain products, vegetables and fruits
- Choose a diet low in fat, saturated fat, and cholesterol

- Choose a diet moderate in sugars and salt
- Choose a diet that provides enough calcium and iron to meet their growing body's requirements.

Safe hand washing practice:

It means, baby need to wash hands before eating, after toileting, after playing. Before sleeping and after awake, a wash is necessary to keep babies fresh and active as well as healthy.

Daily routine:

Children need routine to help them feel comfortable and settle into the Centre. The daily routines are built around the regular events of the day. (i.e.: arrival, snacks/drinks, toileting/nappy changing, main meal, washing, and dressing, sleeping and departing) The daily routine will take into account your child's developmental needs and attendance pattern, climate and physical environment, the number and age of children within the group, children with special needs, new children entering the group and parent expectations. A copy of the daily routine is located within each room.

When the decision is made to transition children up to the next room, there are a few factors that are taken into consideration. Children being developmentally ready, family approval and if there is a place available for the child in the next group are all considered before the transition takes place. Children will not be moved just because they have had a birthday.

The orientation process for children moving into the next room involves consultation with families to ensure that the process is positive for both the child and the family. We ensure that throughout the process the staff will work in partnership with the families to support the child through the transition.

All children are given the opportunity to sleep/rest at Meela. Some young children will sleep, others who have outgrown their day sleep will be encouraged to read, play quiet games or construct puzzles.

Parents request about their child's sleep patterns will be adhered to as far as possible. But in group care there are many distractions and children's sleep patterns may vary slightly from their sleep pattern at home. Baby's sleeps are according to need and routine. Caregivers will meet babies individual sleep requirements. [Meela child care centre, west parade]

ECD promoting activity:

Early Childhood Development (ECD) programs and services are designed to promote children early literacy. Early childhood development refers to the growth that takes place from pre–conception until age six. The early years are the most critical for neurological development, as the most significant brain growth occurs in the first six years of life. The experiences of early childhood have a profound impact on the overall health and well being of individuals throughout their lifetime. Children learning ensured by proper care, exposure, environmental support, etc. the play and to play with children are the best way to promote ECD to the children.

Formal training for caregiver:

Training can provide fresh ideas and new solutions. Attending educational seminars, conferences, orientation or workshops can also help someone to choose a profession as caregiver. Taking care is a very much responsible work, so a formal training course on child development, child health nutrition, child's need, child friendly environment, materials, protection, etc is highly needed what is possible to ensure.

1.5 General objective

To assess safe, child friendly environment of the day care centres of Dhaka city in both Government and Non Government settings.

1.6 Specific Objectives

Two specific objectives are:

1) To assess the safe, secure, stimulating and enabling environment of day care centres under the study.
2) To evaluate the knowledge of the caregivers of the day care centres regarding child development.

CHAPTER TWO

METHODOLOGY

2.1 Study design

The study design was cross sectional.

2.2 Study period

September, 2010 to February, 2011. (Detail plan of action in Annex-1)

2.3 Study place/ location

The whole study has been operated in different day care centres of Dhaka city in different settings, like urban slum areas, garment factory premises, government organizations of Dhaka. That's:

- Four Government day care centres of different areas of Dhaka city.
- Two Garment Factory based day care centre of Phulki (Mirmur 1)& SOF (Saver),
- Two community based day care centre of ACHOL project, UNISEF in Mirpur, Dhaka city,
- Two community based day care centres of PHULKI in Mohammadpur area, Dhaka city. (Phulki is a non govt. civil society organization).

Studied Centres were:

Sl no./ ID	Name of day care centre	Address	Developed by	Set up status
01.	LGED day care	Agargaon, Dhaka	LGED	Govt.
02.	BPATC day care	Saver, Dhaka.	BPATC	
03.	Bangladesh Bank day care	Motijhil, Dhaka.	Bangladesh Bank	
04.	Day care of Ministry of Bangladesh govt.	Press club, Dhaka	Day care of Ministry of Bangladesh govt.	
05.	Pride garments ltd.	Saver, Dhaka.	Factory owner	NGO setting
06.	Metro Knitting & Dying Mills Limited	Ramarbag, Kutubpur, Fatullah, Narayanganj – 1400		
07.	Achol day care centre (Community based), Non slum	Adorsho nogor, Mirpur- 11, Dhaka.	CIPRB Bangladesh	
08.	Achol day care centre (Community based), Slum based	Shugondha, Mirpur- 11, Dhaka.		
09.	Community based day care centre	Shekher tek, Mohammadpur, Dhaka.	Phulki	
10.	Community based day care centre	Nobodoy Housing, Mohammadpur, Dhaka.		

2.1 Study population & sample

10 day care centres were selected purposively.

- Govt. setting day care
- 6 non govt. setting day cares. Of them
  - 2 are garment factory based day care
  - 4 are urban slum based day care

Sample characteristics were

- 10 day care centres environmental conditions, supports, facilities of the centres.
- Caregivers of the day care centres.

2.2 Data collection instruments/ tools

Data was collected by using two methods. One was observation and another one was Interview. For observation, the checklist has been used here of "The checklist developed by ECD unit of ICMH". It is a valid checklist to measure environment of a day care centre. The checklist gave score to know, whither is it unacceptable, bellow average, Inadequate, average or good? By the tool it is possible observe some important environmental area of a day care centre. That's are space and furnishing, room arrangement, bathroom and toilet facilities, food and nutrition, centre decoration, ECD learning materials, health practices, etc.

The questionnaire was for interview the caregiver of respective day care centres to assess their knowledge about Early Childhood Development of children.

2.3 Data analysis

Data was analyzed using SPSS software programme Windows version 15.0. At first descriptive statistics calculated. Descriptive statistics was calculated to show the result according to variables. The results were calculated in percentages and descriptive statistics were presented in table and chart.

Ethical Issues

Approval of the proposal was sought from the Research and Ethical Review Committee of IED BRAC University before launching the study in the field level. Earlier, in a formal session, the thesis proposal was presented to the expert forum of IED, BRAC University and necessary feedback was incorporated in the proposal. Before data collection or evaluation of the centre the in charge/ supervisor of day care centres were asked for permission. After getting the verbal consent data were collected.

