

**MINI DISSERTATION**

**COMPLIANCE TO NATIONAL NORMS AND STANDARDS AMONG EARLY  
CHILDHOOD DEVELOPMENT CENTRES IN MANKWENG AREA, LIMPOPO  
PROVINCE**

by

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**MINI DISSERTATION**

Submitted in partial fulfilment of the requirements for the degree of

**MASTER OF PUBLIC HEALTH**

in the

**FACULTY OF HEALTH SCIENCES**

**(School of Health Care Sciences)**

at the

**UNIVERSITY OF LIMPOPO**

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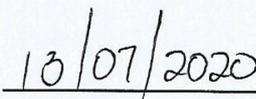
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2020

## DECLARATION

"I declare that the mini-dissertation hereby submitted to the University of Limpopo, for the degree of Master of Public Health, **Compliance to national norms and standards amongst Early Childhood Development Centres in Mankweng area, Limpopo Province** has not previously been submitted by me for a degree at this university or any other university, that it is my work in design and in execution, and that all the material contained herein has been duly acknowledged".

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

## **DEDICATION**

This dissertation is dedicated to my family and daughter for their utmost support throughout my journey in this degree.

## **ACKNOWLEDGEMENTS**

My appreciation goes to my family, especially my younger sister (Hildah Makgoba) and my mother (Alice Makgoba). Your efforts cannot go unnoticed. I thank you for encouragement, prayers, supporting and outstanding care and the love you showed when I needed it the most.

My utmost gratitude also goes to my colleague, Ms. Makgabo RP, thank you for motivating talks, encouragement and sharing of knowledge and experiences in research and writing. It helped in bailing me out from my frustrations during the study.

Without the guidance of my supervisor, Mr Kekana MP, this study would not have been possible. I sincerely acknowledge and appreciate your utmost expert advice, knowledge and support throughout this study.

I will forever remain indebted to the University of Limpopo and Department of Public Health, School of Health Care Sciences for affording me the opportunity to study and obtain my degree.

The Limpopo Province: Department of Health, for giving me permission to conduct the study.

My Gratitude furthermore is extended to the management and workers in the ECD centres in Mankweng who worked closely with me in this study. Thank you for granting me permission and warmly welcoming me in your facilities to realise my dream of completing my masters.

I acknowledge The Independent Coder, Ms Maphakela MP who assisted in analysing the data.

Finally, I give thanks to Ms. Malatji R, who assisted in proof reading and editing work.

## ABSTRACT

**Background:** The National Norms and Standards are aimed at providing regulatory minimum norms and standards to guide early childhood development centres in the provision of a range of services. It is therefore important for early childhood development centres to comply to regulations and failing that the health and safety of children is compromised. It has been observed by the researcher that compliance among early childhood development early childhood development in the Mankweng area is a challenge, and therefore an investigation on the general compliance was necessary.

**Objectives:** The objectives of the study were to explore and describe compliance to National Norms and Standards among early childhood development centres' in Mankweng area, Limpopo Province.

**Methods:** The study used a qualitative approach and applied a phenomenological research design. Both observation and semi-structured interviews methods of data collection were used respectively. Purposive and Convenience sampling methods were used to select the study participants and all of them were workers employed in the selected early childhood development centres in Mankweng. Participants included both male and female workers, and the sample size of 16 was determined by data saturation. Data was analysed using the Teschs' eight steps of data analysis.

**Results:** It was established that there are existing personal hygiene and environmental practices challenges at different early childhood development centres. The study further discovered that there was inadequate provision of classrooms and deprivation of child developmental activities as well as challenges regarding the quality of classrooms and settings.

**Conclusion:** The findings revealed that the early childhood development centres did not meet the physical requirements suggested in the norms and standards. These include the visible and tangible aspects toys for both indoor and outdoor use; the human resources capacity and the investments in capacity development of staff; the type of infrastructure; and the activity-based learning and stimulation for children. Furthermore, crèches play a very important role in child care and protection

consequently regulatory provisions should be fully enforced including compliance amongst these centres in Mankweng and in South Africa respectively.

**Keywords:** Child developmental activities, compliance, environmental practices, personal hygiene

## DEFINITION OF TERMS

**Caregiver** means any qualified teachers, or any person involved in the care of children at an ECD centre, who are not necessarily formally trained or qualified (Vorster, Sacks, Amod, Seabi & Kern, 2016). For the purpose of this research, the term caregiver was used to define all those involved in the care and support of the children who attend the specific community-based ECD centre.

**A child** is any person under the age of eighteen years (Children's Act, 2005). In this study the definition will be used as any person between two to five years enrolled in ECD centres services in Mankweng.

**Early Childhood Development** is a programme structured within an early childhood development service to provide learning and support appropriate to the child's developmental age and stage (Children's Act, 2005). For the purpose of this study the concept will be used as services intended to promote early childhood development provided by a person, other than a child's parent or care giver during the day up to the school-going age.

**Early Childhood Development Centre** is any building or premises maintained or used, whether or not for gain, for the admission, protection and temporary or partial care of more than six children away from their parents (Department of Social Development, 2006). The definition will be used to refer to any structure, a day care centre or a pre-school providing child care and protection services to children away from their parents.

**Emergency response plan** is the specified procedures for handling sudden or unexpected situation to prevent fatalities and injuries; reduce damage to building, stock and equipments; protect and accelerate the resumption of normal operations (Borthwick, 2015). In this study the definition will be used to refer to plan established to response to fire, safety of lives and any injuries and hazards that may occur at the centres.

**Operational practices** refer to the methods of operating an entity or providing a service. It includes the daily practices that a centre observes in order to ensure safety of process and beneficiaries (Kunadu, Ofosu, Aboagye, & Tano-Debrah, 2016).

## **LIST OF ABBREVIATIONS**

<b>DSD</b>	Department of Social Development
<b>ECD</b>	Early Childhood Development
<b>ERP</b>	Emergency response plan
<b>HS</b>	Health and safety
<b>UNICEF</b>	United Nations Children's Emergency Funds
<b>WHO</b>	World Health Organization
<b>CPR</b>	Cardiopulmonary resuscitation

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## **CHAPTER 1**

### **OVERVIEW OF THE STUDY**

#### **1.1 INTRODUCTION AND BACKGROUND**

Early childhood development (ECD) intends to promote early childhood learning; provided by a person other than a child's parent or care giver, on a regular basis to children up to school-going age. Government formulated the national ECD norms and standards whereby any person who would like to establish ECD should adhere to (Department of Social Development, 2012).

The study conducted in Portugal examined the quality of care programs serving infants and toddlers and established worrying conditions in child-carer ratio, group size, outdoor and indoor facilities and equipments, and hygiene and safety. The study further argued that child care classrooms (in the district of Porto) reported on average poor quality and the absence of good-quality programs for toddlers and found a small positive effect of toddler child care quality on children's developmental outcomes (Barros & Aguiarb, 2010). Therefore, high-quality child care continues to positively predict children's future performance over time.

In Canada early childhood education is an important partner in population-level obesity prevention, particularly through supporting early development in programmes of healthy behaviours such as promoting healthy eating and physical activity to name a few (Fung, Mclsaac, Kuhle, Kirk & Veugelers, 2013). The system of early childhood education in Chile is divided into three categories named nursery grades, middle grades, and transition grades. They take children from three months to six years old and operate from 8am to 5pm daily. The study also established that access to early childhood education is not equally distributed across ages although these centres are provided with funding (Cortázar, 2015).

According to Mangwaya, Blignaut and Pillay (2016), the Zimbabwean government developed a policy which directed all primary schools to attach at least two early childhood education classes for children aged three to five to their schools. The South African government has invested a great deal in ECD in recent years, and this led to rapid increase in the enrolment of ECD programmes across the country. Government support ECD in the form of subsidies by the Department of Social

Development (Department of Basic Education, Department of Social Development, and UNICEF, 2010). The World Health Organisation (WHO) also stresses the importance of environmental factors when considering health interventions, emphasising the need to focus on the environmental context when addressing health needs. One of the health promotion action means identified in the OTTAWA Charter, is to create supportive environments (WHO, 2006).

The national ECD norms and standards are aimed at providing regulatory minimum norms and standards to guide ECD centres and government organisations in the provision of a range of services. The norms and standards indicate that the centre must be a safe place for young children; and toilet facilities must be safe for children as well. The health of children should be protected and illnesses dealt with quickly and correctly; children must be immunised; diarrhoea must be dealt with correctly; children should be kept safe at all times and their rights should be protected and the importance of learning through play must be understood and supported through the provision of these childhood service (Department of Social Development, 2010).

It is therefore of utmost importance to study the environmental compliance context of the minimum norms and standards amongst ECD centres in Mankweng, Limpopo Province.

