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## Appendix A I

### Questionnaire: Day mother: Quality of Care

#### Day Mother Code:

The researcher/research assistant will complete this questionnaire during a visit to the day mother. The following information will be given to each day mother participating in this study before she answers the questionnaire:

*“Thank you for the opportunity to visit your day care facility. The information that you provide will be used for a study on the standards and programs used by the average day mother in Limpopo, South Africa. All information will be handled confidentially and no individual results will be made available.”*

#### **A. REGISTRATION:**

1. With which organizations/institutions are you registered?

Department of Health	A.1.1.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Department of Welfare	A.1.2.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Society for Day mothers	A.1.3.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Society for Pre-School Development and Care	A.1.4.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Other .....	A.1.5.		

2. Does the Department of Health pay regular inspections to your facility?

A.2.1.  yes      A.2.2.  no

If YES, how often?

A.2.3.	Monthly	1
A.2.4.	Quarterly	2
A.2.5.	Bi-annually	3
A.2.6.	Annually	4
A.2.7.	Less frequent	5

3. What aspects of your facility does the Department of Health inspect?

Hygiene	A.3.1.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Safety	A.3.2.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Staff	A.3.3.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Size	A.3.4.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Equipment	A.3.5.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Toys: Safety	A.3.6.	<input type="checkbox"/> yes	<input type="checkbox"/> no

Correct for age group	A.3.7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	A.3.8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Number of toys	A.3.9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sleeping facilities	A.3.10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program for stimulation	A.3.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emotional well being of babies and toddlers	A.3.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Record keeping of babies' health	A.3.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Developmental stages of babies	A.3.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Possible developmental delay in babies and toddlers	A.3.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**B. TRAINING:**

1. Did you attend any formal training as a day mother before you opened your facility? B.1.1.  B.1.2.

If YES, tick the following points that are applicable to your training:

1 – 5 workshops	B.1.3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 – 3 weeks course	B.1.4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 –3 months course	B.1.5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 year course	B.1.6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Diploma	B.1.7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Degree	B.1.8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other, specify	B.1.9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Do you have a matriculation certificate? B.2.1.  B.2.2.
3. Did you pass any other tertiary education? B.3.1.  B.3.2.

If YES, specify: Institution: \_\_\_\_\_

Qualification: \_\_\_\_\_

Year qualified: \_\_\_\_\_

4. Do you study any literature about day mothers on a regular basis? B.4.1.  B.4.2.  If YES, specify: \_\_\_\_\_

5. Do you attend workshops / meetings for day mothers regularly? B.5.1.  B.5.2.  If YES, specify: \_\_\_\_\_

6. Do you feel a need for training to improve your knowledge about day care?

B.6.1.  yes B.6.2.  no

**C. SERVICE PROVIDED:**

C.1. How many children do you take care of? \_\_\_\_\_

C.2. What is the average time a child spends with you per week?

Half day	5 days	% of children	C.2.1.
	Certain days	% of children	C.2.2.
Full day	5 days	% of children	C.2.3.
	Certain days	% of children	C.2.4.

C.3. Do you provide meals? C.3.1.  yes C.3.2.  no

If YES, tick what is applicable to your facility:

3 meals	C.4.1.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
2 meals	C.4.2.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
1 meal	C.4.3.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
snacks	C.4.4.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

C.5. specific menu, compiled by a dietician	1	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
porridge / cereals	2	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
milk / formula	3	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
meat / fish	4	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
egg	5	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
vegetables	6	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
fresh fruit	7	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
biscuits / cakes / sweets	8	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Rooibos Tea	9	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Fresh Fruit Juice	10	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Sugar	11	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Preservatives / Colourants	12	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

D.1. Do you provide a specific program for stimulation? D.1.1.  no D.1.2.  yes

D.2. If YES, tick what is applicable for your facility and name an example:

D.2.	Compiled by a professional	1	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Training to use the program	2	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Compiled by yourself / friend	3	<input type="checkbox"/> yes	<input type="checkbox"/> no

D.3.	Big muscle development	1	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Development of balance	2	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Hand grip development	3	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Development of senses	4	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Speech / Language Dev.	5	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Self Care Activities	6	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Rhythm, Songs & Rhyme	7	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Emotional Development	8	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Social Skills Development	9	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Parent-Child Interaction	10	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Differentiate between age groups	11	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Developmental tables available	12	<input type="checkbox"/> yes	<input type="checkbox"/> no

E.1. Do you have a standard procedure to refer a child with a possible problem?

