

**PETS Early Childhood Development 2008**  
**Conducted by UNICEF for the Dept of Social Development**  
**and Dept of Education, South Africa**

**Module 1: Facility Questionnaire**

**Section A : Preliminary information**

		Name	Code
A.1	Enumerator 1		_   _
A.2	Enumerator 2		_   _
A.3	Supervisor		_   _
A.4	Data entry operator		_   _
A.5	Province		_   _
A.6	Local Municipality		_   _
A.7	Name of ECD site		
A.8	EMIS number or other identification number (specify)		
A.9	Establishment Location	1 – Urban 3- Township 4 – Rural	
A.10	Respondent1 name		
A.11	Respondent 1 job title		
A.12	Respondent 2 Name		
A.13	Respondent 1 phone number		
A.14	Respondent 2 phone number		

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	Date of Visit	Day	Month	Start Time hh : mm	End Time hh : mm	Result
A.12	First Visit	_ _	_ _	_ _  :  _ _	_ _  :  _ _	_
A.13	Second Visit	_ _	_ _	_ _  :  _ _	_ _  :  _ _	_
		Day	Month	Result		<u>Result Code</u>
A.14	Data Entry	_ _	_ _	_		
A.15	Supervision	Day	Month	Initials		
A.16	Validation	_ _	_ _			
A.17	Survey Complete	_ _	_ _			
A.18	Data Entry Complete	_ _	_ _			

1 = Questionnaire Complete  
 2 = Questionnaire Incomplete  
 3 = Temporary Absence  
 4 = Extended Absence  
 5 = Unavailable  
 6 = Refused to Answer

**Data Codes** Not Applicable : -66    Don't Know : -77    Refusal : -88    Inaccessible : -99

## Introduction

Good day. My name is \_\_\_\_ I am from .....We have been contracted by UNICEF(United Nations Children Fund) to conduct an ECD Facility Survey across three provinces. The objective of the survey is to document all the available resources available for ECD and will guide the activities of the departments of Social Development and Education. The survey takes approximately 60 minutes. Should you have any queries about the study please contact:

## Section B: General information of the ECD facility

B.1	How is the facility operating?	1 = Independent in the community (i.e. not attached to a school) 2 = Independent from school but on school grounds 3 = Operationally attached to a school 4 = Other	IF 3: Attached to a primary school: STOP, thank the respondent and leave the facility			
B.2	Type of facility	1 = Pre grade R only 2 = Pre grade R and Grade R 3 = Grade R only				
B.3	In what year was this facility established?					
B.4	Who owns the facility	1 = Government 2 = Municipality 3 = Community 4 = Private 5 = NGO 6 = Church 7 = Other (specify)				
B.5	Who owns the building in which the facility operates?	1 = Government 2 = Municipality 3 = Community 4 = Private 5 = NGO 6 = Church 7 = Other (Specify)				
B.6	Do you pay any rent?	1 = Yes 2 = No	If no, go to B.6			
B.7	If yes, how much?	(Rands per months)				
B.8	Is the facility registered as an ECD Service provider <i>(Note: could be all three)?</i>		Department of Social Development	Department of Education	Local Government/ Municipality	Other (specify)
		1 = Yes (Skip to B.12) 2 = No				

B.9	Are you in the process of being registered?	1 = Yes 2 = No (Skip to B.9)				
B.10	If yes, since when have you started the procedures? (months)					
B.11	If no, why is this facility not registered?	1 = Does not know where 2 = Does not know how 3 = Doesn't meet requirements 4 = Other (specify)				
B.12	What are the opening hours of this facility?	Hours and minutes hh:mm	From:	_ _ : _ _	To:	_ _ : _ _
B.13	How many days per week does this facility operate?	Days				
B.14	How many weeks are you closed per year?	Weeks				
B.15	What is the average time children travel to reach the facility? <i>Interviewer note: round off to the nearest minute.</i>	Minutes				
B.16	What is the maximum travel time does the student living the furthest away travel to reach your facility?	Minutes				
B.17	What is the main mode of transport used by the children to get to the facility?	1 = Walking 2 = Motor car 3 = Bikkie 4 = Mini bus-Taxi 5 = Other (specify)				

## Section C: Learner Information

### IN THE CURRENT YEAR:

C.1	How many children are <u>currently</u> enrolled at this facility? (Total number)		
C.2	Of the enrolled children, how many are present today?		
C.3	<b>What is the ethnic composition of your children base (in %)</b> <i>Note: Total must equal 100 %</i>	African	%
		Coloured	%
		Indian/Asian	%
		White	%
		Unspecified	%
C.4	How many student classes does your establishment have (groups with specific practitioners when you do activities)?		
C.5	<b>In what language(s) does teaching take place in?</b> <i>(Interviewer note: multiple responses allowed)</i>	1 = Afrikaans 2 = English 3 = isiXhosa 4 = IsiNdebele 5 = Sepedi 6 = SiSwati 7 = Xitsonga 8 = Tshivenda 9 = Setswana 10 = IsiZulu 11 = Sesotho 12 = Other (specify)	