## **1.2 RESEARCH PROBLEM**

The Department of Social Development (2010) emphasises children's health and safety, preparedness in case of emergency as well as record keeping and filing. The researcher; who does monitoring among ECDs in Mankweng area, has observed that most of the time children in these ECDs are left unattended during outdoor and indoor play, and the preparedness of centres in terms of emergency response such as the availability of updated and serviced first aid kit and fire extinguishers (in case of injuries and fire) are still a challenge. The problem has been identified from the year 2015 when the researcher conducted monitoring visits at these centres and therefore the research seeks to investigate the extent of compliance towards Norms, Standards and Practice Guidelines of Children's Act. The latest incidents occurred when the child during outdoor play got her jersey neck hooked to the swing steel edge and because there was no supervising adult close the child got choked. The incident led to serious injuries wherein the child was hospitalised for more than three

months. Two children in two separate incidents were choked by overfeeding and vomited unattended and died in the centres. Most centres are overcrowded exceeding the recommended capacity to accommodate children, and consequently child-carer ratio becomes a challenge that leads to poor supervision and compromised care. The hand washing basins and the potties are not changed water regularly after use but only attended to during departure time. That poses a health risk to the users, which are children.

### **1.3 PURPOSE OF THE STUDY**

#### *1.3.1 Aim of the study*

The aim of the study was to determine compliance to National Norms and Standards amongst early childhood development centres' in Mankweng area, Limpopo Province.

#### *1.3.2 Objectives of the study*

The Objectives of the study were:

- To explore compliance to national norms and standards amongst early childhood development centres' in Mankweng area, Limpopo Province.
- To describe compliance to national norms and standards amongst early childhood development centres' in Mankweng area, Limpopo Province

### **1.4 RESEARCH QUESTION**

How do Early Childhood Development Centres comply with norms and standards in the National Guideline in Mankweng area, Limpopo Province?

### **1.5 LITERATURE REVIEW**

Literature relevant to compliance to national norms and standards amongst early childhood development centres' in Mankweng area, Limpopo Province was reviewed and will be fully discussed in Chapter 2.

### **1.6 RESEARCH METHODOLOGY**

This account of the methodology is only a summary of what is comprehensively discussed in Chapter 3.

### 1.6.1 *Study Site*

The study was conducted at registered ECD centre obtained from the data base of Social Development in Greater Mankweng and part of Mamabolo areas. The areas of focus in Mankweng were Unit A, Unit B, Unit C, Unit D, Unit E and part of Mamabolo areas (Hlahlaganya, Motholo and Matsea villages which are adjacent to the township were included in the study.

### 1.6.2 *Research method and design*

A qualitative and descriptive research approach and design were used to conduct the study.

### 1.6.3 *Population and sampling*

The population were workers employed in the selected ECDs of Mankweng. Purposive and Convenience sampling method were used to select the study participants.

### 1.6.4 *Data collection*

Data was collected through interviews and observation at the selected ECD sites in Unit A, Unit B, Unit C, Unit D, Unit E and part of Mamabolo areas.

### 1.6.5 *Data analysis*

Data was analysed using the Teschs' eight steps for data analysis.

## **1.7 ETHICAL CONSIDERATION**

Ethical clearance to conduct the study was granted by Turfloop Research and Ethics Committee. Permission to collect data at the selected ECDs was granted by the HOD in the Department of Social Development. Consent was obtained from the participants prior to data collection.

## **1.8 BIAS**

The sample size was clearly identified as well as data collection instrument was clearly verified to avoid bias in the study.

## **CONCLUSION**

This chapter introduced the study, problem statement, the purpose and summarises the methodology of how the study was conducted. Chapter 2 reviews the literature that is relevant to the study.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

Literature review is an objective, critical summary of published research literatures relevant to a topic under consideration for research. The purpose is to create familiarity with current thinking and research on a particular topic and to justify future research into a previously overlooked or understudied area. The chapter outlined the review of literature concerning compliance to national ECD norms and standards amongst early childhood development centres' in Mankweng area, Limpopo Province. Literature was based on compliance with the national norms and standards aimed at providing regulatory minimum norms and standards to guide ECD centres in the provision of a range of services. The topics reviewed included perspective of early childhood development; the quality of classrooms in ECD; the safety of children and the safety of equipments in ECD centres; operational practices in early childhood development such as emergency response plan, storage, and hygiene practices, as well as water and sanitation practices are included in the chapter.

#### **2.2 The perspective of early childhood development**

Research and policy in the field of early childhood education have become increasingly visible due to positive impact of early childhood programs on future development of individuals and the potential impact of early childhood education in reducing educational inequalities (Cortázar, 2015). These advances have led to policymakers around the world to put a stronger emphasis on expanding the need for access to early childhood care and education and at the same time improving the quality of these programs, especially for those targeting children from low-income families (Cortázar, 2015).

In countries such as Egypt, Kenya, and Zimbabwe the state made some major investment in early childhood education through the expansion of access to early childhood care. There is a body of supportive international evidence indicating that kindergarten, as a form of early childhood education is a worthwhile investment. The countries have been able to witness a remarkable increase in educational attainment due to decreased primary and preparatory school dropout since the inception of

early childhood education. Investments in early childhood care became a powerful approach in improving educational outcomes and great chances of beneficial effects on human development as well (Krafft, 2015).

Biersteker, Dawes, Hendricks and Tredoux (2016) and Chepkwony, Kariuki and Kosgei (2013) indicated that children who had attended preschools performed significantly better than those who had no preschool education or had attended community preschools. According to Statutory Instrument 106 of 2005, the ECD environment should have child-sized furniture, hot and cold water and a ratio of 20 children per teacher. The statutory instrument further prescribes that the personnel to be employed in the ECD centre should have the appropriate training in ECD or should have experience in ECD (Chikutuma, 2015).

In South Africa, ECD encompasses the holistic approach in the emotional, physical, and cognitive development of children aged zero to nine years of age (Biersteker, et.al, 2016).

Furthermore, the strategy must prioritise access for vulnerable young children, including those living in poverty, living in rural areas and children with disabilities (Department of Social Development, 2012). Despite this progress, access to, and the quality of ECD services remains problematic, especially for the most marginalised children living in poverty, the very young children under the age of two years, children in rural areas and those living with a disability.

Currently there is insufficiently safe and affordable child care in those facilities however, there is sufficient access to early childhood care, education and stimulation services wherein 78% of children aged five years are enrolled in the reception of pre-school year up from 39% in 2002 (Department of Social Development , 2012).

### **2.3 The quality of classrooms in ECD**

Child care centres influence physical activity levels among children, yet little is known about the specific aspects of the environment that support generous amounts of activity. The physical, cognitive, social and emotional activities levels of children encompasses environmental factors such as access to public recreation space and infrastructure, access to sidewalks, neighbourhood crime and area deprivation (Henderson, Grode, O'Connell & Shwartz, 2015). Several aspects of the indoor

environment indicate that the indoor area should not be overlooked as an important site for physical activity. Therefore the suitability of the classroom for all activities, staff encouragements to increase physical activity during indoor play, and the presence of physical activity books, posters, and pictures should be taken into consideration at all cost. The presence of physical activity materials may be indicative of a center culture that promotes activity. All three of these factors represent no- or low-cost improvements that can be easily implemented in child-care centers. For example, furniture can be moved to allow for a small movement corner (Henderson et.al, 2015).

Alterations and additions, as well as new buildings, must comply with the National Building Regulations and Building Standards Act (1977) which states that the structure must be safe, weather-proof and well ventilated. The floor should be covered with material that is suitable for children to play and sit on. Walls and floors should be easy to clean and there must be windows that give adequate light and, if possible, allow the children to see the outside world. Where more than 50 children are enrolled for a full day at a partial care facility, there must be a separate room or place to be used as an office and as a sickbay to care for sick child (Department of Social Development, 2010).

Barros and Aguiarb, (2010) discovered a positive association between children's cognitive and social developmental outcomes and the quality of their experiences in child care programs. Results further indicated that a high-quality care positively predicts academic performance. Children who have traditionally been considered as being at risk are more influenced by the quality of child care experiences and the different aspects of quality influence different development areas. They further associated the quality of child care classroom practices to the children's cognitive development, while the closeness of the teacher-child relationship influenced children's social development through the early school years.

A study by Reetu, Renu and Adarsh (2017) reports that most of the centres in India are operating in rented buildings with single rooms while others are operating in own buildings which have better facilities for storage, cooking and food service. However, ECD centres operating in government building are decaying and do not have adequate light and ventilation. Improper light and ventilation is also reported not to

be enough as well as the compromised space for outdoor and indoor activities. Similar condition is found in urban of the ECD centres in India which operates in two rooms with small space, no electricity and unsafe playground.

Although the children were divided into classrooms more or less according to their ages, the classes were not divided according to the exact same age-ranges as stipulated in the National Guidelines. Furthermore, some of the centres only had one big class, or two classes. The majority of the centres grouped infants and toddlers between zero and three in class one, children between the ages of three years and four and a half years in class two and children between the ages of four and a half and five and a half years in class three. This is the measure used to address the availability of space and the allocation of carers (Kruger, 2011 & Slot et.al, 2015).

#### **2.4 The safety of children and the safety of equipments in ECD centres**

Children play in any environment they come across and is readily available to them. Therefore, it is necessary to ensure that they have a safe environment in which they play and explore. The provision of safe playgrounds for children is one way to reduce the number of serious injuries such as bones fractures, choking, swallowing and head injuries. Major changes in the design and maintenance of playgrounds at ECD centres will substantially reduce the number of playground injuries (Eichhorst & Van As, 2010).