E.1.1.  yes

E.1.2.  no

E.2. If YES, tick what is applicable to you:

Talk to child's parent	E.2.1	<input type="checkbox"/> yes	<input type="checkbox"/> no
Recommend a doctor	2	<input type="checkbox"/> yes	<input type="checkbox"/> no
Recommend another health professional	3	<input type="checkbox"/> yes	<input type="checkbox"/> no
You feel confident to refer a specific problem to a specific professional	4	<input type="checkbox"/> yes	<input type="checkbox"/> no
You feel inadequate when referring	5	<input type="checkbox"/> yes	<input type="checkbox"/> no
You feel you lack knowledge of possible developmental problems	6	<input type="checkbox"/> yes	<input type="checkbox"/> no
You have confidence in your knowledge of the developmental stages	7	<input type="checkbox"/> yes	<input type="checkbox"/> no
You only refer when a child is ill	8	<input type="checkbox"/> yes	<input type="checkbox"/> no

E.3. How many toys (not fixed equipment, e.g. jungle gym) do you have per child to stimulate the following aspects:

- |                        |       |       |
|------------------------|-------|-------|
| Big muscle development | _____ | E.3.1 |
| Development of balance | _____ | E.3.2 |
| Hand grip development  | _____ | E.3.3 |
| Development of senses  | _____ | E.3.4 |
| Speech / Language Dev. | _____ | E.3.5 |
| Self Care Activities   | _____ | E.3.6 |

E.4. How many fixed equipment (e.g. jungle gym, swings) do you have for outdoors play per child? \_\_\_\_\_

E.4.1.  ADEQUATE

E.4.2.  INADEQUATE

## **APPENDIX AII**

### **Rationale for all the questions included in the Questionnaire**

The questions in each section are described following the numbering as in the Questionnaire.

#### **A Registration:**

A.1.1. to A.1.5. Identify the authority at which the day care facility is registered.

A.2.1. to A.2.7. Specify the frequency of inspections by the authoritarian body.

A.3.1. to A.3.15. Specify the different aspects of care and organization that the registering body inspects and evaluates.

#### **B Training:**

B.1.1. to B.1.9. Provides information on the training the caregiver has specifically on day care and child care.

B.2.1. to B.3.2. Provides room to state any other qualifications the caregiver has.

B.4.1. to B.6.2. Gives information on ongoing training as in regular workshops or caregiver meetings.

#### **C Service provided:**

C.1. The number of infants and children attending the day care facility.

C.2.1. to C.2.4. The quantity of time infants and children spend at the day care facility.

C.3.1. to C.5.12. Provides information about nutrition. How many meals do the day care facility provide, the menu and food groups provided.

#### **D Program for stimulation:**

D.1.1. and D.1.2. Indicates if the caregiver follows a specific program.

D.2.1. to D.3.12. Provides information about the program and the developmental aspects addressed by the program.

#### **E Referral and equipment:**

E.1.1. to E.2.8. Indicates the steps that the caregiver follows to refer a child with a possible problem.

E.3.1. to E.4.2. Is about the number of equipment or toys available per child.