CHAPTER THREE

RESULTS:

3. 1: Physical Environment of day care centres

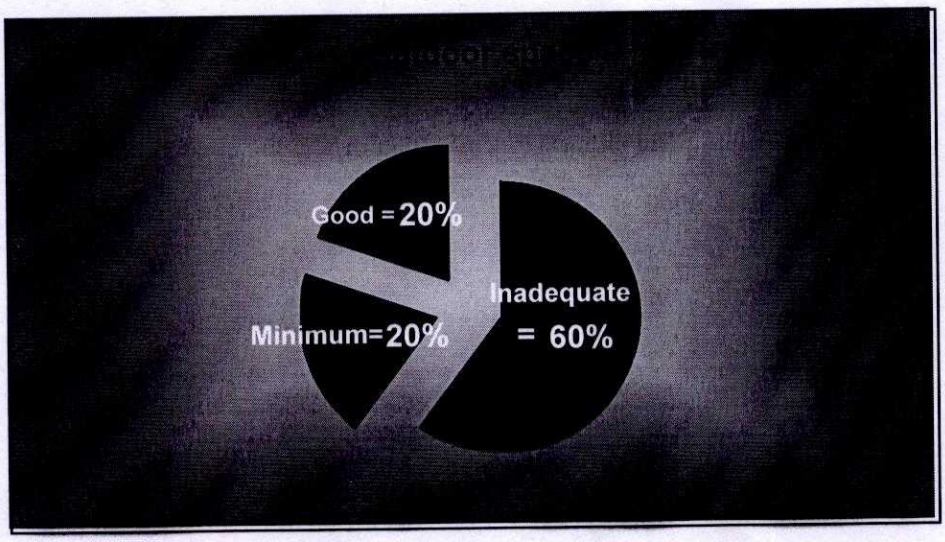
Table 1: Physical environment of day care centres

Parameter	Grading		
	Inadequate	**Minimum**	**Good**
	Number (Percentage)	Number (Percentage)	Number (Percentage)
Space (indoor)	3(30)	3(30)	4(40)
Space (outdoor)	6(60)	2(20)	2(20)
Furniture setting	4(40)	3(30)	3(30)
Room size for existing children	3(30)	3(30)	4(40)
Ventilation (air, light, etc)	1(10)	5(50)	4(40)
Child related display/ decoration	4(40)	4(40)	2(20)

Table I showed the environmental setting for children of the day care centres in different GO and NGO setting. The study was with the information from 10 day care centres of

Dhaka city. From table 1, is was showed that indoor space for children was appropriate according to the number of children of the centre was only in 40% day care centres. And in 30% centres, it was minimum and in rest of the centres, it was really poor. Another finding from this table was about the space for outdoor activity. 60% centres didn't have any space for outdoor activity. 20% centres had only a little space for playing but not with proper instrument facility. And only 20% centres were with appropriate out door setting with enough play materials. Only 20% centres were with good child related display, 40% centre didn't have any child related display or decoration. 40% centres were with proper ventilation facility and air passing in both ways.

Figure I: Outdoor space of day care centres



This figure showed a very much essential element for children which was necessary to be in a day care centre and that was outdoor space for some free play that were very much necessary for children's physical development. 10 DCC were assessed and the findings were really good. It was found that in 60% centres didn't have any space for children's outdoor activity. 20% centres had a small space but not well furnished with supportive materials. Only 20% had a good outdoor facility that was also in a separate room, with some handsome play materials. There they had opportunity for jumping, skipping, balling, rolling, skating, etc.

3.2: Safety related parameters in the day care centre

Table 2: Children's safety issues in the day care centre

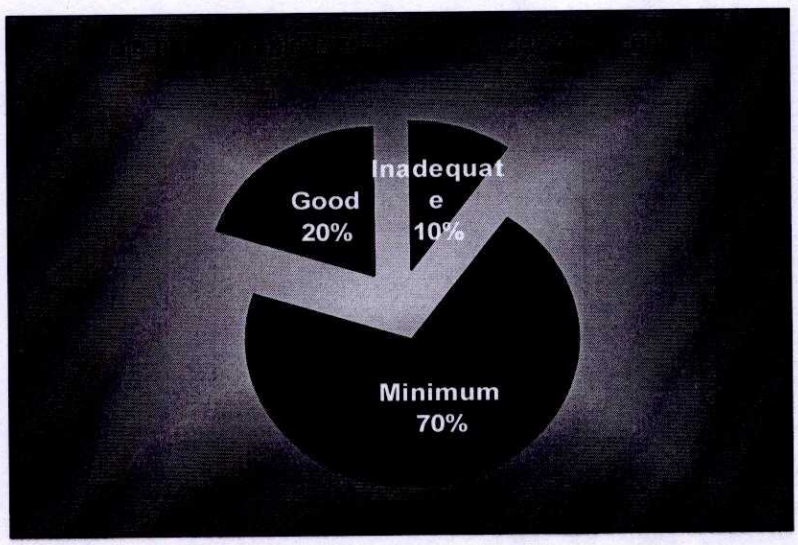
Parameter	Grading		
	Inadequate	**Minimum**	**Good**
	Number (Percentage)	Number (Percentage)	Number (Percentage)
Healthy place for different activity	4 (40)	3 (30)	3(30)
Safe door handles	4(40)	3(30)	3(30)
Manageable water tap	4(40)	3(30)	3(30)
Drinking water	1(10)	7(70)	2(20)
First aid or doctor facility	2(20)	4(40)	4(40)

Table 2 showed the distribution of safety related parameters of the day care centres of different settings (GO & NGO) of Dhaka City. From this table it was showed that, though it was in urban slum or in Govt. organization, the safe drinking water was available in 70% centres. But only in 20% centres had separate clean water glasses for the children for drinking water, what was very much urgent to prevent various diseases. Almost in all centres, first aid boxes were found with some instruments like band aid, dettol, savlon cream, cotton, paracetamol type medicines etc. but only in 40% centre, have a paramedic/ nurse for the children. 40% centres didn't have any healthy/ comfortable place for children's different big group or small group activity. Any safe door handles for the children were not found and at the same time water tap was not manageable of in safe condition in 40% day care centres.

Figure II: Safe drinking water practice in the day care centres

Figure II showed that 70% centres had safe drinking water facility. It was a good sign for children's day care facility. But only 20% centres were in good practice in this regard. They were using separate clean glasses for each child for drinking.

Figure III: Safe hand washing practice in the day care centres



This figure showed us that maximum day care centres didn't follow safe hand washing practice. Only 20% centres were practicing safe hand washing practice. It meaned, the children of that centres wash their hands with soap after toileting, before eating and after

playing. But in 70% centres, the children didn't wash hands after playing. At the same time, only 10% centre, children didn't use soap to wash their hands.