<b>C.6 How many children are <u>currently</u> enrolled according to the following categories:</b>							
Age Group	Boys	Girls	Total	How many are subsidized?		What is the per student subsidy	
				DSD	DOE	DSD	DOE
Pre-grade R (0 -4 years)							
Grade R (5 years and more)							
Total							

<b>C.7</b>	<b>Since when does your facility receive subsidies from the DSD? (Years)</b>	
<b>C.8</b>	<b>Since when does your facility receive subsidies from the DOE?(Years)</b>	

## Section D: Staff, Management and Educator information

D.1	How many staff members are currently working at the facility IN TOTAL?			
	<i>Interviewer note: this includes all paid staff i.e. educators, caregivers, paid volunteers, cleaners, cooks, security, gardeners, drivers, etc.</i>			
D.2	How many ECD practitioners (including caregivers and educators) work here?			
	<i>Interviewer note: this includes full-time and part-time staff and paid volunteers</i>			
D.3	How many support staff work at the facility?			
	<i>(Interviewer note: these are cleaners, cooks, security, gardeners, drivers, etc)</i>			
	(NB: D.2 + D.3 must equal D.1)			
D.4	How many staffs are absent today?		If 0, skip to E.6	
D.5	Why are they absent?	1= Sick 2= Training 3= Maternity leave 4= Training 5=Other (specify)	Reason	Number absent
D.6	In the past 12 months, how many ECD practitioners has this facility:	Hired?		
		Dismissed?		
		Retired?		
		Left for other reasons (specify)		
D.7	How many <u>unpaid</u> volunteers does this facility have?			
D.8	How many of these <u>unpaid</u> volunteers act as caregivers or educators?			

**D.9 Please indicate the qualifications, and training of all staff at the facility (Note: all information is for 2007-2008 except for new staff (2008))**

	Staff name	Designation or Job Title	Gender	For how many years have been working in this center?	Highest Level of Education completed	Highest ECD qualification completed	Number of years ECD experience overall	Salary			Training			
								Amount (monthly)	Number of months paid	Who pays the salary?	Any during the last fiscal year?	Training Stipend	Months of training received during year	Who pays the stipend?
		1 =Principal / Director 2 = ECD Practitioners or Educators 3= Mgmt staff 4 = All Other Staff (cleaners, cooks, gardeners etc)	1 = M 2 = F		1 = Some primary school 2 = Primary school completed 3 = Some high school 4= High school completed 5= High school plus vocational training 6 = College diploma (Grade 12 + 3 year) 7 = University degree	1 = none 2 = Level 1 3 = Level 2 4 = Level 4 5 = Level 5	<i>Interviewer note: round off to nearest year; less than one year = 0</i>	In Rand	Months	1= DOE 2= Mgt committee 3= Other (specify)	1 = Yes 2 = No	<i>In Rand per month</i>	<i>In months</i>	1= DOE 2= Mgt committee 3= D ept of Labor 4=Other (specify)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

*Note: Assistants are paid by DSD*



Management and Parents Committees			
D.10	Does the facility have a <u>management</u> committee in charge of the finances of the site?	1 = Yes 2 = No (Skip to E.13)	
D.11	How many people are part of the committee?		
D.12	What is the composition of the committee?		<b>Number</b>
		Parents	
		Practitioners/Educators	
		Principal	
		Other staff	
		Community members	
		Other (specify)	
		Total	
D.13	How often does this committee meet?	1 = Weekly 2 = Monthly 3 = Quarterly 4 = Every six months 5 = Annually 6 = Other (Specify)	
E.14	Does the facility have a distinct <u>parent</u> committee (i.e. second committee)?	1 = Yes 2 = No (Skip to E.15)	
E.15	How often does this committee meet?	1 = Weekly 2 = Monthly 3 = Quarterly 4 = Every six months 5 = Annually 6 = Other (Specify)	

<b>E.16</b>	<b>Does this facility have parents-educators meetings?</b>		
<b>E.17</b>	<b>How often do these meetings take place?</b>	1 = Weekly 2 = Monthly 3 = Quarterly 4 = Every six months 5 = Annually 6 = Other (Specify)	
<b>E.18</b>	<b>During the last school year, how many visits have you received from DSD officials?</b>	<b>If 0 Skip to E.19</b>	
<b>E.19</b>	<b>What was the purpose of the visit by DSD officials?</b> <i>(Note: could be more than one purpose)</i>	1 = Inspect the facility 2 = Norms and standards supervision 3 = Verify the accounting books and attendance records 4 = Other (Specify)	
<b>E.20</b>	<b>During the last year, how many visits have you received from DoE officials?</b>	<b>If 0 Skip to F.1</b>	
<b>E.21</b>	<b>What was the purpose of the visit by DOE officials?</b> <i>(Note: could be more than one purpose)</i>	1 = Inspect the facility 2 = Pedagogical supervision 3 = Verify the accounting books and attendance records 4 = Other (Specify)	