## **APPENDIX A III**

### **ASPECTS REMOVED FROM THE ORIGINAL QUESTIONNAIRE.**

E.3. How many toys (not fixed equipment, e.g. jungle gym) do you have per child to stimulate the following aspects:

Big muscle development	_____	E.3.1
Development of balance	_____	E.3.2
Hand grip development	_____	E.3.3
Development of senses	_____	E.3.4
Speech / Language Dev.	_____	E.3.5
Self Care Activities	_____	E.3.6

E.4. How many fixed equipment (e.g. jungle gym, swings) do you have for outdoors play per child? \_\_\_\_\_

E.4.1.  **ADEQUATE**      E.4.2.  **INADEQUATE**

## APPENDIX B I

### OBSERVATIONS

**Day Mother Code:** \_\_\_\_\_

**Date:**

Rating: 1 - 5 (1 = poor)

**1. General appearance of:**

	Rating		Comments
<b><u>1.1. Premises</u></b>			
Parking Area	1 2 3 4 5	1.1.1.	
Gate Safety	1 2 3 4 5	1.1.2.	
Reception	1 2 3 4 5	1.1.3.	
Indoors playing area	1 2 3 4 5	1.1.4.	
Sleeping area	1 2 3 4 5	1.1.5.	
Kitchen	1 2 3 4 5	1.1.6.	
Bathroom	1 2 3 4 5	1.1.7.	
Nappy changing area	1 2 3 4 5	1.1.8.	
Outdoors playing area	1 2 3 4 5	1.1.9.	
General Safety	1 2 3 4 5	1.1.10.	
<b><u>1.2. Staff</u></b>			
Uniform	1 2 3 4 5	1.2.1.	
Friendliness	1 2 3 4 5	1.2.2.	
Cleanliness	1 2 3 4 5	1.2.3.	
Hair covered	1 2 3 4 5	1.2.4.	
<b><u>1.3. Equipment and office</u></b>			
Telephone available	1 2 3 4 5	1.3.1.	
Certificates displayed	1 2 3 4 5	1.3.2.	
Record keeping of:			
1.gen.info on children	1 2 3 4 5	1.3.3.	
2.on children's health	1 2 3 4 5	1.3.4.	
Report to parents	1 2 3 4 5	1.3.5.	
Cupboard for medicine	1 2 3 4 5	1.3.6.	
First Aid Kit	1 2 3 4 5	1.3.7.	
First Aid Certificate	1 2 3 4 5	1.3.8.	
Tables and chairs for kids	1 2 3 4 5	1.3.9.	
Use of: walking rings	1 2 3 4 5	1.3.10.	
: feeding chairs	1 2 3 4 5	1.3.11.	
: Jolly Jumper	1 2 3 4 5	1.3.12.	

### 1.4. Toys Indoors

Balls	1	2	3	4	5	1.4.1.
Cars/vehicles	1	2	3	4	5	1.4.2.
Scissors	1	2	3	4	5	1.4.3.
Storage of toys	1	2	3	4	5	1.4.4.
Buckets and lids	1	2	3	4	5	1.4.5.
Wooden Blocks	1	2	3	4	5	1.4.6.
Shape sorter	1	2	3	4	5	1.4.7.
Jigsaw puzzles	1	2	3	4	5	1.4.8.
Books: to read to child	1	2	3	4	5	1.4.9.
: for child to page	1	2	3	4	5	1.4.10.
Music: for songs	1	2	3	4	5	1.4.11.
: background	1	2	3	4	5	1.4.12.
Music instruments	1	2	3	4	5	1.4.13.
Quiet corner	1	2	3	4	5	1.4.14.
Corner to express emotions	1	2	3	4	5	1.4.15.
Household objects	1	2	3	4	5	1.4.16.
Dolls	1	2	3	4	5	1.4.17.
Dolls blankets + clothes	1	2	3	4	5	1.4.18.
Work bench with tools	1	2	3	4	5	1.4.19.
Mirror	1	2	3	4	5	1.4.20.
Black board	1	2	3	4	5	1.4.21.
Posters	1	2	3	4	5	1.4.22.
Adequate Size	1	2	3	4	5	1.4.23.
General safety of toys	1	2	3	4	5	1.4.24.