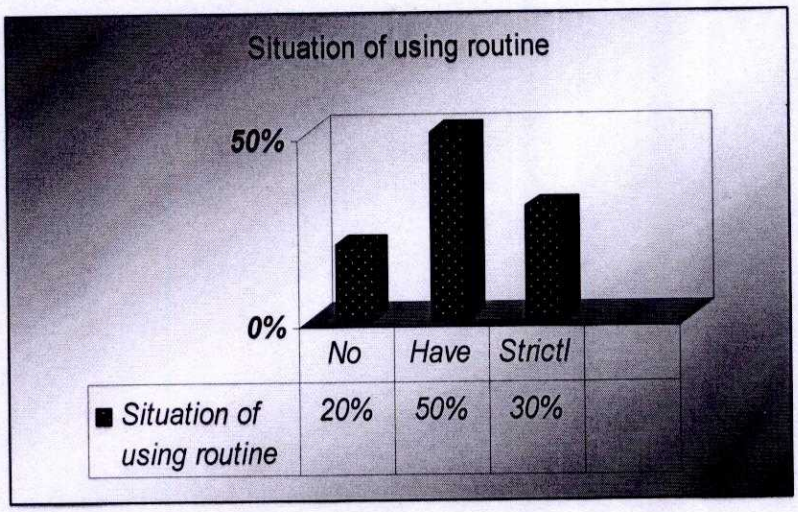
3.3: Child caring and rearing practices

Table 3: Child caring and rearing practices in day care centres

Parameter	Grading		
	Inadequate	**Minimum**	**Good**
	Number (Percentage)	Number (Percentage)	Number (Percentage)
Personal care	1(10)	5 (50)	4 (40)
Follow Daily routine	2 (20)	5 (50)	3 (30)
Greeting practice	1 (10)	6 (60)	3 (30)
Safety practices	1 (10)	5 (50)	4 (40)

Table 3 showed about child caring and rearing practices (e.g. children's personal care, greeting practice and personal hygiene practice) in the day care centres. These indicated children's social development. From this table it was found that almost 80% centre (50%+30%) were following daily routine, among them, in 30% centre, the practice was more focused. But in 20% centres didn't have any routine, though they also had an overall time table for eating, bathing and sleeping. Personal care for individual children was present in 40% centres. 40% children could wear dress and shoe by own. Only 30% centre had greeting practices.

Figure V: Child caring and rearing practice in the day care centres.



This figure (figure V) showed about the condition of routine practice in the centres. 80% centres had routine and of them 30% centres had disciplinary practice of it.

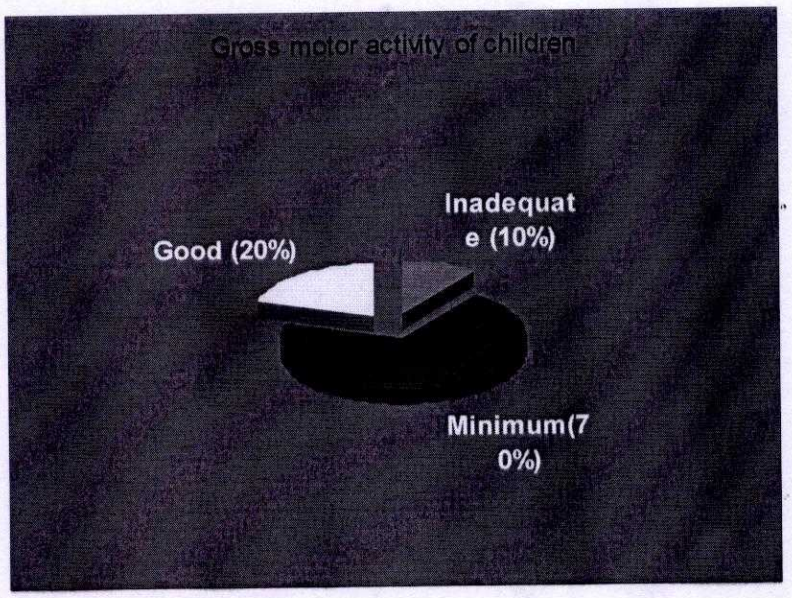
3.4: ECD promoting activities in day care centres

Table 4: ECD promoting activities in day care centres

Parameters	Grading		
	Inadequate	**Minimum**	**Good**
	Number (Percentage)	Number (Percentage)	Number (Percentage)
Fine motor (can draw with crayon)	2 (20)	6 (60)	4 (40)
Gross motor	1 (10)	7 (70)	3 (30)
Music	1 (10)	5 (50)	4 (40)
Encourage children to communicate	6 (60)	3 (30)	1 (10)
Availability of play materials & use	3 (30)	4 (40)	3 (30)
Scope of introduce with natural science	4 (40)	4 (40)	2 (20)

Table 4 showed about the condition of children's ECD promoting activities in the day care centres. Like physical/ motor, music sense, communication, material use, and environmental science. The most important highlighted part of here was "communication with children". It was almost absent in the centres. Table showed that in 60% centres, caregivers didn't communicate with the children intentionally to extend their knowledge. Good quality fine motor activities were operating in 40% children but gross motor activities were in 30% centres. Caregiver used song while playing, in 30% centres. But in 10% centre it was totally absent.

Figure V: Scope of gross motor activity of children



This figure showed children's gross motor development and it was minimum in 70% centres.

Figure VI: Caregiver's communication with children

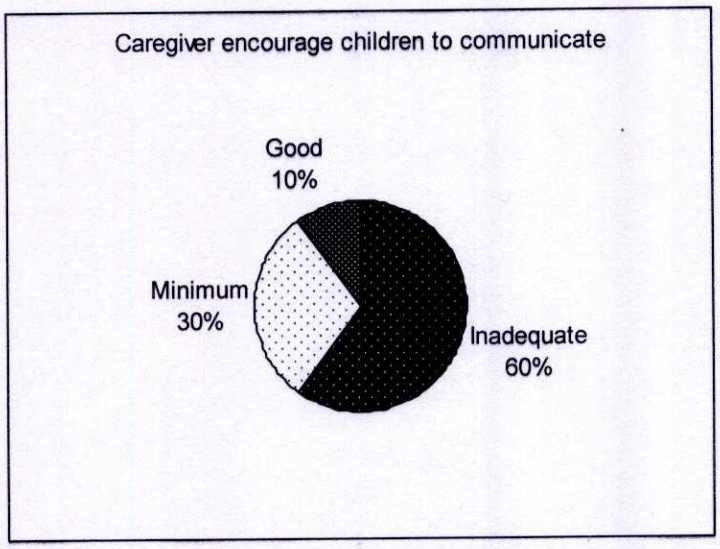


Figure VI showed that, the caregivers didn't communicate with the children when need and it was found only 60%.