## Section F: Facility Resources

F.1	For the past fiscal year (2007-2008), did children pay fees?	1 = Yes 2 = No (Skip to F.6)		
F.2	How often were the fees paid?	1 = Daily 2 = Weekly 3 = Monthly 4 = Other (Specify) <i>Multiple responses allowed</i> (Rands)		
F.3	What were the average weekly fees? If the fees varied by age group, please specify the fees (Rands per week <u>or</u> per month)?		<b>week</b>	<b>Month</b>
		Single fee		
		0-1 year		
		1-2 years		
		2-3 years		
		3-4 years		
		4-5 years		
		5 years and more		
F.4	Did subsidized children pay lower fees?	1 = Yes 2 = No (Skip to F.6)		

<b>F.5</b>	<b>If yes, how much do they pay?</b>	<b>Rands</b>	
<b>F.6</b>	<b>Is there a registration fee?</b>	<b>1 = Yes 2 = No (Skip to F.8)</b>	
<b>F.7</b>	<b>If yes, how much</b>	<b>Rands</b>	
<b>F.8</b>	<b>Is there a uniform required</b>	<b>1 = Yes 2 = No (Skip to F.10)</b>	
<b>F.9</b>	<b>Cost (annual) of a uniform</b>	<b>Rands</b>	

<b>F.10 Have you received the following in-kind transfers in FY2007-2008 from DSD or DOE</b>	<b>1 = Yes 2 = No</b>	<b>Source: 1 = DSD 2 = DOE</b>	<b>Value of in-kind transfers (Rands) Total</b>	<b>Specify Nature of in-kind transfer</b>
<b>Infrastructure (construction, repairs, etc)</b>				
<b>Books</b>				
<b>Playing and learning material</b>				
<b>Other Material</b>				
<b>Other</b>				

<b>F.11 Have you received any other monetary transfers from DSD or DOE (other than child subsidies)?</b>	<b>1 = Yes 2 = No</b>	<b>Source: 1 = DSD 2 = DOE</b>	<b>Total value of monetary transfers (Rand)</b>	<b>Specify motive</b>

<b>F.11</b>	<b>Other sources of income : Does the facility receive other income, financial support, or 'in kind' support from the following sources (Other than from DSD or DoE)?</b>	<b>1 = Yes 2 = No</b>	<b>Amount (Rand, total)</b>
<b>F.11.1</b>	<b>Grant from Municipality or local Government</b>		
<b>F.11.2</b>	<b>Other provincial departments (other than DSD, DOE)</b>		
<b>F.11.3</b>	<b>Businesses / Corporate donor (including farms, businesses, ...)</b>		
<b>F.11.4</b>	<b>Fundraising (Private funds from national donors)</b>		
<b>F.11.5</b>	<b>Faith based organization (specify)</b>		
<b>F.11.6</b>	<b>NGO/NPO (specify)</b>		
<b>F.11.7</b>	<b>International donors</b>		
<b>F.11.8</b>	<b>Other community organization (specify)</b>		
<b>F.11.9</b>	<b>Other (specify)</b>		

## Section G: Nutrition

TODAY

	Breakfast	Lunch	Snack	Other meal (specify)
<b>G.1 Have children eaten this meal today?</b> 1 = Yes 2 = No (Skip to G.4)				
<b>G.2 Who provided children' meal?</b> 1 = Service provider 2 = Learners bring from home (Skip to G.4) 3 = Other (specify)				
<b>G.3 If the meal was served by the facility, were the following food and drink served to the children today? 1 = Yes 2 = No</b>				
Milk				
Juice				
Custard /pudding				
Peanut butter				
Bread (Including Corn Fritas)				
Biscuits				
Cereals				
PAP (porridge)				
SAMP				
Soup				
Rice				
Beans				
Meat				
Fish				
Eggs				
Vegetables				
Fruits				
Cheese				
yogurt				
Other (specify)				

## Section I: Main Challenges and potentials

I.1	<b>What are the 5 main problems faced by this facility?</b> 1. Staff quality 2. staff absenteeism 3. classroom infrastructure 4. Other infrastructure (toilets, water) 5. Kitchen 6. Equipment (chairs, tables, mattresses, etc) 7. Pedagogical material (books, toys) 8. Other material (crayons, paper, clay, etc.) 9. Outside equipment (playground) 10. Outside fencing 11. Other (specify)			1	2	3	4	5
I.2	<b>To which extent the following elements are a problem for your facility?</b>			1. Not a problem 2. Slight problem 3. Average problem 4. Important problem 5. Very important problem				
	Staff (quality, competences, etc)							
	Staff absenteeism							
	Classroom infrastructure (i.e. classroom size, etc)							
	Other infrastructure (toilets, kitchen, etc) (specify)							
	Equipment (chairs, tables, mattresses, etc)							
	Pedagogical material (Books, toys, etc)							
	Outside equipments (playground, etc)							
	Outside fencing							
	Other (specify)							
I.3	<b>What do you perceive as the major factors explaining the success/difficulties of your facility?</b>	1= Success 2= Difficulties		<b>Comments;</b>				

Thank the respondent for their time

## Quality Control Sheet

[illegible]