Risky play can lead to injury where in some instances the positive emotions children experience in risky play might be replaced by fear or anxiety of getting hurt. Because of the risk of injuries to children during play, formal risk-managing strategies have emerged in several countries. These managing strategies includes the regulation of the physical features of children's playgrounds such as reducing the height from which a child might fall, reducing the playground surfaces on which a child might land, and rounding of the sharp edges of playground equipment and making sure it is stable. The unsafety of children in crèches may results from falls, collisions with swings, slides, climbing frames, swallowing of small toys or hazardous liquids and overcrowding. Research indicates that a lack of supervision plays a key role in such childhood injuries (Sandseter & Sando, 2016).

According to Sotuku, Okeke and Mathwasa (2016) the empirical evidence on the extent and the nature of a possible mismatch between ECD centres furniture and the children's bodily dimensions are rare. Safety and secure environments for children are a prerequisite by law. Sections 24(1) and 28(1) of the Constitution of the Republic of South Africa (1996) state that everyone has a right to the surroundings that are not detrimental to their health and wellbeing and every child has a right to be protected from mistreatment, abandonment, cruelty or degradation.

The environments in which children learn should therefore be physically and psychosocially safe through the adequate provision of infrastructure facilities and enough space (Sotuku, et.al, 2016). A positive relationship between structural and process quality is regarded essential for the costs-efficiency of ECD centres. In general, smaller classrooms, smaller child-to-carer ratios and higher teachers' education levels are expected to lead to higher process quality to better child outcomes. However, the evidence for strong and consistent relationships between structural and process quality is far from conclusive. This is because the study found that in most centres, classrooms are allocated one caregiver (Slot et.al, 2015).

## **2.5 Operational practices in early childhood development**

Operational practices refer to the methods of operating an entity or providing a service. It includes the daily practices that a centre observes in order to ensure safety of process and beneficiaries (Kunadu, Ofosu, Aboagye, & Tano-Debrah, 2016). For the purpose of this study the operational practices will be focusing on the emergency response, storage and hygiene practices and availability of water and sanitation practices.

### *2.5.1 Emergency response plan, storage, and hygiene practices*

Emergencies are prone to occur anywhere and at any time. The nature of an emergency is unpredictable and can change in scope and impact. Hence, being prepared and planning ahead is critical for protecting lives, the environment and the property (Borthwick, 2015). The guideline states that all ECD centres must ensure that all reasonable provisions that children and personnel are safe from the risk of fire, accidents, and other hazards are put in place. An emergency plan outlining all precautions to protect children from risk of fire, accidents and other hazards should

also be made available in the centre. Policies and procedures for dealing with structural and environmental emergencies as well as disasters must be in place. Anything that may be harmful to children must be kept in safe storage such as lockable cupboards kept away from reach by children (Department of Social Development, 2010).

Emergency response plan established should be on hand and quickly available to prepare the facility to stabilise the incident and minimise potential damage. This includes the use of fire extinguisher by trained employees to can extinguish fire, uses of first aid kit for small bruises as well as performing CPR for saving lives (Borthwick, 2015).

According to Watson and Errington (2016), Public Health in England came up with safety guides to be implemented specifically at home and for pre-school children. The safety guides include identifying a need for leadership and workforce training to progress action on injury. Further recommendation made is that the prevention work for the under five years should focus on the five following injury types namely choking/suffocation/strangulation, falls, poisonings, burns or scalds and drowning. The response practices implemented should always be active in nature not passive. Active practices are those that require individuals to play a role in protection, for example by always ensuring that household chemicals are kept out of the reach of young children inside lockable cupboards. For many injury types no passive interventions exist, in most instances only adult vigilance and safe adult behaviour will prevent small children from choking, drowning and others in a given space (Watson & Errington, 2016).

Kwinda (2010) further argued that the storage facilities in centres were poor in that the majority of the respondents had no refrigerators or freezers to store surpluses or leftovers. Though some centres were buying just enough to use, others were throwing away the leftovers because of a shortage of storage space. Storage areas for various products should be planned according to the requirements of the centre and may include dry storage areas, cold rooms and freezers.

Hand hygiene is considered the most important in the control of pathogens than cleaning and disinfection of environmental surfaces. Improved personal hygiene such as wearing clean aprons and covering head at all times as well as careful

attentive hand-washing would lead to the basic control of hand -to-mouth spread of potentially pathogenic to the recipients of the prepared food (Kunadu et.al, 2016). The preparation of food must take place under safe and hygienic area. Furthermore, they should be separate areas for food preparation, serving of food and cleaning up. Food must be stored in appropriate areas wherein perishables are in cold storage and the dry goods in dry storage (Department of Social Development, 2010).

### *2.5.2 Water and sanitation practices*

Children must have access to safe and appropriate sanitation and drinking water within the partial care facility. Safe and clean drinking water must always be available. Where water is not from a piped source, it must be treated and made safe using approved national health guidelines for the treatment of water. All water containers must be covered at all times (Department of Social Development, 2010).

In a study by Chikutuma (2015) findings showed failure in maintenance of toilets in some crèches putting the quality of the ECD programmes in these schools in doubt. The poor hygienic state of the toilets, resulting from water shortage which is a typical situation in Zimbabwe was established from the study. The study further revealed that toilet facilities were inadequate and not well cleaned. Findings of the present study also revealed that the majority of the schools had adequate water while the minority did not have. This situation cannot exclude South Africa which experiences the same problem of sanitation and water supply.

Hygienic and adequate toilet facilities appropriate to the age and development stage of the child is considered important in these facilities. There must be appropriate child user friendly toilet and hand washing facilities must be reachable for children over the age of three years. The toilets ratio of toilets is one for every twenty children with one hand washing basin with clean disinfectant water. Where there is no sewerage or ablution facilities, potties must be made available wherein one potty is suitable for every five toddlers (Department of Social Development, 2010).

## **Conclusion**

Literature revealed that little is known about the specific aspects of the environment and classrooms adequacy that support generous amounts of activity for children. The little knowledge of specifications also hinders the compliance to child carer-ratio and dividing of children according to age ranges. To ensure the safety of children, ECDs should adapt to the changes in the design and maintenance of playgrounds as well as reducing the heights of playground surfaces on which a child might land, and rounding of the sharp edges of playground equipment.

Reviewed studies further indicated that storage facilities in ECDs were poor in that the majority of the respondents had no refrigerators to store surpluses or leftovers and therefore opt for throwing away the leftovers because of a shortage of storage space. There is still evidence of lack of toilets maintenance and poor hygiene due to shortage of water as well as lack of knowledge on hygiene practices and also not being well cleaned. Thus, more still needs to be done to improve the quality of the ECD centres respectively.

The next chapter will outline the research methodology used in the study.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

Babbie and Mouton (2010) indicates that research methodology refers to procedures used in making systematic observations or otherwise obtaining data, evidence, or information as part of a research project or study. In this study qualitative research design will be used because it allows the researcher to collect data at the site where participants experience the issue or problem under study. The researcher will use purposive sampling method through the use of the database of ECD centres at the identified site in Mankweng area. During data collection phase both the observations and interviews will be used for data collection at the selected ECD sites in Mankweng. In this chapter study site, study design, study population, sample size and sampling method, data collection, data analysis, and measures to ensure trustworthiness are outlined. Bias, ethical considerations and significance of the study will be discussed herein under.

#### **3.2 RESEARCH METHOD AND DESIGN**

The study design was concerned with gathering information from a representative sample of the population and generates new knowledge about concepts or topics about which limited or no research has been conducted (Brink, Van der Walt and Van Rensburg, 2012).

##### *3.2.1 Qualitative research approach*

The researcher employed the qualitative research approach for conducting the study. Qualitative studies set out specific details of one's enquiry that include sampling and data collection strategies, data analysis and time frame (Brink et al., 2012). In this study qualitative research design was used because it allows the researcher to collect data at the site where participants experience the issue or problem under study. Qualitative research allowed multiple sources of data collection such as interviews and observation (Creswell, 2014); hence, the researcher used both the interviews and observation approaches. This approach allowed the researcher to be involved in sustained and intensive experiences with participants.

### 3.3 STUDY SITE

The study was conducted at registered ECD centre obtained from the data base of Social Development in Mankweng and part of Mamabolo areas. The study site is situated 33 kilometres eastern of Polokwane, the capital city of Limpopo Province. The area is developed with basic services such as hospitals, clinics, ECD centres, and schools. The area has sixteen ECDs; however, the study was conducted in eight ECD centres across Mankweng Township, Motholo and Hlahlaganya areas respectively.