3.5: Food supply or nutritional food in day care centres

Table 5: Food supply or Nutritional food in day care centres

Parameters	Grading		
	Inadequate	**Minimum**	**Good**
	Number (Percentage)	Number (Percentage)	Number (Percentage)
Have kitchen and cooking facility	4 (40)	3 (30)	3 (30)
Have kitchen facility and Mothers are providing food	0	6 (60)	4 (40)
Mothers are providing food and have no kitchen facility	0	6 (60)	4 (40)

Table 5 showed that food supply was ensured in all 10 centres. 30% centre had separate kitchen and the cooked nutritional food for their children. 30% centre had kitchen but

they cooked same food for all children without thinking children's age or need. And 40% centres didn't have any kitchen facility. Proper nutritional foods were provided in 40% centres and they had kitchen to make them hot before feeding. In the rest 60% centres, mothers provided food but they have any kitchen facility. Again 40% centres, mothers provided nutritional and fresh food for their children but they didn't have any kitchen to make them warm before eating. In 60% centres, mothers, especially in slum centres, mothers provided food for the children but these foods were not always fresh or good quality for their children.

3.6: Basic Information of the caregivers

Table 6: Basic Information of the caregivers (n=20)

Parameters	Grading	Number	Percentage (%)
Educational Qualification	Below 5th grade = 1	2	10
	5th – 10th grade= 2	12	60
	S.S.C=3	2	10
	H.S.C= 4	4	20
	Graduate & above= 5	0	0
Formal Training on Child development		10	50
Refresher/ short training/ orientation on Child development		7	35
No training		3	15

Table 6 showed that 60% caregivers education level were between 5th to 10th grade, 10% were in bellow 5th grade, 10% were in SSC level and the rest 20% completed HSC level. The assessed 20 caregiver's training information was also collected. 50% caregivers were with formal training on day care management and child caring and rearing. 35% had orientation on ECD and only 15% were without any training or refresher or any orientation.

3.7: caregiver's knowledge about child development

Table 7: caregiver's knowledge about child development (n=20)

Parameters	Indicator	Number	Percentage
Physical development	When a child can sit	15	75
	When a child can stand	16	80
	When a child can walk	16	80
Language development	When a child babble	12	60
	When a child can speak only words like baba/ mama/ etc	11	55
	When a child can speak a whole sentence	15	75
	When a child can recite rhymes	12	60
Social & emotional development	When a child can use social norms like salam/ greetings/ bye –bye/ etc	14	70
	When a child can follow instructions	12	60
	When a child can make friends	14	70
	When a child can do personal tasks (like eating, dressing, bathing) alone	14	70
Cognitive development	When a child can solve problems	10	50
	When a child can make tower of 4 blocks	11	55
	When a child can identify basic colors	15	75
	When a child can count number 1 to 5	12	60

Table 7 showed about the status of caregiver's knowledge regarding child development. The questions were based on 4 developmental domains. From table it was found that the knowledge of caregivers was good on physical and social- emotional development. But caregivers knew little about children's cognitive and language development.

3.8: Caregivers interaction with parents

Table 8: Caregivers interaction with parents (n=20)

Parameters	**Number**	**Percentage**
Know all parents	15	75
Share child's problem with parents	8	40
Arrange regular parents meeting	10	50
Can ensure fathers involvement	2	10

Table 8 showed about caregiver's interaction with parents regarding children or centre management related issues. Here it was found that 75% caregivers knew all mothers of the children. Only 40% caregivers shared children's individual problems with their parents. Parents meeting were in regular in 50% centre. And the most crucial finding from this table was: only 10% fathers attended in parents meeting regularly.

3.9: Score of 10 day care centres (from the checklist of ICMH)

Table 9: Score of 10 day care centres (from the checklist of ICMH) to specify safe, secure, stimulating and enabling environment of day care centre centres.

Centre name	LGED day care	BPATC day care	Bangladesh Bank day care	Day care centre of Ministry of Govt.	Pride garments ltd.	Metro Knitting & Dying Mills Limited	Achol day care centre (Community based), Non slum	Achol day care centre (Community based), Slum based	Community based day care centre of Phulki	Community based day care centre of Phulki
Centre ID	01.	02.	03.	04.	05.	06.	07.	08.	09.	10.
Score	103	96	115	110	108	100	98	90	102	97
Category	Average	Average	Average	Average	Average	Average	Average	Inadequate	Average	Average
Centre status	On-site GO setting	On-site GO setting	On-site GO setting	On-site GO setting	Garment Factory based/ NGO setting	Garment Factory based/ NGO setting	Slum based/ NGO setting	Slum based/ NGO setting	Slum based/ NGO setting	Slum based/ NGO setting

Table 9 showed the score of day care centres. From the score of 60% centres were more than 100 and the rest centres were below 100 but over that 95.

3.9: Grading of 10 day care centres.

Table 9: Grading of 10 day care centres from the ICMH tool.

Parameter	Number of centre	Percentage
Unacceptable (if less than 48)	0	0
Bellow average (48- 70)	0	0
Inadequate (71- 95)	1	10
Average (96- 116)	9	90
Good (117-144)	0	0

This table showed that, from the studied day care centres, 90% centres were average and only 10% centres were Inadequate.

CHAPTER FOUR

DISCUSSION:

It is now clear to all that for children's optimum development, environment can help greatly. Behavioral theories of child development focus on how environmental interaction influences behavior and are based upon the theories of theorists such as John B. Watson, Ivan Pavlov and B. F. Skinner. Only a good quality day care centre can provide such essential support. Among the sign/ characteristics of a good day care centre "a stimulating and structured environment" is must. (www.babycentre.com) The physical environment of a child care program serves a variety of functions. It should feel like a second home. By assessing the environmental setting for children of the day care centres in different GO and NGO setting it also established.