### 1.5. Outdoor play area:

Lawn: Sun + shade	1	2	3	4	5	1.5.1.
Flowers / shrubs	1	2	3	4	5	1.5.2.
Jungle Gym	1	2	3	4	5	1.5.3.
Swings	1	2	3	4	5	1.5.4.
Pets	1	2	3	4	5	1.5.5.
Vegetable Garden	1	2	3	4	5	1.5.6.
Adequate Size	1	2	3	4	5	1.5.7.
General safety	1	2	3	4	5	1.5.8.

### 1.6 Babies and Toddlers

General health	1	2	3	4	5	1.6.1.
Content	1	2	3	4	5	1.6.2.
Interaction with each other	1	2	3	4	5	1.6.3.
Interaction with staff	1	2	3	4	5	1.6.4.
Cleanliness	1	2	3	4	5	1.6.5.
Potty Training Program	1	2	3	4	5	1.6.6.

### 1.7 Sleeping Area

Cots/matresses	1	2	3	4	5	1.7.1.
Shelf for child's bag	1	2	3	4	5	1.7.2.
Chair to nurse baby	1	2	3	4	5	1.7.3.
General safety	1	2	3	4	5	1.7.4.
Background music	1	2	3	4	5	1.7.5.

### 1.8 Dining area

Small tables and chairs	1	2	3	4	5	1.8.1.
Feeding chairs	1	2	3	4	5	1.8.2.
General safety	1	2	3	4	5	1.8.3.
Children participate in						
: preparation of food	1	2	3	4	5	1.8.4.
: to serve food	1	2	3	4	5	1.8.5.
: to wash dishes	1	2	3	4	5	1.8.6.
Menu	1	2	3	4	5	1.8.7.

### 2. Stimulation program

Day mother's interaction						
with children	1	2	3	4	5	2.1.
Children's interaction						
with each other	1	2	3	4	5	2.2.
Children's interest in						
activities	1	2	3	4	5	2.3.
Activities according to						
age and development	1	2	3	4	5	2.4.

### 3. Skills Day Mother

Feeding	1	2	3	4	5	3.1.
Changing nappies	1	2	3	4	5	3.2.
Toilet training	1	2	3	4	5	3.3.
Language	1	2	3	4	5	3.4.
Interaction with children	1	2	3	4	5	3.5.
Participation in activities	1	2	3	4	5	3.6.
Physical handling of kids	1	2	3	4	5	3.7.
Reaction to kids' emotions	1	2	3	4	5	3.8.

## **APPENDIX BII**

### **Rationale of factors evaluated on the observation sheet**

The factors to be observed for the care of the child are discussed, using the same lay out as the observation sheet. Each factor is measured using a scale from 1 to 5. Numbering is consistent with the numbering used in the observation sheet.

#### **1.1 Premises**

- 1.1.1. The parking area should be safe and provide adequate space for vehicles, parents and children.
- 1.1.2. Reception is usually the place where parents and children depart and meet, this should be neat, clean and tidy.
- 1.1.3. to 1.1.9. Reports on the general condition of the different areas of the day care facility.
- 1.1.10. Evaluates the general safety of the premises.

#### **1.2 Staff**

- 1.2.1. to 1.2.4. Give an indication of the neatness and orderliness of the staff as they are a crucial part of the child's environment.

#### **1.3 Equipment and office**

- 1.3.1. A telephone is essential in emergencies.
- 1.3.2. Certificates displayed indicates the caregivers pride and the importance that she attaches to her training.
- 1.3.3. to 1.3.5. Indicate the level of record keeping about the infants and children in the care environment.
- 1.3.6. to 1.3.8. Reflects on the safety and first aid regulations in place in the day care facility.
- 1.3.9. Indicates whether the furniture is child friendly.

- 1.3.10. If walking rings are used it will be a negative score, because walking rings do not encourage normal development.
- 1.3.11. Feeding chairs encourage children to sit down when eating in an organized way (opposed to children running off and moving around while the adult try to feed them), it encourage independence as the child can handle a spoon or fork with more dexterity.
- 1.3.12. A Jolly Jumper used to be quite popular to keep infants “busy”, however children left in Jolly Jumpers for extended periods of time, cannot explore the environment to develop all the senses and functions needed for normal development.