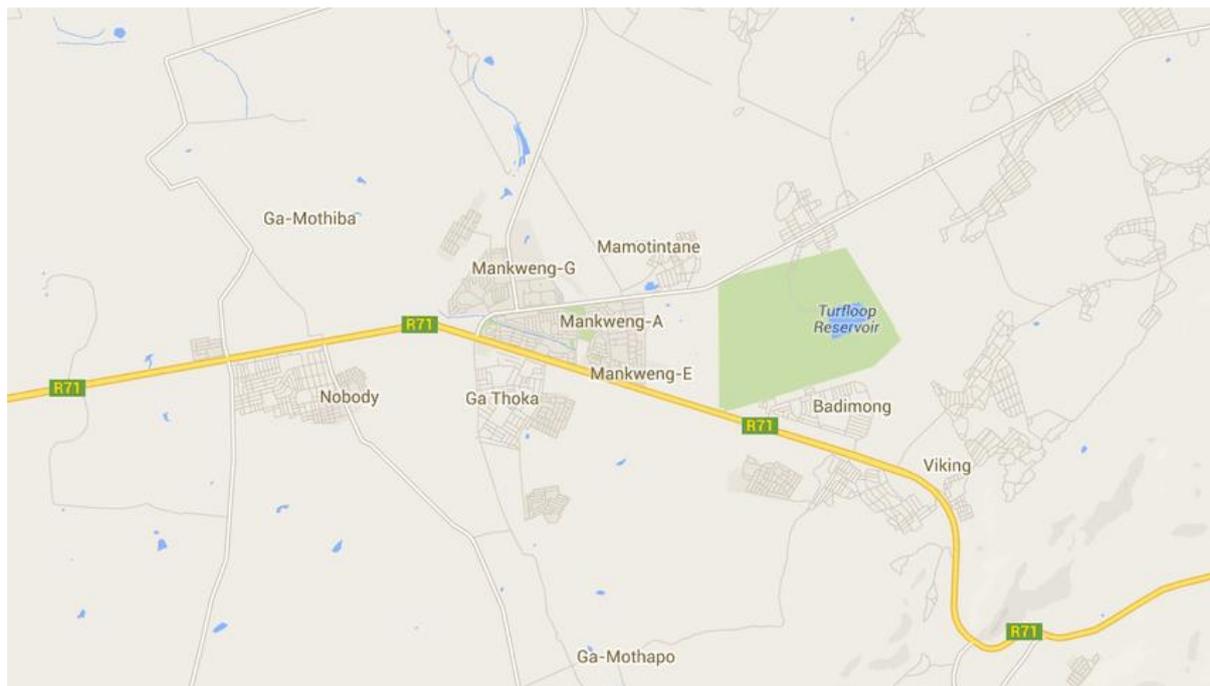


Figure 1. Map of Mankweng

### 3.4 STUDY POPULATION

Population is a complete set of persons or objects that possess some common characteristics that is of interest to the researcher (Brink et al., 2012). The population is all workers employed in the selected ECD centres in Mankweng area Limpopo Province. The study was conducted on 16 workers from eight selected crèches.

#### 3.4.1 Characteristics of participants

Participants were purposively selected from the eight ECD centres. All participants had two or more years of experience working in an ECD environment. The working period gave indication that workers had direct experience and are knowledgeable

with the ECD environment practices. The participants varied from manager, carers/ teachers and gardeners working in the selected ECD sites.

### **3.5 SAMPLING**

Study sampling involves the selection of the sample that can be a group of people, events, behaviours or elements (Burns & Grove, 2012). The researcher employed purposive convenient sampling method through the use of the database of ECD centres at the identified site. Purposive convenient sampling is a judgement or selective sampling. It is the sampling technique in which the researcher depends on his/her own judgement when choosing the members of population to take part in the study.

Participants were selected from the database through the consideration of the inclusion criteria. All participants were workers in the ECD sites conclusive of both males and females. The interviews were conducted on the sixteen participants and concluded when saturation was reached. Data saturation is reached when there is enough information from the participants such that there are no new themes or subthemes emerging from the additional data. It takes place when more coding is no longer possible (Burmeister & Aitken, 2012).

### **3.6 DATA COLLECTION**

Data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypothesis of the study. It is the techniques defined as the processes employed by researchers through the process of research in order to systematically collect information about their object of study and the setting they occur in (Arlene, 2014 & Cln, 2013). Both the observations and interviews were used for data collection at the selected ECD sites.

#### *3.6.1 Data collection approach*

Data was collected through the use of semi-structured interviews and observations at the selected eight ECD sites. The researcher conducted semi-structured interviews with the participants using a recorder. The purpose of using semi-interviews was to ensure that the most important interview questions were asked, and it assisted the researcher to gain first-hand information from participants without

guiding them. The study further employed direct method of observation for watching interactions, processes, or behaviours in the practice of compliance with early childhood development norms and standards using a checklist. The researcher played a passive role thereby not controlling or influencing the occurring events.

### *3.6.2 Data collection process*

One-on-one semi-structured interviews were conducted amongst sampled individuals at research sites, at the times that best suit them to avoid interfering with their duties. Data was collected using the voice recorder and also field notes taking. The overall time sessions ran was thirty minutes or when data saturation was reached. During observations phase a checklist was used for recording field notes.

## **3.7 DATA ANALYSIS**

Data analysis reduces, organises and gives meaning to the data. The analysis involves the use of descriptive and inferential techniques to make predictions and comparison of groups (Burns & Grove, 2009). Before analysis, the researcher appointed the transcriber who transcribed the data and translated it into English. Data was analysed using Tesch's 8 steps of qualitative data analysis.

- Step one: Get a sense of the whole.  
The researcher had drawn ideas from careful reading of the transcriptions and got logic out of each interviews. The transcripts were organised into files and folders for convenience in analysis.
- Step two: Pick one document.  
Each individual interview record and observation sheet with high interesting information were picked up and studied thoroughly and drew a meaning out of each transcript and put together similar ideas.
- Step three: Make a list of all topics.  
Similar thoughts drawn from the transcripts were clustered into similar columns or sub-themes.
- Step four: Take the list and go back to data.  
The researcher abbreviated the topics as codes and wrote the codes adjacent to their appropriate segments of the text.

- Step five: Find the most descriptive wording for your topics and turn them into categories.

The researcher used categorised topic segments and grouped similar ones together to generate statements.

- Step six: Make final decision on the abbreviation for each category and alphabetize these codes.

The researcher alphabetically coded the finalised sub themes.

- Step seven: Data material belonging to each category in one place was assembled and a preliminary analysis was performed. The transcripts of similar ideas were grouped together to generate themes from both the observation and the interviews data collection method.

- Step 8: If necessary, recode your existing data.

The researcher then merged similar themes together. The final decision on the identified themes and sub-themes was made and tables of three main themes and seven sub-themes were drawn.

### **3.8 ELIGIBILITY CRITERIA**

#### *3.8.1 Inclusion criteria-*

The participants included in the study had two or more years of working experience at the centre. The reason for inclusion is that the participants must have experience and mastery in interacting with the ECD environment on a number of years and will respond correctly for the purpose of the study.

#### *3.8.2 Exclusion criteria*

All ECDs and workers who were not willing to participate in the study were excluded together with the workers absent from work and those that did not give consent to take part in the study.

### **3.9 MEASURES TO ENSURE TRUSTWORTHINESS**

There are strategies that could be applied in research to ensure the quality of a study (Shenton, 2004) and below will be a discussion of four criteria that could ensure trustworthiness for data. The four criteria are credibility, transferability, confirmability and dependability.

### *3.9.1 Confirmability*

This concept refers to the extent to which the results of a study can be confirmed or concurred to by other researchers. Confirmability entails the objectivity of the study, which is the potential for congruence between two or more independent people about the data's accuracy, relevance, or meaning (Elo, Kääriäinen, Kanste, Pölkki, Utriainen & Kyngäs, 2014). Confirmability was maintained through the use of an independent coder to confirm data by transcribing and coding again. Both the researcher and the independent coder notes were compared and common consensus was reached. The findings of the study were based on what the participants have reported, only transcribed data.

### *3.9.2 Transferability*

According to Tracy (2010), Transferability is the ability of the study to be applicable and valuable across a variety of situations and contexts and it can sometimes be coupled with generalizability. Transferability was ensured through the use of purposive sampling wherein only managers and workers with at least two years working experience in the ECD centre participated in the study.

### *3.9.3 Dependability*

Dependability entails the stability and consistency of the results over time and across conditions. In the context of this study the researcher will enhance the dependability by submitting the transcript and the field notes. Dependability will be achieved when the outcomes of the two analyses are similar. The concept also involves the ability of the same research processes that are done separately to yield the same results (Billups, 2014). The study used both the interviews and observations data collection methods to ensure that missed information complimented by the other data collection method. The researcher also ensured dependability of the study by stating and discussing step-by-step on how the study was planned and executed. Furthermore, an independent co-coder verified the findings of the researcher and a comparison of themes and sub-themes.

### *3.9.4 Credibility*

Anney (2014) defines credibility as the confidence that is placed in the truth of research findings. It has more to do with the research findings representation of the original data as presented by the participant's original data and the interpretation of the participants' original views. The researcher used peer reviews and debriefings, including supervisor consultations were used to ensure credibility was achieved. Credibility was established in this study using multiple sources of data, which included study participants and also various types of literature. The translations and interpretations of transcripts were scrutinized by thesis supervisor and the researcher, which further helped to strengthen the study's credibility.

