

ABSTRACT

Introduction: The demand for substitute child care particularly centre based care is increasing in Sri Lanka. However, knowledge regarding the quality of care provided by these child care centres, parental satisfaction and their expectations with regard to centre based care is insufficient in Sri Lanka. Such knowledge can be utilised for betterment of the services provided by these centres.

Objectives: The objectives of this study were: to assess the quality of process, structure and caregiver characteristics at the child care centres in Kandy Municipal Council area; to assess parental satisfaction and their expectations with regard to centre based child care; and to determine the factors associated with parental satisfaction with the care provided.

Methodology: A cross sectional descriptive study was carried out in the child care centres in Kandy Municipal Council area in 2008. The number of child care centres to be sampled was determined using Lot Quality Assurance Sampling (LQAS) method. The quality of these centres ($n=40$) was measured using a check list ‘Minimum Standards for Child Development Centres’ and two previously validated rating scales –‘Early Childhood Environment Rating Scale’ and ‘Infant and Toddler Environment Rating Scale’. All the permanent caregivers present at the time of data collection were selected for the study ($n= 129$) and a self-administered questionnaire was used to collect details of the caregivers and the centres. From the above centres, a representative sample of 484 parents was interviewed using a structured questionnaire to assess parental satisfaction and expectations. A standard scoring system was adapted for the quality measured by the two rating scales, and independent samples t-test or one way ANOVA were used for comparing means. Responses for the questions on satisfaction were obtained by a 5-point Likert scale, and subsequently dichotomised into ‘very satisfied’ and ‘not very satisfied’ before further analysis. All data were analysed using SPSS 16.0.

Results: The results revealed that 12.5% of the CCCs were not registered at any relevant authority. Only 37.5% of the CCCs were monitoring the growth of the children. Adequacy of the gross motor equipment and space available for the outdoor play activities was below the minimal accepted levels. There was a significant increment in the quality of child care centres with the increase in fees ($F = 7.60, p = 0.000$). Similarly the quality of care in the CCCs

managed by the government sector was significantly lower than those managed by the private sector ($F = 4.46$, $p = 0.018$). There was a significant increase in the quality of care with smaller child-to-staff ratios ($F = 6.72$, $p=0.003$) and when the children were grouped according to age ($t = - 4.732$, $p = 0.000$).

Out of the 129 caregivers studied, 22.5 % did not fulfil the minimum academic requirements, 16.3% did not have any kind of professional training in early childhood care and development while 28.7% had less than 1 year of training. Contrary to the common belief, statistically significant inverse relationships were disclosed between centre quality and the caregiver salary ($F = 3.411$, $p = 0.036$) as well as with the years of service ($F= 8.305$, $p = 0.000$). The present study did not reveal any association between the CCC quality and caregiver academic qualifications or training.

Parent satisfaction with the care in the CCCs was high, and almost all expected kindness of the staff, attention to the child and good training and education of the staff. Quality of care in the CCCs, family income, maternal employment status, family ethnicity and age of the child were some factors that had significant associations with parental satisfaction.

Conclusions and Recommendations: In conclusion, the quality of care in majority of CCCs was ‘minimal’ and high quality child care costs more in the study area. Parental satisfaction with the services was high and there was a significant association with the increased quality of care.

Thus, following recommendations can be made: a system of accreditation should be established; there should be a regulatory body for monitoring the services provided by CCCs; the number of children per caregiver should be minimal; the children in each CCC should be grouped according to their age; regular in-service training should be organized for caregivers; and there is a need to increase employer or state sponsored child care facilities.