#### 1.4 Toys

- 1.4.1. Balls for the development of hand- eye coordination.
- 1.4.2. Cars / vehicles for fantasy play and to encourage crawling.
- 1.4.3. Scissors for experimenting the action to cut.
- 1.4.4. Storage of toys should be available to keep the playroom organized.
- 1.4.5. Buckets and lids to identify size and the perception of “inside” and “outside”.
- 1.4.6. Wooden blocks stimulate various aspects of development.
- 1.4.7. Shape sorter to identify different shapes and stimulate visual perception.
- 1.4.8. Jigsaw puzzles to start the development of analysis and synthesis.
- 1.4.9. Books with stories children can listen to stimulate auditory perception.
- 1.4.10. Books that children can page through on their own to identify objects in pictures.
- 1.4.11. Music used for children to sing along in order to stimulate the development of rhythm and auditory perception.
- 1.4.12. Background music to play when children are busy with other activities.

- 1.4.13. Music instruments to stimulate rhythm and auditory perception.
- 1.4.14. Quiet corner needed for a child to retreat to when over stimulated by activities or because of many other children in the play area.
- 1.4.15. Corner to express emotions is needed to each children acceptable ways to express emotions such as anger.
- 1.4.16. Household objects to simulate the home environment and bring children into contact with the objects they would have encountered in their homes.
- 1.4.17. Dolls for girls and boys to play games of make belief and to copy caregivers as they would have copied their mothers.
- 1.4.18. Dolls clothes and blankets to add to the play described in 1.4.17.
- 1.4.19. Work bench with tools to simulate the tools a father would have used in at home.
- 1.4.20. A mirror to stimulate a healthy body scheme.
- 1.4.21. A black board for scribbling, experimenting and drawing.
- 1.4.22. Posters to stimulate visual perception.
- 1.4.23. The area of the play room should be of adequate size for the number of children.
- 1.4.24. General safety of toys to prevent injuries because of broken parts or sharp edges.

## 1.5 Outdoor play area

- 1.5.1. Sun is necessary for health and shade to protect from the sun, especially in summer.
- 1.5.2. Flowers and shrubs to contribute to the aesthetics of the child's environment.
- 1.5.3. Jungle gym to stimulate the development of balance and gross motor coordination.
- 1.5.4. Swings to stimulate the vestibular system.
- 1.5.5. Pets is an asset when in a cage and used to teach children to care for it, however for the purpose of this study pets are a negative

aspect as the only pets observed were dogs and cats accommodated in the areas where the children play.

- 1.5.6. A vegetable garden to interest children in the caring of plants and the growing of food.
- 1.5.7. The size of the area should be adequate for the number of children.
- 1.5.8. The area should be safe from any objects that can harm or injure children.

### 1.6 Babies and toddlers

- 1.6.1. Gives a general impression of the health of the infants and children.
- 1.6.2. Evaluates if the children are generally content.
- 1.6.3. Is there interaction between children or do they only relate to the caregiver.
- 1.6.4. Is there a healthy interaction between the children and the staff.
- 1.6.5. Is the children generally clean.
- 1.6.6. Do the day care facility use a structured potty training program.

These observations, excluding 1.6.6. are open to subjectivity and the data was not used in the study.

### 1.7 Sleeping area

- 1.7.1. Is there acceptable cots and mattresses available for sleeping.
- 1.7.2. The bags that children take should be stored neatly and out of reach of the children.
- 1.7.3. A chair for the caregiver to nurse babies.
- 1.7.4. This area should also be safe to prevent any injuries.
- 1.7.5. Background music can enhance the quality of sleep.

### 1.8 Dining area

- 1.8.1. and 1.8.2. Child friendly furniture contribute positively to the organization of meals.

- 1.8.3. This area should be safe to prevent injuries.
- 1.8.4. to 1.8.6. Participation in the preparation and serving of meals simulate the home environment and stimulate different senses.
- 1.8.7. The use of a menu indicates an interest in nutrition.