## **3.10 ETHICAL CONSIDERATIONS**

Research ethics are important for researchers to take into consideration when conducting research as its main objective is to act as a guide and code for researchers, thus ensuring that the research participants' welfare is protected (de Laine, 2000). There are widely recognised ethical principles that are applied in research studies, which include amongst others autonomy and respect for the dignity of persons; informed consent; beneficence; anonymity and confidentiality; non-maleficence; justice and risk/benefit determinations (Leedy & Ormrod, 2001).

### *3.10.1 Permission to conduct the study*

Ethical clearance to conduct the study was granted by Turfloop Research and Ethics Committee which is attached as Appendices 5. The permission to collect data at the selected ECDs was obtained from the Department of Health is attached as Appendices 8. Permission to interview workers was obtained from ECDs attached as Appendices 9. Trust was established between the researcher and the participants' prior data collection and that made it possible to obtain informed consent from the sixteen participants. See the document attached as Appendices 4.

### *3.10.2 Anonymity, confidentiality and privacy*

The participants were afforded confidentiality during their participation in the study as interviews were conducted in a separate place on one on one basis. Interviews were conducted in a space away from other people where there were no interruptions and

privacy was maintained. Anonymity was maintained in that no person or centre names were required. However, ECDs were allocated numbers for researchers' identification purposes. Participants were afforded the rights to participate or withdraw from the study at any point in time.

#### *3.10.3 Respect, dignity and standard of care*

The participants assured and treated with respect and dignity irrespective of their individual differences and their views and opinions were respected and treated with the dignity. Standard of care, respect and dignity of participants was taken into consideration, as participants were advised about their rights and informed consent which is attached as Appendix 4. The interviews with crèche participants were conducted at venues that were convenient for them. The interviews were conducted in Sepedi to ensure the participants maintain their dignity and participate freely. Participants were interviewed individually in a separate room provided. The interviews lasted between 16 minutes to 35 minutes depending on how much each participant was willing to share. To ensure the standard of care the researcher did not modify or temper with anything in all ECDs who participating in the study.

#### *3.10.4 Harm and withdrawal*

There is potential for harm during data collection when doing interviews with the participants. The possible harm may arise from questions triggering the previous incidences on health and safety of children which may have occurred before and may cause emotional breakdown. The harm will be addressed by referring the participants to the area social workers trained professionals to intervene in the matter. There will be no physical harm as there will be no lifting or removing of objects or any experimental process in the study. Every participant has the right to withdraw anytime from the study and have the right not to participate. Therefore, the wishes of the participants will be respected.

### **3.11 BIAS**

Bias is defined as any tendency which prevents unprejudiced consideration of a question. In research bias occurs when a systematic error is introduced into sampling or testing by selecting or encouraging one outcome or answer over others. It can occur at any stage in research including study design or data collection, as

well as in the process of data analysis and publication (Pannucci & Wilkins, 2010). The sample size depended of data saturation.

## **CONCLUSION**

The chapter outlined the methodology which gave crust to the implementation and findings of the study. The next chapter will outline the presentation and interpretation of findings.

## **CHAPTER 4**

### **PRESENTATIONS AND INTERPRETATION OF FINDINGS**

#### **4.1. INTRODUCTION**

The chapter will be presenting the findings of the research following collection of data conducted. Data was analysed using the Tesch's eight steps of data analysis. The presentation outlined the finding from both the observation as well as interviews conducted in the form of themes and sub-themes.

#### **4.2 CHARACTERISTICS OF PARTICIPANTS**

Participants were purposively selected from the eight ECD centres. All participants had two or more years of experience working in an ECD environment. The working period gave indication that workers had direct experience and knowledgeable with the ECD environment practices. The participants varied from manager, carers/practitioners and gardeners working in the selected ECD sites comprising of both males and females.

**Table 4.1 Characteristics of participants**

<b>Participants</b>	<b>Number</b>	<b>Males</b>	<b>Females</b>
Managers	05	0	05
Carers/practitioners	09	0	09
Gardeners	02	02	0

#### **4.3 FINDINGS FROM OBSERVATIONS**

According to the observations, the study found challenges regarding compliance with certain National Norms and standards. Observations yielded one theme and two sub-themes.

**Table 4. 2 Themes from Observation**

<b>Theme</b>	<b>Sub-theme</b>
4.3.1 Compliance challenges to ECD guidelines at centres identified.	4.3.1.1 Unsafe personal hygiene and environmental practices at centres.  4.3.1.2 Non-availability of storage equipments

*Theme 4.3.1: Compliance challenges to ECD guidelines at centres identified*

*Sub-theme 4.3.1.1 Unsafe personal hygiene and environmental practices at centres*

Wearing of aprons and covering the head when preparing food is not practiced in most centres. Workers cook wearing their own casual clothes without covering their heads. This practice is not in line with the national ECD norms and standards, whereby the cook should be wearing aprons with head covered to ensure food are not contaminated either by hair or dirt from clothes. Mishandling and disregard of hygienic measures on the part of the food handlers may enable pathogenic bacteria to come into contact with food and in some cases, survive and multiply in sufficient numbers to cause illness in the consumer. The hands of food service employees can be vectors in the spread of foodborne diseases because of poor personal hygiene or cross contamination and a significant proportion of these foodborne illnesses arise from kitchen practices (Yella, Kumar, Vemula, Nagalla & Gavaravarapu, 2016). Cross-contamination among food and food contact surfaces can therefore cause serious health risks such as food poisoning or unintended exposure to food allergens. The practice of proper wearing of masks, hair restraints, hand gloves and clean cloth or uniform respectively can minimize the risk of food contamination (Ali & Immanuel, 2017; Akabanda, Hlortsi & wusu-Kwarteng, 2017).

Most centres did not have sufficient hand washing basins and children share the basins in a large number. The water is not changed frequently and is often used for the whole day. This poses a health risk such that children may ingest germs and use infected water to wash hands the whole day. Hand washing practice amongst children was only observed to be done in most of the crèches visited. Diapers are changed mostly in the same activity room. Literature show that pre-school children

have higher risk for infection as they spend more time in day-care settings, than the children who are in their homes. The risk of acquiring infections is two to three times greater and it impacts on both individual health and on the spread of diseases throughout the community. Children have habits that facilitate the dissemination of diseases, such as putting their hands and objects in their mouths, very close interpersonal contact, the absence of the frequent hand washing habit and other hygienic practices and the need for constant direct physical contact with adults (Afolabi, Aluko, Fehintola, Afolabi & Olaniran, 2018). The close contact of these children facilitates transmission; second, diapered children have not learned personal hygiene practices and defecate randomly. The unhygienic environments give rise to the wide use of antibiotics in this population groups. Furthermore the possibility of the spread of resistant bacteria from day care centres into families and then into the general community exist and that could represent a potential public health problem ( Adedire, Oluduro, & Bakare, 2016).

Another observation made was poor provisions for children with disabilities in all ECDs visited. There is the requirement that children with disabilities have equitable access to all ECD programmes and facilities. The centres' facilities should be functional in such a way that they can accommodate people with disabilities (Mbarathi, Mthembu, & Diga, 2016). This includes mainstreaming of ECD programmes and providing facilities that are accessible to children such that infrastructure, attitudes, equipment and activities do not hinder the participation of children with disabilities. Thus building plans, playgrounds, equipment, toys and ECD practitioner training must comply with universal design (Philpott, 2018).

#### *Sub-theme 4.3.1.2 Non-availability of storage equipments*

Storage is a problem in most centres as they do not have lockable adequate storage to keep food, detergent and equipment in the kitchen cupboards. Food and detergents and other equipment are stored in one cupboard using different shelves. The cleaning detergents are harmful and cannot be stored near food, for once they can contaminate the food they can cause serious ill-health in children. The foods are usually stored in big bins and buckets put on the floor and therefore could get rotten easily or form mould. Food held or stored at more than 25°C to 60°C temperature

allows multiplication of pathogens. Non-vegetarian and vegetarian products should be kept separated or stored in different containers / racks / compartments. All foods should be stored off the floor and away from the walls. It is an important cause of food-borne outbreaks. Food generally should be stored by ensuring that chemicals and cleaning supplies like detergents, soap bars, repellents are stored away from food. This is because some chemicals used for gardening and cleaning are extremely poisonous and if ingested may cause severe vomiting within a few minutes. Toxic metals in food if ingested in sufficient quantities can cause metallic taste in mouth, vomiting and abdominal pain, and burning sensations in the chest, neck and abdomen usually within a few hours (WHO, 2006).

Most centres do not have the refrigerator to store perishables and left-overs. They are unable to store children's medication but rather put the medication on the floor to keep them cold. Some medications requiring fridge storage are returned thereby putting children's health at risk. Keeping foods at safer temperature is also mentioned because an either low or high temperature has the potential to allow rapid growth of microorganisms. Refrigerators are not only important for preserving foods at right temperatures but also can be a significant factor in the prevention of outbreaks of domestic foodborne diseases when used properly (Yella et.al, 2016). Foods at room temperature which could be potentially exposing them to rapid microbial growth as cooked foods stored at room temperature for more than 2 hours could be susceptible for the microbial growth as well.