This study resulted that indoor space for children was appropriate according to the number of children of the centre is an essential element for children which is necessary to be in a day care centre and that is outdoor space for some free play that are very much necessary for children's physical development. Outdoor play space can be contiguous to a room where child care is provided or located from the facility and must be guaranteed access during the operating hours of the facility for at least 5 years. Outdoor children's play space can be an outside space to enclose by a fence. Children's gross motor development and for its longilibility will effect in future physical fitness as well as for a physically sound child. It is urgent for children's optimum development. Here in the study only 10 DCC were assessed and the findings were not good. It was found that in 60% centres didn't have any space for children's outdoor activity. 20% centres have a small space but not well furnished with supportive materials. Only 20% have a good outdoor facility that is also in a separate room, with good number of play materials. There they had opportunity for jumping, skipping, balling, rolling, scatting, etc.

INFANT/TODDLER ENVIRONMENT RATING SCALE-Revised Edition(ITERS-R) gave emphasis on Indoor Space, Furnishings for routine care and play, provision for relaxation and comfort, Room arrangement, Display for children, Greeting/Departing, Meals/Snacks, Nap, Diapering/Toileting, Health practices, Safety practice, Helping

children understand language, Helping children use language, Using books, Fine motor, Active physical play, Art, Music and movement, Blocks, Dramatic play, Sand and water play, Nature/ science, Use of TV, video, and/ or computer, Promoting acceptance of diversity, Supervision of play and learning, Peer interaction, Staff-child interaction, Discipline, etc. and in the current study, it was also followed.

Good, age appropriate, stimulating, and sufficient with room size and number of children. This setting is helpful for children's learning, contented color for children. These displays are in children's eye level, so that they can read easily [ITERS-R]. But only 40% centres were clean enough and had a good number of toys, they didn't have any child related display in the centre. And the rest 40% centres had a little bit of learning arrangement in the centre as decoration.

Day care centres are with children from 6 weeks to 6 years. And this is the period of children's 85% brain development. Brain developed through interaction with environment and caregiver's stimulations. Children's Brain Development is Linked to Physical Fitness (Research Findings, Science Daily, Sep. 16, 2010) — Researchers have found an association between physical fitness and the brain in 9- and 10-year-old children: Those who are more fit tend to have a bigger hippocampus and perform better on a test of memory than their less-fit peers. The new study, which used magnetic resonance imaging to measure the relative size of specific structures in the brains of 49 child subjects, appears (in the journal *Brain Research*, www.sciencedaily.com).

"This is the first study I know of that has used MRI measures to look at differences in brain between kids who are fit and kids who aren't fit," said University of Illinois psychology professor and Beckman Institute director Art Kramer, who led the study with doctoral student Laura Chaddock and kinesiology and community health professor Charles Hillman. "Beyond that, it relates those measures of brain structure to cognition.

For environmental stimulation, the study found that the day care centres could be able to minimize the challenge of room size in urban slum's day care centres. Though the room size is not proper at slum day care, but its inside decoration, child friendly posters, pictures, rhymes, variety of hand made toys, books, color pencils, drawing books, plastic

toys, balls, cars, blocks, etc are available in the centres. It helps the children to be stimulate as well happy. But on the other hand, in Govt. setting day care centre like LGED, it is clean enough but there are lack of material type and room decoration also.

Some safety related parameters were also assessed in the study. The analysis of safety related parameters of the day care centres of different settings (GO & NGO) of Dhaka City found that the centres though it is in urban slum or in Govt. organization like LGED or a centre in slum area, the safe drinking water is available in 70% entres. But among them only in 20% centres, there were separate clean water glasses for drinking water, what is very much urgent to prevent various diseases.

About doctor/ first aid facility, it is a dilemma for the parents that in all centres, parents are asked to take their children to doctor when necessary though they have work. But almost in all centres, had first aid box with some instruments like band aid, dettol, savlon cream, cotton, paracetamol type medicines etc. but only in 40% centre, a paramedic/ nurse for the children were have. In garment factory, they have a doctor/ nurse for their worker but the facility is not for the children. The NGO's are trying to incorporate this support for the children and children are getting facility in case of some seasonal disease. But the concern is, when this NGO will withdraw them from the supervision of the day care centres, the situation will return again. The factories are doing day care for their compliance issue not from their corporate social responsibilities. In case of govt. day care centres, the parents are medium paid or sometimes more than that. So, they are conscious and aware about their children. The situation is poor in urban slum areas. They don't have any medical facility in centres. But the parents are received information of health service providers when necessary.

40% centres don't have any healthy/ comfortable place for children's different big group or small group activity. This situation is also in slum based day care centres. They space is the vital problem for that as the house rent is being higher day by day.

Child caring and rearing practices in day care centres were also assessed in the study.

In order to provide care and education that will permit children to experience a high quality of life while helping them develop their abilities, a quality program must provide for the three basic needs all children have:

- Protection of their health and safety
- Building positive relationships
- Opportunities for stimulation and learning from experience

No one component is more or less important than the others, nor can one substitute for another. It takes all three to create quality care. Each of the three basic components of quality care manifests itself in tangible forms in the program's environment, curriculum, schedule, supervision and interaction, and can be observed. These are the key aspects of process quality that are included in our environmental rating scales. (ECERS news).

The table 3 showed about child caring and rearing practices like children's personal care, greeting practice and personal hygiene practice in the day care centres. These indicate children's social development. Here, the most important part is the habit of following daily routine. This issue is really a highlighted area in the day care centres. From this table it is shown that almost 80% centre (50%+30%) are following daily routine, among them in 30% centre, the practice was more focused. But in few centres there were no routine at all, though they also had an overall schedule for eating, bathing and sleeping.

Only 30% centre have greeting practice. E.g. caregiver or supervisors appreciate the children when they do any good work.

Most ECD centres do not have enough educational playing materials. One of the basic principles of an ECD centre is to teach children by involving them in play. This will help children to learn quickly. So this study tries to explore ways to increase the stock of educational playing materials in the ECD centres in Jetharahiya VDC at Rauthat district. [Ref: Seto Gurans Child Development Centre, Rauthat.]

ECD promoting activities in day care centre in this study differ from the above mentioned study. The GO setting is better than the NGO setting. And at the same time there were lack of ECD promoting activities in these centres. Their main concern is on cleanliness,

room arrangement etc. but in the NGO setting centres were more focused with their stimulating activity. Children are happy to have a child friendly environment with decoration and toys, learning materials. They have four settled corner for ECD activity. They have guided play as well. But in GO day care, it was absent due to lack of awareness.