**APPENDIX BIII**  
**ASPECTS REMOVED FROM THE ORIGINAL  
OBSERVATION SHEET**

**2. Stimulation program**

Day mother's interaction		
with children	1 2 3 4 5	2.1.
Children's interaction		
with each other	1 2 3 4 5	2.2.
Children's interest in		
activities	1 2 3 4 5	2.3.
Activities according to		
age and development	1 2 3 4 5	2.4.

**3. Skills Day Mother**

Feeding	1 2 3 4 5	3.1.
Changing nappies	1 2 3 4 5	3.2.
Toilet training	1 2 3 4 5	3.3.
Language	1 2 3 4 5	3.4.
Interaction with children	1 2 3 4 5	3.5.
Participation in activities	1 2 3 4 5	3.6.
Physical handling of kids	1 2 3 4 5	3.7.
Reaction to kids' emotions	1 2 3 4 5	3.8.

## Appendix C

### Guidelines to complete questionnaire and observations

#### Appendix A: Information Sheet:

1. Explain each point on the information sheet to the day mother individually
2. The day mother be at ease about the questions asked
3. The day mother should understand that the information provided by her will not be used individually, but only as part of a group of day mothers
4. The day mother should understand that there is no "right" or "wrong" answers - we only need information, we do not criticize
5. The day mother should sign the information sheet
6. The day mother should understand that only a code will be used for Appendix B and C

#### Appendix B: Questionnaire:

1. Read the second paragraph (cursive printing) to the day mother
2. Ask each question and make a tick on the appropriate answer
3. Complete A, B and C according to the questions
4. D.3: Does the program used include these aspects? Read them one by one and wait for an answer, as many do not include all aspects
5. E.3: Answer Adequate / Inadequate for the number of children in her care

#### Appendix C: Observations at the premises:

1. Observe each aspect and rate according to the following scale, make a cross on the applicable number:
  - 1 = poor, meaning in poor condition or insufficient for the number of children or unavailable for the children to play with
  - 2 = insufficient
  - 3 = average / fair
  - 4 = good
  - 5 = excellent, meaning in excellent condition, clean and in good working order, sufficient for the number of children, displayed in an attractive way for children to chose to play with, also safe or the children to use.
2. If, because of circumstances you cannot observe a certain aspect, e.g. Staff, write "no staff" in comments or  
**Stimulation program:** if you could not observe how the person implements the program, write "not observed".
3. **1.4 Toys Indoors:** Toys made by the day mother is counted as toys as long as it is in good condition, available for the children to play with and enough for the number of children on the premises.

Contact Marga Grey for more information or questions at 082 893 4130 or 015 297 4130

**APPENDIX D**  
**INFORMATION SHEET**

**Day Mother Code: \_\_\_\_\_**

I, Marga Grey, am a student at the University of Witwatersrand. I am conducting a research project for the completion of the requirements needed to obtain a Masters of Science in Occupational Therapy. The purpose of my research is to obtain information on the programmes and equipment which you use in order to compile further programs for day mothers.

1. This part of the study is to investigate what training the average day mother in South Africa has and what programs, if any, day mothers are using to stimulate the babies and toddlers in their care. If you agree to participate in the study, it will involve completing a questionnaire with me and by allowing me to make observations and notes of your facilities and of the routine and program that you are following at this stage. To complete the questionnaire will take not more than 20 minutes. To make the observations will not be more than 30 minutes, during which time you can continue with your regular duties and program.

I contacted the local City Council for the names of registered day mothers, caring for between 4 and 12 children. Your name was on this list and I contacted you to make an appointment. Day mothers are chosen at random from the lists of City Councils. Codes are used to group them.

2. There is no risk to participate in this study as I'll receive the information from you personally and will use this with the information received from other day mothers according to codes appointed to each day mother. All information will be handled confidentially, which means that your name will not be provided with the information that you will provide. Your information will not be published or made available to any person with your name. I'll use the code system mentioned above and your information will be filed with the code, anonymous. At this stage follow up studies are not planned.