The storage of toys is also a challenge whereby they are just put at various corners in plastic bags or boxes. Another challenge is that they are mixed with gardening tools, sprays and manure. This practice can be harmful wherein children can access them and may lead to swallowing, choking or suffocation as well as getting contaminated by germs and bacteria. The improper use of toys can be the transmitter of the microorganisms causing respiratory diseases, infectious and parasitic diseases such as diarrhoea and gastroenteritis and other infectious intestinal diseases (Simão, Prata, Zornoff, & Corrêa, 2017). Some crèches despite having water storage they experience shortage of water and therefore uses water sparingly. This shortage of water deprives the regular washing of toys, hands and toilets cleaning and flushing at that particular period. The washing and disinfecting of toys is recommended for at least once at the end of the day, considering the

transmission of microorganisms through the shared use of objects (Klatte, Myers, Livingston & Jackson, 2012, & Simao et al, 2017). Water is a requirement for health, hygiene and sanitation. Whilst young children have the right to sufficient water, the water that they have access to is often of poor quality resulting in young children becoming particularly vulnerable to cholera and diarrhoea (Atmore, van Niekerk & Ashley-Cooper, 2012 :124).

#### 4.4 FINDINGS FROM INTERVIEWS

Based on the interviews, the study found challenges regarding compliance with certain national norms and standards. Interviews yielded two theme and two sub-themes.

**Table 4.3 Themes from interviews**

Theme	Sub-theme
4.4.1 Challenges regarding availability and quality of resources	4.4.1.1 Insufficient learning developmental practices.
	4.4.1.2 Insufficient staff members in different categories.
	4.4.1.3. Inadequate infrastructure facilities.
4.4.2 Lack of knowledge and poor practices	4.4.2.1 Lack of knowledge and understanding of ECD guidelines, norms and standards by some of the staff members.
	4.4.2.2 Poor emergency preparedness.

*Theme 4.4.1 Challenges regarding availability and quality of resources*

*Sub-theme 4.4.1.1 Insufficient learning developmental practices*

Most centres indicated that they do not have enough toys to the number of children they have. The toys are in good usable condition however, depriving the developmental stages of children as such.

**Participant 11(Carer)** *“They are not enough but some toys are not in a good condition and we throw them away”*

**Participant 4 (Carer)** *“I think they are well although they are not enough because we still don’t have jungle gyms”*

**Participant 16(carer)** *“No, for the toddlers they are not enough, we have to split so that they can share”*

Under current ECD policy, it is expected that adequate and appropriate indoor and outdoor learning materials are made available to the children for developed stimulation in their learning experiences. Literature agrees that a good ECD programme should be rich in language development, creative art, music and free play, among other things. Lack of learning materials and resources, the absence of trained teachers and poor security in learning facility fields assert that more needs to be done to address access and availability (Mbarathi, Mthembu, & Diga, 2016). Some ECD teachers are faced with the struggle to maintain the educational and care aspects of children due to the lack of resources. Subsequently where there is lack of toys remains a gap to meet the requirements to ensure educational stimulation and proper development of children (Mbarathi, et.al, 2016). Toys assist young children to be creative and to grasp the learning content easier as compared to those who do not have (Manyike, 2012).

#### *Sub-theme 4.4.1.2 Insufficient staff members in different categories*

Other categories of staff are not available at the centres and the very teachers or carers end up cleaning and even cooking. Most centres have shortage of teachers/carers according to the ratio compliance. The other finding was that despite carers not being enough, they also engage in multiple roles within the centres such as cooking, and cleaning as results large number of children are left under the care of a single carer. The lack of carers leads to poor supervision of children during indoor and outdoor activities which may results in unnecessary injuries. This was evident when one participant said:

**Participant 11(carer)** *“No, we do not have a cleaner. We all clean, we come to work at six o’clock then the kids arrive at quarter past seven. We get in and clean*

*classrooms while the other one clean the kitchen, the one who finish fast cleans the toilets”*

Other participants shared the same sentiments when they said that:

**Participant 12(carer)** *“We help one another when am cooking the other teacher will be with the children in the classroom because we don’t have anyone and the children are not many we don’t afford a cooker”.*

**Participant 6(manager)** *“Now we have two teachers, we had a challenge whereby one teacher wanted to leave to further her studies so fortunately the moving on and beginning children are not that many the teacher can handle both classes on her own we have few beginning and few moving on children”.*

From another interview a similar statement was drawn wherein the participant said:

**Participant 5(carer)** *“We have three teachers the other one is the cooker and four to five they have their own classroom and their teacher and the other classroom and one to three as well”.*

The practices in most ECD centres are to increase the number of children per age group in order to boost the finances of the centres (Venkateswaran, 2013). It is therefore important that ECD centres become considerate and sensitive in observing the norms and standards, which will instil the message that the quality of services and reputation in ECD centres are impacted if finances are prioritized over adult-child ratio.

The lack of enough teachers leads to poor supervision of children during indoor and outdoor activities which may results in unnecessary injuries. The role of teachers in ECDs is to ensure that children develop holistically (Chikutuma, 2013). Teachers should always be available to ensure that they manage and observe each individual learner during lessons (Govindasamy, 2010). A balanced teacher-learner ratio; unlike shortage of teachers, allows teachers to accommodate all learners and be able to identify learning challenges (UNICEF, 2006). In contrast, inadequate teacher-learner ratio serves as a challenge for ECDs to achieve their goals (DSD and EPRI, 2014). Shortage of teachers in ECDs therefore will leads to poor education amongst ECD learners. In most ECDs there was shortage of teachers leading to little knowledge gained by children (Manyike, 2012).

#### *Sub-theme 4.4.1.3 Inadequate infrastructure facilities*

From the interviews it was established that there was lack of provision of adequate classrooms at ECD centres around Mankweng area. The centres are failing to comply with the provision of classrooms according to age categories. Most children are combined in one classroom irrespective of their age group. This was evident when one participant said:

**Participant 14 (Manager)** *“We have two classrooms; three to five years is mango class and the second one is from three months to three to two years it is banana class”*

Another participant further reported that all children below four years are combined in one class. The participant said:

**Participant 6(Manager):** *‘We have two classrooms for toddlers and children who will be capping’.*

In some cases, there are more children in one class than is required. One participant indicated that by saying:

**Participant 3(Carer):** *‘A lot parents prefer our place and we cannot reject their children that are why we have so many of them in one class. But we manage them’.*

The ideal ECD setting should provide facilities for food preparation, storage, office, teachers’ work space, playing, working, eating, washing, toilets, resting and sick room. In practice however, classrooms are for multipurpose use wherein more than one activity takes place in the same space. When a classroom serves many functions such as playing, eating and sleeping convenient and adequate storage space is needed (Manyike, 2012). Teachers find it difficult to manage a classroom where the age group is different. Each individual learner requires specific needs and attention that could not be offered if there are other learners of different age groups (Guo, Tompkins, Justice& Petscher, 2014). The way a classroom is arranged in terms of age grouping shapes the way learners grasp the learning material and develop because the lesson caters for their age-group only (Justice, Logan, Lin & Kaderavek, 2014). Those who are older find it difficult to learn and gain less, even if the teachers are more experienced (Purtell & Ansari, 2018) and the classroom is resourced. These therefore mean that the teaching demands of a diverse classroom

are a burden to teachers and evaluation of a programme becomes difficult to undertake (Ansari, Purtell & Gershoff, 2016).

The size of a classroom where learning takes place affects performance. Cramping learners in one classroom has negative consequences for both learners and teachers. This affects movement, encourages ill-discipline and reduces teacher's contact with individual learners (Marais, 2016). Teachers end up deviating from their actual lesson plans in order to deal with the multitude of learners (Opoku-Asare, Agbenatogbe & DeGraft-Johnson, 2014) and much classroom lesson time is lost in the process (Mustafa, Mahmoud, Assaf, Al-Hamadi & Abdulhamid, 2014).

#### *Theme 4.4.3 Lack of knowledge and poor practices*

##### *Sub-theme 4.4.3.1 Lack of knowledge and understanding of ECD guidelines, norms and standards by some of the staff members*

The research findings showed that workers especially carers and gardeners amongst the ECD had little the knowledge of National Norms and Standards. Findings further revealed that the majority of workers never receive any training on National Norms and Standards for ECD practices hence knowledge and compliance remains a challenge to them. Results also showed that even though educators maintained that they were using a constructionist approach to norms and standards, many could not articulate their understanding of their practice. Moreover, teachers articulated theories were not relating to the theories in use.