The condition of children's ECD promoting activities in the day care centres are physical/ motor, music sense, communication, material use, and environmental science. The most important highlighted part is "communication with children". From this study it was found that, in 60% centres, caregivers were not communicating with the children intentionally to extend their knowledge. Good quality fine motor activities were operating in 40% centre but structured gross motor activities were followed in 30% centres. Caregiver uses song while playing is in 30% centres. But in 10% centre it was totally absent.

There were scattered educational back grounds among the caregivers. Study showed that 60% caregivers education level is between 5^{th} to 10^{th} grades, 10% are in bellow 5^{th} grade, 10% are SSC level and the rest 20% are in HSC level. These 20% staffs were working in GO setting day care centres and their payment was also better standard than NGO setting day care centres. Only salary constraints are forbid woman to be encourage about this noble profession.

Some discussion about caregivers and child vocabulary showed in several studies. It was found that singing, talking to the child and playing games are activities that parents naturally indulge in to help development of the child's vocabulary, as well as other skills. It has been proven that reading to a child from as early as six months aids in the development of the child's vocabulary. (Child Care & Rearing. By Dr. Smith)

Child care professionals may have limited time with children, but even this time, if constructively used, can significantly help in developing language skills. Child specialists, caregivers and parents use a mix of day-to-day conversation, reading, singing, vocabulary questions and learning games to encourage children to improve and widen their vocabularies.

Reading and Vocabulary Questions to Develop Children's Vocabulary-Reading offers a chance for parent and child to bond, to spend quiet time together without distraction, and for the parent to introduce vocabulary questions and new concepts through the book. While reading, ensure that you ask vocabulary questions to draw answers from the child, and allow for the child to ask questions too. Simple vocabulary questions like "What is this big animal here?" are enough to draw attention to a new concept or idea. Choose books that have bright colors, favorite animals or cartoon characters, or big letters.

Talking to a child about everything around, all the new objects or concepts, people, as well as his or her own reactions to different sights creates an atmosphere in which the child feels free to express himself. A trip to the supermarket or a play session with friends can become a learning experience when guided properly and when new ideas are added to the child's vocabulary. As a caregiver, when talking to a child, provide information but encourage more conversation from the child to keep his attention from wandering.

Learning games are a vital part of language skills and development of children's vocabulary. Through a fun activity with vocabulary questions that is monitored by a caregiver, either parent or professional, a child will receive lessons in life skills, as well as language and vocabulary.

Beginning early with speech and vocabulary development has its advantages. A child who has a better command over the language is able to express himself more clearly, and will find it easier to access further learning through conversations, books and interaction with peers and friends. (References, 1. Speech & Language Development Milestones. NICD. 2. Home Treatment – Speech & Language Development.)

Many children, particularly after the age of three, benefit from good, group day care, where they can have fun and learn how to interact with others. Child and adolescent psychiatrists suggest that parents seek day care services have trained, experienced teachers who enjoy, understand and can lead children, opportunities for creative work, imaginative play, and physical activity, space to move indoors and out, lots of drawing

and coloring materials and toys, as well as equipment such as swings, wagons, jungle gyms, etc.

If the child seems afraid to go to day care, parents should introduce the new environment gradually: at first, the mother or father can go along, staying nearby while the child plays. The parent and child can stay for a longer period each day until the child wants to become part of the group. If the child shows unusual or persistent terror about leaving home, parents should discuss it with their pediatrician. Parents can help make day care more positive and less stressful for their child. (Facts for Families, www.aacap.org)

The centres that were assessed are directly or indirectly received supports from any expert groups like NGOs. As they got the technical supports like caregivers training, idea on centre decoration, guideline on day care supervision, etc for their child care centres. In this study, 20 caregivers are interviewed. Of them, 50% received formal training on day care management and child care and rearing. 35% have orientation on ECD and only 15% are without any training or refresher or any orientation. This 15% were not directly communicating with children and they were not involved with any children's activity. They were engaged in cleaning, washing, feeding the children in the centre.

The caregiver's knowledge regarding child development has been assessed. In the questionnaire, only some simple basic questions on ECD have been incorporated. These are only some simple basic child development related questions like "when a child can sit?" Or, "when a child can stand?", Etc. The questions were based on 4 developmental domains. From study, we saw that the knowledge of caregivers were good on physical and social- emotional development. But caregiver's knew little about children's cognitive and language development. As 50% caregivers are with formal training on ECD, so the score could be better then the present. The statuses of supervision, mentoring and coaching were not that much noticed and mentoring-coaching is the best way to make caregivers knowledge into practice. Caregivers know about child development and it's necessitated but the way is not in their practice.

Father's involvement in day care centres is not a surprising finding. The study showed that about caregiver's interaction with parents regarding child or centre management related matters.

75% caregivers know all mothers of the children. Only 40% caregivers share children's individual problems with their parents. Parents meeting are regular in 50% centre. And the most crucial finding from this table is that only 10% fathers attend in parents meeting regularly.

It is known that another necessary part of ECD is that, father's participation in child's secure development though our society is male dominated but child rearing related responsibility is to mothers. This figure is a strong example of that challenge. Among the 10 day care centre we found that in 90% centre, there is no presence of fathers in parents meetings. Only mother's are involved in this event, where it's a very good opportunity for parents to share about their children's need, interest, positive or negative behavior, etc.

CHAPTER FIVE

LIMITATIONS:

1. The sample was small. Only 10 purposively selected day care centres were the sample of the study.
2. Proper sampling technique could not be followed.
3. The study was with limited with the centres in urban areas of Dhaka city only, which could not depict the actual picture of all the day care centres of Bangladesh.
4. As the study was done in only 10 day care centres and from this small number of sample, it was not possible to give any specific comment.

CONCLUSION

This cross sectional study was aimed to assess safe child friendly environment of the day care of Dhaka city in both GOVT and NGO setting. It was found that only 20% centres were with the facility of a good out door play ground for the children; which is necessary for the urban children for their physical development. Of all centres, 40% had appropriate room size for the children and only 20% centres had good child related display or decoration. They had safe drinking water in their centres, but the water management was not really hygienic. 80% centres were not using separate water glasses for the children. Among the all centres 80% were following their daily routine but only 20% of them were strictly following the routines. Among the 10 day care centres, 40% centres are with good quality food support. As in these 40% centre, they had cooking facility for the children and they also consider children's need and test to prepare food. In the rest 60% centre, mothers are providing food for their children. Among caregivers, 50% had formal training on ECD and they have idea on early childhood development. Assessing their knowledge regarding child development, child rearing and caring, and the caregivers had good knowledge on physical (75% to 80%) and social emotional (60% to 70%) development but they did not have much idea regarding language development (55% to 75%) and cognitive development (only 50% to 55%).