3. The aim of the study is to compile a program for day mothers to stimulate babies and toddlers in their care. If you are interested, you can provide your name and address and we'll keep in touch and inform you regarding the progress of this program. This study can benefit you by providing a standard and program for stimulation, which will possibly improve your services.
4. If you have any queries about this study, you are most welcome to ask questions or to contact me at a later stage at [margagrey@mweb.co.za](mailto:margagrey@mweb.co.za) or 082 893 4130.
5. You are not forced to participate in the study, you can withdraw from the study at any time during this interview. You may also refuse to answer any items should you wish to do so. At that stage the information that you provided will be discarded and will not be used in this study or for any other project or study.
6. Should you not want to participate or not to answer some of the questions, no pressure will be put on you to complete the interview and your information will not be used.

Please sign this form to indicate that you understand the contents of this form of consent and that you are willing to participate by providing the information in the way described.

### **CONSENT FORM**

I, \_\_\_\_\_ understand the purpose and procedures of the study. I also understand that my participation is voluntary and that I may withdraw from the study at any time.

Adress: \_\_\_\_\_

\_\_\_\_\_

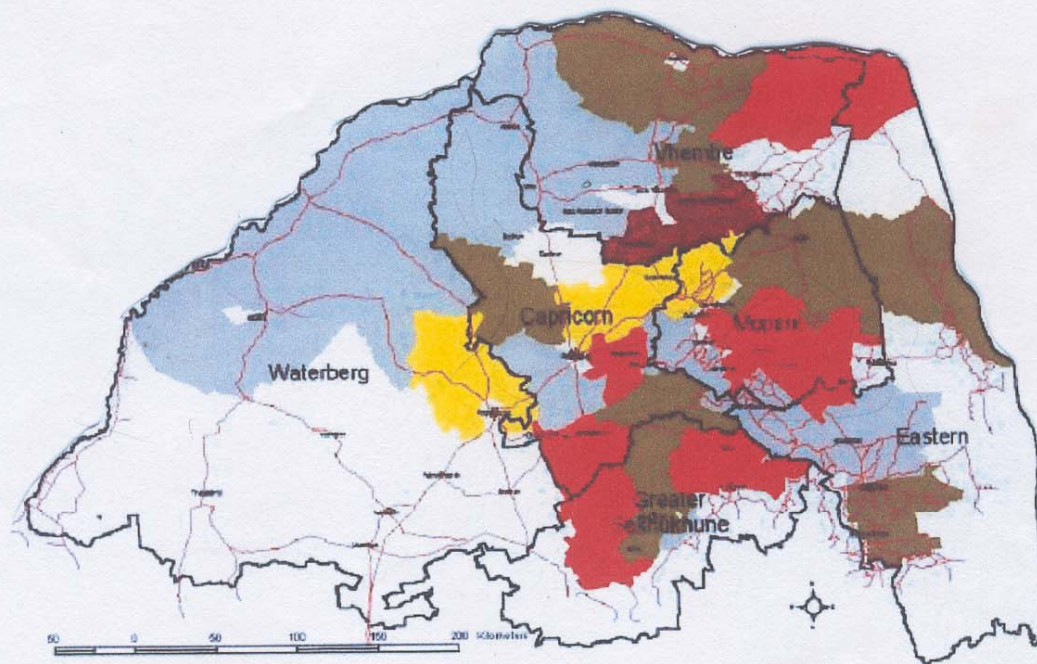
\_\_\_\_\_  
Participant

\_\_\_\_\_  
Researcher

Date: \_\_\_\_\_

## Appendix E

### DISTRICTS OF THE LIMPOPO PROVINCE



**Key:**

- |              |                                  |
|--------------|----------------------------------|
| <b>DC36</b>  | Waterberg District Municipality  |
| <b>DC35</b>  | Capricorn District Municipality  |
| <b>DC34</b>  | Vhembe District Municipality     |
| <b>DC33</b>  | Mopani District Municipality     |
| <b>CBDC3</b> | Sekhukhune District Municipality |
| <b>CBDC4</b> | Boihabela District Municipality  |