**Participant 3 (Carer)** “We make sure that the children must be safe when they are within the premises.”

Some even do not know if they have certain guidelines to apply. They showed lack of knowledge of the national ECD norms and standards and another participant said:

**Participant 1 (Gardner)** *I have not been to any training but the teachers have showed me how to work with children.*

**Participant 9 (Carer)** *“I don't really know those norms and the standards maybe the principal may know.”*

Another participant showed little knowledge of norms and standards when she indicated that:

**Participant 14 ( Manager)** *“We make sure that we plan according to the themes and activities that suit their age, and also the environment must be clean, children must not come across broken glasses because they will get hurt”*

Early childhood programs and guidelines are systems in themselves. They are an organized whole of norms, values, structures and people which form various subsystems at different levels. They should be practiced at different levels and should influence the way the system works including what teachers do and should not do in their classrooms. Though most ECD teachers seem to have adequate theoretical knowledge on child development, early childhood education, limited knowledge and repertoire of ECD guidelines affect the way they apply that knowledge (Anand & Mckenney, 2015). Human resources are the key elements in running the centres effectively; therefore, training and capacity building of the staff members constitute the central pillar of effective management and implementation (Venkateswaran, 2013). Children from poor communities are usually raised by caregivers who have not reached a high level of education. Therefore, children grow up in an environment with little educational stimulation, which results in poor impact on children’s cognitive skills and educational development due to lack of knowledge on the part of the caregivers role to play in the correct implementation of practices (Mbarathi et al, 2016). The low stimulation of motor development has been associated with developmental delays, and those delays may bring consequences to other areas of behaviour. A possibility of interaction between child and the teacher with the different teaching degrees is open to promote actions that stimulate the full development of the child that foster physical, affective, intellectual, linguistic and social development including motor activities with music and dance (Tolocka, De Marco & Siqueira, 2019).

#### *Sub-theme 4.4.3.2 Poor emergency preparedness*

The study found that most workers within the ECD centres have no or little knowledge on emergency response practices. They have first aid kits on sites responsible for treatments of minor cuts and wounds. The most common emergencies centres reported are falls, swallowing of toys and epilepsy attacks from

children. Most centres do not have emergency plans put in place hence, the general finding shows poor emergency response practices, which can put the lives of the children in danger and may results in permanent disabilities or death, when emergencies are not readily attended to with sense of urgency and in a proper way. Workers reported to have no training on first aid emergency response. They showed to rely on referring incidences to the health facilities. All centres have fire extinguishers in good usable conditions in place for any fire emergencies that may arise and thus serviced. However, it was only a few having knowledge on how to unplug them and make use of them in case fire occurs.

**Participant 7 (Manager)** *“Not really, they showed us how they work but because we have never came across fire I really can’t say I know how fire extinguisher work”*

**Participant 4 (Carer)** *“We can help the child, we have first aid kits. One time a younger kid got a bead stuck in his nose we tried to get it out. We ended up calling emergency and they said all the cars are out. So we had to take him to the hospital.”*

Herein under outlines how other participants responded to the question on emergency preparedness and they said:

**Participant 12 (Carer)** *“We once had a kid who had epilepsy and the parents never informed us of it, we took her outside to get some fresh air and rushed her to the clinic.*

**Participant 5 (Carer)** *“We don’t have a plan in place for fire or any other emergency that may arise”*

**Participant 2 (Gardner)** *“no I do not have, training on first aid or fire I just have the knowledge on how I can help”*

Emergency response is the most obvious tool for making incidence less harmful. A person cannot mitigate for a hazard if they do not know it or whom it may affects. It is important for teachers to be proficient in basic first-aid skills because children spend the majority of their day at the centres. The most common accidents likely to occur in child care centres are drowning, suffocations, falls, burns, fractures and intoxications which require active emergency preparedness as they occur unintentionally (Azevedo, Vasconcelos, Leal, Vasconcelos, 2018). Teachers who had received first-aid training before should be made to increase their knowledge of first aid and

cardiopulmonary resuscitation (CPR) training. This is because the level of first aid knowledge among teachers was low, and they showed interest in obtaining proper training about first aid practices and the risk factors related to specific injuries(Li, Jiang, Jin, Qiu & Shen, 2012). Falls, burns, choking and wounding, are the most prevalent accidents in preschool children. In this context, the caregivers involved in the different children's interaction spaces such as school, day nursery, preschool, or childhood education center among others, must be vigilant and adopt actions of preventing accidents by recognizing the different risk and protection factors (Azevedo, et al, 2018).

Although teachers are familiar with the emergency contacts to use during emergencies, they had undergone training some time before and therefore they should be kept abreast with new developments in the first aid guidelines. Working in ECD centres requires high levels of up to date knowledge of first aid principles, since teachers and their assistants are faced with emergency situations almost daily (Slabea & Finka, 2012).

Due to lack of knowledge in fire safety education, there is a need to educate the children in the form of gaming for fire awareness purposes. The practice may result in blaze of fire, occurrence of injuries and smoke inhalation when no active usage of fire extinguisher is available as well as no active emergency plans in place. In fact, children should be taught and be made alert on how life-threatening fire is. The learning outcomes will be evaluated through game application to ensure the safety of both children and teachers at the centres is understood (Zaini, Noor, & Wook, 2018). Whenever fire occurs, serious disruption of institutional functioning, loss of infrastructures, property and material is experienced. This serious loss affects the ability of the community or individuals concerned to cope by their own resources, thereby affecting the learning of children. Also blazes of fire results in death of learners mostly from smokes (Kanyi 2014, Nestory, 2017). Furthermore, fire incidences can be prevented by the use of active teaching practices through playful activities such as games, make-believe plays, toy use, drawings and paintings to preschool children become effective measures to stimulate the preventive actions, and consequently, reduce the accidents in the childhood environment. This attitude encourages understanding of how to take action which can guarantee safety in an environment that risky accidents may occur (Azevedo, et al, 2018).

#### **4.5 LIMITATIONS OF THE STUDY**

Some ECDs centres never gave permission to conduct the study in their centres. If more workers were interviewed, it could have prompted more authentic and improved findings and diverse perceptions would have been drawn from the study.

#### **4.6 CONCLUSION**

The aim of this study was to explore the extent to which ECD centres adhere to the national norms and standard. This was done in order to provide a descriptive assessment of the physical, environmental and the overall health and safety conditions in the selected day care centres. The findings revealed that the ECD centres did not meet the physical requirements suggested in the norms and standards. These include the visible and tangible aspects, toys for both indoor and outdoor use, the human resources capacity and the investments in capacity development of staff, the type of infrastructure as well as the activity-based learning and stimulation for children. Furthermore, crèches play a very important role in child care and protection thus, regulatory provisions of resources should be fully enforced such that the centres are functional and they are also in line with the national ECD norms and standards in Mankweng Township as well as in South Africa as a whole.

Improving access to safe drinking water can result in tangible benefits to human health. The same goes for free indoor and outdoor spaces for children to move, play and work adequate teaching learning materials, hygienic sanitation and food serving practices which can also be improved. Food storage practice and food areas if not well maintained can become the carrier food-borne infections. The contaminations are therefore associated with the food-handlers involved in catering services. Despite inadequate physical facilities and inadequate training for care-givers with reference to norms and standards as well as emergency preparedness that does not undermines the progress that has indeed been made within the centres towards good ECD practices. It was discovered that the caregivers were able to provide social and emotional support in their work and remain doing that work.

## **4.7 RECOMMENDATIONS**

From the findings it is recommended that more frequent trainings should be conducted to capacitate the teachers as well as general workers in the ECDs on national norms and standards. This will enhance good quality practice within the centres.

- The ECD centres should comply with the child carer ratio to promote good quality learning environment and the health and safety of children.
- Continuous monitoring by the departmental officials including environmental health practitioner to emphasise compliance should be facilitated.
- Food storage and food handling practices should be improved and monitored.

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## Appendix 1A: INTERVIEW GUIDE (ENGLISH VERSION)

	<b>Section A: Central Question</b>
	a) Could you kindly describe how you ensure the health and safety of children at your centre?
	<b>Section B: Follow-up Questions</b>
	a) How do you accommodate the number of children at your centre? b) Could you describe the structure of your centre, including the toilets? c) How do you deal with children who are supposed to have medication during the day? d) Could you kindly explain the type of plays and toys/instruments that children use during play for both indoor and outdoor play? e) Could you kindly explain what you understand by norms and standards of ECD and describe compliance with them? f) Can you describe the plan you have in place to respond to any emergency that could arise at the centre? g) Describe the safety of the children during their stay at the centre in terms of structure, indoor and outdoor equipment and any other harmful events that may occur?

## INTERVIEW GUIDE (SEPEDI VERSION)

	<b>Karolo A: Potšišo kgolo</b>
	(a) Naa ekaba le netefatša bjang seemo sa maphelo le polokego tša bana lefelong la lena?
	<b>Karolo B: Dipotšiso tša go latela potšišo kgolo</b>
	a) Le šomiša mokgwa ofe go arola bana mo lefelong la lena? b) Na le ka hlalosa sebopego sa moago wa lena le dintlwana tša boithomelo lefelong la lena? c) Naa bana bao ba nwago meriana mosegare le ba thuša bjang? Meriana yeo e beiwa kae? d) Naa dipapadi tše bana ba di ralokago ke dife? Ba raloka ka di dirišwa tša mohuta ofe? Gona di maemo a loketšeng bana? e) Hlalosa ka botlalo gore le kwešiša eng ka di norms and standards le gore le di phetagatša bjang? f) Le ka hlalosa mekgwa ya boitokišo bja lena ge go ka hlaga ka bothata bja tšhoganetšo g) Hlalosa ka botlalo maemo a polokego re lebeletše moago, di dirišwa tša go raloka le se sengwe le se sengwe seo se ka ba kotsi baneng?