This paper has shown that it is also possible to develop a high quality, child friendly day care centre even in slum with low cost materials. For example, the centres of urban slum of Mohammadpur area. At the same time, a very costly centre, like the centre of LGED, may not environment friendly for the children.

The study showed the safe child friendly environment of the day care centres in GOVT and NGO setting. NGO's developed their day care centres with more research comparing with the GOVT. setting day care centres. The study showed that among the ten studied centers 90% were of average category (score 96-116) and rest 10% centres were of inadequate category (score 71-95). But as an initiative; the day care facilities were relatively good. It is better for the children to stay in day care cantre rather than keeping alone at home. For ensuring and increasing better child care facilities, importance of day care should be included in all of the child development policies which are directly and

indirectly associated with child development. However still there is scope for further improvement of child friendly environment of the day care centres in our country.

Recommendations:

1. The study can give idea to establish a day care centre. It also provides scope to improvement. Like the out door space can receive more priority after the study.
2. The study can demand for any large scale study on the same issue. And the study findings can be used to develop ECD program strategy.
3. Management or the concern personnel need knowledge on ECD and the basic concept on ECD to develop a good day care centres and for its proper supervision.
4. Govt. or the day care centres that doesn't have financial problem can take technical support from expert group for day care centre's decoration, children's toys & material selection, trained caregiver, supervision technique.
5. From the study, it is possible to develop a "Supervision Checklist" to supervise the day care centre. [Annex- 4:Centre Supervision Checklist]

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Education and Training Workforce: Early Childhood Development

Commissioned study

Besim Nebiu. NICHD Study of Early Childhood Development Comprehensive longitudinal study

Project Proposal Writing.

The Regional Environmental Center.

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Annexure:

Annex-1: The time schedule at a glance

Months	Sep, 10	Oct, 10	Nov, 10	Dec, 10	Jan, 11	Feb, 11	Mar, 11	Apr, 11	May, 11	June, 11
Topic selection	√									
Literature review	√	√	√	√	√	√				
Proposal ready & present			√							
Sample selection				√						
Data collection				√						
Data Analysis					√					
Report writing (draft)					√					
Report submission (1st draft)							√			
Report submission (final draft)									√	
Thesis presentation									√	
Thesis submission (Final)										√

Annex 2:

Check list for development indicator system in daycare center

A. Space and furnishing

1. **Indoor space** I M G
2. **Outdoor space** I M G
3. **Furniture**

a. Enough furniture for routines, play and learning by children including disabled c[h] I M G

b. Toys stored in boxes with open shelves & can be easily accessible by children M

I G

c. At least two soft furnishings in the room that the children may use in play I M G

4. Room arrangement

a. All children in the room can be supervised easily I M G

b. Enough space and arrangement in the room so that these different types of activities can go on at the same tim I M G

c. All materials like toys and other learning materials are easily acces I M G

I M G

d. shelves not over crowded

5. Bathroom and toilet facilities

a. Accessible I M G

b. Door handles at suitable position so that children with minor disability can open & close I M G

c. water tap manageable I M G

d. Soap available in the bathroo I M G

e. Towel within reach I M G

6. Food and nutrition:

a. Kitchen facilities I M G

b. Food provider I M G

7. Other Facilities

a. Ventilation I M G

b. Drinking water I M G

c. Water filter securely placed, no chance of accident I M G

I= Inadequate M= minimum G= Good

b. materials like posters, picture are colorful I M G

9. Toys dolls and other play materials

a. Toys dolls and other materials I M G

B. Personal Care

1. Greeting / Departing

a. Greeting I M G

b. Look after I M G

c. Departing I M G

d. Routine/Schedule I M G

2. Health Practices

a. Hand wash before and after play I M G

b. First Aid I M G

c. Safety Practices I M G

1. Books

I M G

2. Encourage children to communicate

I M G

3. Story telling

I M G

D. Activities

1. Fine motor

a. Crayons and papers to draw

I M G

b. Puzzle sets of bits with fine string, tower set

I M G

2. Music

a. Musical instrument

I M G

b. Children encourage doing song

I M G

I= Inadequate M= minimum G= Good

3. Nature/Science

4. TV and Video

E. Interaction

a. Supervision of gross motor activities | I | M | G |

b. Staff children interaction | I | M | G |

F. Programme Schedule

a. Schedule | I | M | G |

G. Parents and staffs

1. Provision for parents

a. Accessibility | I | M | G |

b. Meeting | I | M | G |

2. Pre – Requisites/Qualification of staffs

a. Knowledge | I | M | G |

b. Qualification | I | M | G |

c. training exposure | I | M | G |

4. Supervision and monitoring | I | M | G |

5. Personal needs | I | M | G |

I= Inadequate M= minimum G= Good

Name of the centre: .....

Address: .....

Type of centre (GO/ NGO): .....

A. Interaction with children:

1. Do you play with the children regularly? †Yes=1 †No=2
2. Do you play with the children individually? †Yes=1 †No=2
3. Do you play according to children's interest or need? †Yes=1 †No=2
4. Do you use play materials at the time of play? †Yes=1 †No=2

B. Knowledge about developmental milestone:

Physical/Motor:

1. Do you know about children's physical/ motor development?
   †Yes=1†No=2
2. Do you know when a child can sit? † Yes =1 † no=2
   If yes, please specify..... In months
3. Do you know when a child can stand?† Yes =1 † no=2
4. If yes, please specify ..... in months
5. Do you know when a child can walk?† Yes =1 † no=2
6. If yes, please specify ..... in months
7. Do you think that all the children of your day care centre achieved age appropriate physical/motor development? †Yes=1 †No=2

Language:

8. You know about children's language development? †Yes=1†No=2
9. Do you know when a child babbling? †Yes =1†no=2

If yes, please specify ..... in months.

11. Do you know when a child can speak a whole sentence? †Yes=1 †No=2

If yes, please specify ..... in months.

12. Do you know when a child can recite rhymes? †Yes=1 †No=2

If yes, please specify ..... in months.

13. 11. Do you think that all the children of your day care centre achieved age appropriate language development? †Yes =1 †no=2

Social & emotional:

14. You know about children's social & emotional development? †Yes=1 †No=2
15. Do you know when a child can use social norms like salam/ greetings/ bye –bye/ etc?