## Appendix 1B: RESEARCHER CHECKLIST

**No allocated:-----**

<b>Personal Hygiene practices</b>			
	I wash my hands after going to the toilet or changing a baby's nappy	<b>YES</b>	<b>NO</b>
	I wash my hands before preparing food and before feeding children.	<b>YES</b>	<b>NO</b>
	I wear my aprons and cover my head daily when preparing food	<b>YES</b>	<b>NO</b>
<b>Environmental practices</b>			
	Are walls and floor easy to clean?	<b>YES</b>	<b>NO</b>
	Is the kitchen facility away from the classrooms?	<b>YES</b>	<b>NO</b>
	Is there separate toilets for adults and children?	<b>YES</b>	<b>NO</b>
	Are children's toilet enough according to the ratio 1:20?	<b>YES</b>	<b>NO</b>
	Are there enough hand washing basins for children?	<b>YES</b>	<b>NO</b>
	Is the hand washing facility with water having disinfectant?	<b>YES</b>	<b>NO</b>
	Is there clean running water?	<b>YES</b>	<b>NO</b>
	Is there enough windows for ventilation at the centre?	<b>YES</b>	<b>NO</b>
	Are the gate lockable and the fencing good for keeping children safe?	<b>YES</b>	<b>NO</b>
<b>Storage practices</b>			
	Is the refrigerator defrost and washed atleast three times a year?	<b>YES</b>	<b>NO</b>
	We store leftover food in a refrigerator or fridge.	<b>YES</b>	<b>NO</b>
	Is there adequate lockable storage for cleaning detergent and equipments?	<b>YES</b>	<b>NO</b>
	Food is stored separately in adequate food storage cupboards.	<b>YES</b>	<b>NO</b>
	In instances of no running water is water stored in covered water containers at all times?	<b>YES</b>	<b>NO</b>

## Appendix 2 TIME FRAMES

May 2018	Research proposal writing
July 2018	Departmental submission and presentation
February 2019	Submission to University of Limpopo School of Health Care Sciences Research Committee
March 2019	Final proposal submitted with all corrections made to FHDC
April 2019	Submission to TREC
June 2019	Submission to Limpopo Department of Social Development
September 2019	Data collection
October 2019	Analysis of data
November 2019	Writing research report
December 2019	Submission to supervisor

### Appendix 3 BUDGET

<b>ITEM</b>	<b>COSTS</b>
Telephone cost	R 500
Travelling	R3 000
Accessing literature	R700
Transcribing and translation	R4000
Co-coding	R1500
Language editing	R1 500
Printing: 4 copies at R180-00 each	R 720
Binding:4 copies at R60-00 each	R 240
<b>Total costs</b>	<b>R12 160</b>

## **Appendix 4 Consent form**

### **PART A: Informed consent**

#### **Participant/caregiver consent form**

(For each participant/caregiver, please read and understand the document before signing)

#### **Research title**

**Compliance to norms and standards amongst early childhood development centres' in Mankweng area, Limpopo Province**

#### **Introduction**

This is an invitation to participate in the study as a volunteer. This is to help you decide if you would like to participate, and should there be any questions please feel free to ask the researcher.

#### **The purpose of the study**

The purpose of the study is to evaluate on compliance to norms and standards amongst early childhood development centres' in Mankweng area, Limpopo Province.

The sample of this study will be selected from workers at Early Childhood development centres in Mankweng.

Before the study you will need to complete:

- This consent form and
- Short biographical information request

During the study you are free to withdraw from the study without giving a reason, and that participation is voluntary.

The aim of the study is to evaluate compliance on norms and standards amongst early childhood development centres' in Mankweng area, Limpopo Province

The study will take 2 months to complete.

### **Has the study received ethical approval?**

This study will commence upon approval from the Turfloop Research Ethics Committee, Limpopo Provincial Department of Social Development and early development centres in the Mankweng area.

### **Rights of participants of the study**

Participation is voluntary and you have a right to refuse participation in the study. Refusal to participate will not in any way influence any future relationships with the school or the interviewer.

### **Are there any risks**

There are no risks attached.

### **Discontinuation of participants in the study**

No pressure will be exerted on the participant to consent to participate in the study and the participant may withdraw at any stage without penalization.

### **Any financial arrangements**

There are no financial resources that participants can benefit from the study, and the researcher is not going to receive any incentives.

### **Confidentiality**

All information provided to the research team will be treated as confidential.

## **PART B:**

### **Informed consent form to be signed by the participants/caregiver**

I hereby confirm that I have been informed by the investigator, **Makgoba Manyabela Norah** about the nature, conduct, benefits and risks of this study.

I have also read the above information regarding this study.

I may withdraw my consent as well as my participation in the study and declare that I had sufficient opportunity to ask questions and therefore declare myself prepared to participate in the study.

**Participant/caregiver Name** \_\_\_\_\_

**Participant/caregiver' signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Investigator's name** \_\_\_\_\_

**Investigator's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

I, Makgoba Manyabela Norah herewith confirm that the above participant has been informed fully about the nature of the study.

**Witness name** \_\_\_\_\_

**Witness signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Appendix 5: Ethics Committee clearance



University of Limpopo  
Department of Research Administration and Development  
Private Bag X1106, Sovenga, 0727, South Africa  
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

**TURFLOOP RESEARCH ETHICS COMMITTEE**  
**ETHICS CLEARANCE CERTIFICATE**

**MEETING:** 4 July 2019

**PROJECT NUMBER:** TREC/179/2019:PG

**PROJECT:**

**Title:** Compliance to National Norms and Standards Amongst Early Childhood Development Centres in Mankweng Area, Limpopo Province.

**Researcher:** MN Makgoba

**Supervisor:** Mr MP Kekana

**Co-Supervisor/s:** Dr TS Ntuli

**School:** Health Care Sciences

**Degree:** Master of Public Health

  
**PROF P MASOKO**  
**CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE**

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

**Note:**

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

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## Appendix 6: Transcribing and translation letter



CK No: 2017/264649/07  
Tax Reference No: 9478609184



079 602 2628 | 072 303 1640



shazzshamain@gmail.com



A58 Cabrief Section  
Glen Cowie, Limpopo  
1085

### TO WHOM IT MAY CONCERN

This serves to confirm that Manyabela Makgoba was best served with quality services of transcribing and translation. Audios of her research interviews were transcribed and translated from Sepedi into English by the above-mentioned company during her research.

We therefore take this opportune to extent our humble gratitude and appreciation to Manyabela Makgoba for had allowed us to play some role in her research.

Thank You.

Kind Regards:

MB Makua.



## Appendix 7: Independent coder letter

### Coding report for MAKGOBA MANYABELA NORAH

#### **RESEARCH TITLE: COMPLIANCE TO NATIONAL NORMS AND STANDARDS AMONGST EARLY CHILDHOOD DEVELOPMENT CENTRES IN MANKWENG AREA, LIMPOPO PROVINCE, SOUTH AFRICA.**

The storyline is that norms, standards and practice of the guidelines of Children's Act which emphasise children's health and safety, preparedness in case of emergency as well as record keeping and filing are not followed in areas of care. The researcher; who does monitoring among ECDs in Mankweng area, has observed that most of the time children in these ECDs are left unattended during outdoor and indoor play and the preparedness of centres in terms of emergency response such as the availability of updated and serviced first aid kit and fire extinguishers in case of injuries and fire are still a challenge. The results are presented as they emerged from the analysed data transcribed. The content of the quotation guided the researcher towards the results that arose from the data and established the credibility of the themes and sub-themes.

This letter is meant to acknowledge that **I M P MAPHAKELA**, have co-coded the transcripts for **MAKGOBA MANYABELA NORAH (200206897)** entitled: **COMPLIANCE TO NATIONAL NORMS AND STANDARDS AMONGST EARLY CHILDHOOD DEVELOPMENT CENTRES IN MANKWENG AREA, LIMPOPO PROVINCE.**

For any enquiries please contact me:

M P Maphakela

*Clinical Nurse Practitioner*

082 6978813

[mahlodi.maphakela@ul.ac.za](mailto:mahlodi.maphakela@ul.ac.za)

Appendix 8: Department of Health permission letter



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH**

Ref : LP\_201907\_009  
Enquires : Letseparela K  
Tel : 015-293 6028  
Email : [Kurhula.Hlomane@dhsd.limpopo.gov.za](mailto:Kurhula.Hlomane@dhsd.limpopo.gov.za)

Norah Makgoba

**PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES**

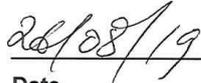
Your Study Topic as indicated below;

**Compliance to Norms and Standards amongst Early Childhood Development Centres in mankweng area, Limpopo Province**

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
  - a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
  - b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
  - c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
  - d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
  - e. The approval is only valid for a 1-year period.
  - f. If the proposal has been amended, a new approval should be sought from the Department of Health
  - g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

  
\_\_\_\_\_  
Head of Department

  
\_\_\_\_\_  
Date

Private Bag X9302 Polokwane  
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.  
Website: <http://www.limpopo.gov.za>

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