16. Do you know when a child can follow instructions? †Yes=1 †No=2

If yes, please specify ..... in months.

17. Do you know when a child can make friends? †Yes=1 †No=2

If yes, please specify ..... in months.

18. Do you know when a child can do personal tasks (like eating, dressing, bathing) alone?

†Yes=1 †No=2

If yes, please specify ..... in months.

19. Do you think that all the children of your day care centre achieved age appropriate Social & emotional development? †Yes=1 †No=2

Cognitive:

20. You know about children's cognitive development? †Yes=1 †No=2

21. Do you know when a child can solve problems? †Yes=1 †No=2

If yes, please specify ..... in months.

22. Do you know when a child can play with blocks? †Yes=1 †No=2

24. Do you know when a child can identify body parts? †Yes=1†No=2

If yes, please specify ..... in months.

25. Do you know when a child can count up to 5? †Yes=1†No=2

If yes, please specify ..... in months.

26. Do you think that all the children of your day care centre achieved age appropriate cognitive development? †Yes=1†No=2

C. <u>Knowledge about centre decoration, materials and its use:</u>

1. Do you think that the environment of your centre is child friendly? †Yes=1†No=2
2. Centre decoration of this centre is appropriate or not? †Yes=1†No=2
3. You sometimes do/ change centre decoration on children's demand? †Yes=1†No=2
4. Have enough toy materials in the centre for the children? So that all children can play at a time? †Yes=1†No=2
5. You usually made hand made materials/ toys for the children? †Yes=1†No=2

D. <u>Play activity of children:</u>

1. You encourage all children to play with all the toys or materials of the centre? †Yes=1†No=2
2. You also play with the children? †Yes=1†No=2
3. You encourage children for peer play? †Yes=1†No=2
4. You encourage the children for pretend play? †Yes=1†No=2
5. You let them to do free play? †Yes=1†No=2
6. You have four corners in your centre? †Yes=1†No=2
7. You give opportunity for corner play to the children? †Yes=1†No=2
8. You let them to do individual play? †Yes=1†No=2
9. Children do group activity in your centre? †Yes=1†No=2

E. <u>Health issue:</u>

1. Are the children physically sound? †Yes=1†No=2
2. Your children are getting balanced diet? †Yes=1†No=2
3. Are your infants getting mother's milk? †Yes=1†No=2
4. Do you have health check up on regular basis in your centre? †Yes=1†No=2
5. You have first aid facility in your centre? †Yes=1†No=2
6. You use it when necessary? †Yes=1†No=2

1. Do you think that your centre is clean enough for the children's better health?
   †Yes=1†No=2

2. You are satisfied enough about your children's cleanliness? †Yes=1†No=2
3. You keep your toys clean all the time? †Yes=1†No=2

G. Child's safety Issue:

1. Do you think, that the children are safe enough here? †Yes=1†No=2
2. Need any more things to do? †Yes=1†No=2
3. The way what they use to go their home, is good enough for them? †Yes=1†No=2
4. You faced any accident here till now? †Yes=1†No=2

H. Relation with parents:

1. You know all the parents of the children? †Yes=1†No=2
2. They share with you about children's problem at home? †Yes=1†No=2
3. Regular parents meeting are holding on here? †Yes=1†No=2

I. Centre management:

1. You follow any routine in your centre? †Yes=1†No=2
2. You inform to your supervisor about anything (positive/negative issue) of your centre?
   †Yes=1†No=2

3. You are involved in the record keeping process of your centre? †Yes=1†No=2
4. What do you think, it is necessary or not? †Yes=1†No=2

J. Training:

1. You received any basic training about child care and development? †Yes=1†No=2
2. You think that training is necessary for this job? †Yes=1†No=2
3. You got any refresher training? †Yes=1†No=2
4. Is it helping you in your job? †Yes=1†No=2

Thank you

Name/ Type of the day care centre:

Address:

Number of Total Children: **Boys:** **Girls:**

Total Caregivers in Center: **Visiting time/ Duration:**

SL NO	Subject	Present Situation			
1.	**Environment and managemnt of the center**				**Remark**
1.1	Location of the center org or slum.	Ground Floor	Separate building	Same building------ Floor	
1.2	Cleanliness of the center (inside)	Best	Better	Need to improve	
1.3	Furniture is suitable for children	Best	Better	Need to improve	
1.4	Center environment is child friendly	Best	Better	Need to improve .	
1.5	Center Decoration	Best	Better	Need to improve	
1.6	All caregivers received formal training	Yes		No	
1.7	Toilate facility is hygienic	Yes		No	
1.8	Use the center toilet in a hygienic way	Yes		No	
1.9	There is Fire extenguisher/ Emargency Exit in center	Yes		No	
1.10	Fire Drill is done regularly	Yes		No	

2.2	Separate space is there for breast feeding	Yes		No	
2.3	Who are providing the extra food to the children	□ Child's mother □ Org/ Factory Owner		Prepare the food in center	
2.4	Meal Routine is followed	Yes		No	
2.5	Quality of food is appropriate for children	Yes	No	Need to improve	
2.6	Food is provided according to the children demand	Yes	No	Need to improve	
2.7	Presence of pure drinking water	Yes	No	Need to improve	
3.	**Activities of the caregiver**				**Remark**
3.1	Caregivers are particularly assigned for specific job.	Yes	No	Need to improve	
3.2	ECD activity is there routinly	Yes	No	Need to improve	
3.3	Steps of daily schedule is followed	Yes	No	Need to improve	
3.4	Caregivers are supporting children in group work	Yes		No	
3.5	Children's participation in center (Open play ,material organization)	Yes		No	
3.6	Caregiver gives more support to the weak children need special care	Yes		No	
3.7	Food Storeing process is satisfactory	Yes		No	
4.	**Child development**				**Remark**

		appropriate	improve	
4.3	Improvement in making question and giving answer childrens participation in ecd session	Age appropriate	Need to improve	
4.4	Friendly relation among the children	Yes	No	
5.	**Child Health**			**Remark**
5.1	Formal health support and health linkage Is the	Yes	No	
5.2	Children's Health Check up is done Regularly by trained personnel	Yes	No	
5.3	Necessary Steps are taken for weak/ physically challange children	Yes	No	
5.4	EPI Vaccination is given to the children	Yes	No	

Any comments which you think is important mention it in the following but need not repeat the same subject which is listed in above checklist.

-
-
-
-

Visitor's Name: Sign :

Designation: