QUALITY AND KNOWLEDGE OF BEST PRACTICES IN EARLY
CHILDHOOD PROGRAMMES: PERCEPTIONS OF PARENTS AND
TEACHERS

THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON, IN
PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF
MASTER OF PHILOSOPHY IN HOME SCIENCE DEGREE.

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JUNE, 2015.
DECLARATION

I, Ayisibea Florence, hereby declare that with the exception of cited references, all the information in this document is a presentation of my original research work which was supervised by Dr. Mahama Sheriffa and Dr. Tackie-Ofosu Vivian at the Department of Family and Consumer Sciences, University of Ghana, Legon. This thesis has never been presented in part or in whole to any institution for the award of any degree.

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DEDICATION.

This thesis is dedicated to Dr. Samuel Adjei.
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Finally, I thank everyone whose support saw me through this study.
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<thead>
<tr>
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<tr>
<td>DAP</td>
<td>Developmentally Appropriate Practices</td>
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<tr>
<td>ECCE</td>
<td>Early Childhood Care and Education</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>ECE</td>
<td>Early Childhood Education</td>
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<td>EFA</td>
<td>Education For All</td>
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<td>GES</td>
<td>Ghana Education Service</td>
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<td>GNCC</td>
<td>Ghana National Commission on Children</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOWAC</td>
<td>Ministry of Women and Children's Affairs</td>
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<td>NAEYC</td>
<td>National Association for the Education of Young Children</td>
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<td>National Institute of Child Health and Human Development</td>
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<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
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<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>WHO</td>
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ABSTRACT

Developmental and Educational psychologists continually set research-based quality standards in Early Childhood Education. However, not much is known on the level of quality and the practices in the early childhood centers in Ghana. This research explored the concepts of quality and best practices, internationally known as Developmentally Appropriate Practices (DAP), in four (4) early childhood settings in Haatso, a cosmopolitan suburb in the Ga-East District of Greater Accra, Ghana. A quantitative study was carried out with a sample of hundred (100) parents, fifty (50) teachers and four (4) head teachers. Data collection was carried out using 3 versions of structured questionnaires and an observation checklist. The data obtained from the structured questionnaire was analyzed using the Statistical Package for Social Sciences software (SPSS version 21.0) to generate frequency and percentage distributions. The Pearson chi-square statistic and the independent sample t-test were used to test three hypotheses at 5% level of significance (p = 0.05). The presentation of results were descriptive using charts and tables to present highlights. Parents had a mean age of 35.5 ± 4.98 years while teachers had a mean age of 31.4 ± 10.66. The study results indicated that about half of the teachers had received professional training in early childhood education. However, both parents and teachers had only fair knowledge on best practices in early childhood settings. Both parents and teachers had similar views with regard to the indicators of quality. There was no statistically significant difference between the level of knowledge of developmentally appropriate practices of parents and teachers. Both trained and untrained teachers had similar level of knowledge of developmentally appropriate practices. Statistically significant difference existed in the mean ratings of parents and teachers in terms of children's health and safety.
(p = 0.004); and staff qualification and training (0.050) as parents had slightly higher mean ratings in both cases. The study results imply that with regards to the dissemination of research-based findings to practitioners, there is a knowledge gap and much need to be done within the fields of developmental and educational psychology. It is therefore recommended that policy makers and the Ministry of Education organize workshops to educate teachers on best practices in child care. Again there should be a means by which research-based findings could be disseminated to practitioners/professional in the childcare centres so as to enrich their knowledge and skills.
CHAPTER ONE

1.0 INTRODUCTION

Early childhood education is one of the best investments any country can make in its future workforce (Reckhow, 2013). Thus, enhancing the quality of young children's lives is a national and international priority. There has been an increased international attention to Early Childhood Care and Education (ECCE) and progress has been made in enhancing the quality and access to early childhood care and education worldwide (Belsky et al., 2007; Helburn, Culkin, & Mocan, 1995).

By 2007, over 30 governments had national policies for ECCE and dozens more were being developed. Experts and researchers in the field of ECCE have contributed to the advancement of ECCE by establishing indicators for quality ECCE and the best practices which must prevail in the preschools as a way of defining quality in ECCE programmes (Barnett, 1995; Brooks-Gunn, Fuligni, & Berlin, 2003; Karoly et al., 1998).

Notwithstanding, little is known regarding the quality of services being rendered in the preschools in Ghana as against the internationally approved quality standards that have been set by researchers and Early Childhood Development (ECD) experts in the field of ECCE and whether those experiences are developmentally appropriate. Therefore, the objective of this study is to investigate stakeholders’ (teachers and parents) views on quality ECCE, which of the quality indicators they regard as important and whether they are familiar with the Developmentally Appropriate Practices (DAP) constructs which are widely used internationally.
Some studies have revealed that, Sub-Saharan Africa lags behind much of the rest of the developing world in terms of quality and access to ECCE (Engle et al., 2011). In 2007, less than 12% of African children aged three to six were enrolled in any form of early childhood programme, a much lower proportion than in East Asia (40%) or North America and Europe (77%) and the quality of the programmes leaves much to be desired (Engle et al., 2011). The gross preschool enrolment rate in sub-Saharan Africa has been increasing from 12% in 2000 to 17% in 2008. Even so, only two out of five children live in areas with access to quality ECCE programmes (UNESCO, 2010). Engle et al. (2011) added that governments in sub-Saharan Africa largely accept that high quality ECCE is a core element of any Education For All (EFA) strategy and have developed policy frameworks and plans to ensure it. They cite countries such as Ghana and Kenya as having made substantial progress in the development of ECCE services in the region.

To attest to the above fact, the Government of Ghana has shown interest in improving the quality of early childhood programmes offered for zero to eight year old children and their families at ECCE centres in Ghana. This is reflected in the government’s policy statement on the agenda for growth and prosperity, the Ghana Poverty Reduction Strategy (2002-2004). Furthermore, in pursuance of the EFA goals, the Ministry of Education has adopted a policy to attach kindergartens to all primary schools in the country (Abdulai, 2003). In Ghana there are different forms of ECD programmes delivering services directly to children. These include institutional/centre-based preschool programmes which are either publicly or privately owned and managed, and home-based care. Public preschool programmes are mostly community-based programmes while private centres
are mostly urban-based (Este, 1997). However, little is known regarding the quality of services that are rendered to the children in Ghana and whether those experiences are developmentally appropriate.

Bredekamp and Copple (2009) defined DAP as a teaching perspective in which early learning educators make informed decisions about how to teach young children. DAP is highly regarded as the cornerstone of high quality learning programmes and is proven to facilitate positive learning outcomes for children (Dunn & Kontos, 1997). DAP is based on the knowledge that children learn best when they initiate the learning process. Research supports the effectiveness of DAP to facilitate long range positive outcomes for young children (Schweinhart & Weikart, 1997). However, Goldstein (2007) asserted that many early childhood development centre teachers have trouble implementing a developmentally appropriate early learning programmes.

Parents and teachers are vital stakeholders in early care and education, and the choices they make about early care and education have important ramifications for children, families, and the early care and education system (Ceglowski & Bacigalupa, 2002). It has been established that children who receive quality preschool education are more likely to succeed in school and in life (Edsall, 2004). Parents are the consumers of the ECCE service and teachers play a significant role in the service delivery and they also have a great influence on childcare quality (Banu, 2014), hence their perceptions matter. The quality of early care and education is of concern not only to parents, but also to policy makers, caregivers, and researchers. Yet little is known about how parents’ perceptions of
quality compare to those of other stakeholders (teachers and providers) (Ceglowski & Bacigalupa, 2002; Rose & Elicker, 2008). Parents place greater emphasis on quality child care now more than ever before (Chase & Valarose, 2010; Gamble, Ewing, & Wilhelm, 2009; Harrist, Thompson, & Norris, 2007; Kim & Fram, 2009; NACCRA, 2010; Rose & Elicker, 2008; Shlay, Tran, Weinraub, & Harmon, 2005); however, there are both matches and mismatches in what parents and other stakeholders perceive as important. Therefore, this present study investigates stakeholders’ views on quality, which of the quality indicators they regard as important and whether the DAP construct which is widely used internationally is familiar in Ghana.

1.1 Statement of the problem

Early Childhood Education (ECE) programmes are designed to meet the developmental needs of children transiting from home to school and to help children develop to their full potential to become responsible adults in later life. It has been established that children who receive quality preschool education are more likely to succeed in school and in life. In view of this, experts and researchers in the field of ECE have established indicators for quality ECE and the practices which must prevail in the preschools as a way of defining quality in ECE programmes. However, not much is known about the quality of services being rendered to preschool children and their families in Ghana. Parents are the consumers of the service and teachers play a significant role in the service delivery, therefore, it has become necessary to study the perceptions on the quality of the services from the perspectives of both parents and teachers.
1.2 Aim of the study

The aim of the study was to investigate parents' and teachers' perceptions on quality and knowledge on DAP (best practices) in early childhood programmes.

1.3 Objectives of the study

The specific objectives were to:

1. Examine the knowledge of parents and teachers on DAP.
2. Investigate the level of training among teachers and how that relates to their knowledge on DAP.
3. Investigate parents' and teachers' views on the aspects of quality that are regarded as important in early child care settings.

1.4 Hypotheses

Three null hypotheses were tested:

Ho1: There is no statistically significant difference between the knowledge of Developmentally Appropriate Practices of parents and teachers.

Ho2: There is no statistically significant difference between the knowledge of Developmentally Appropriate Practices of professionally trained and untrained teachers.

Ho3: There is no statistically significant difference between parents' and teachers’ views on quality standards in ECD programmes.
1.5 **Significance of the Study**

1. The results of this study would add to the existing literature on perceptions on quality in early childhood programmes to serve as reference material for students and researchers in the future.

2. The results of the study would guide parents in choosing preschools for their wards.

3. The results of this study may serve as a reference for teaching and managing preschools.

4. The results of the study may inform the stakeholders as a reference for designing policy.
CHAPTER 2

2.0 LITERATURE REVIEW

This chapter reviews relevant literature in relation to the study. Literature reviewed covered the following areas:

- Early Childhood Education
- Quality in Early Childhood Education
- Developmentally Appropriate Practices in Early Childhood Education
- Early Childhood Education Policy in Ghana
- Quality of Early Childhood Education in Ghana
- Nursery Teacher Training in Ghana
- Parents' and Teachers' View on Quality

2.1 Early Childhood Education

Early childhood education involves any group programme serving children from birth to 8 years of age that is designed to promote children’s intellectual, social, emotional, language, and physical development and learning (Bredekamp & Copple, 1997). This translates into a wide array of programmes attended by children of many different ages. Early childhood education includes programmes for infants and toddlers, as well as preschool, kindergarten and primary programmes. These programmes may be half-day or full-day, public or private, enrichment or remedial in focus, targeted at low, medium or high income families and administered by a variety of institutions in the community (Kolstelnik, 1992).
2.2 **Quality in Early Childhood Education**

2.2.1 *Theoretical Definitions of Quality*

There has been a significant amount of research that extols the benefits of quality early childhood education (Imig, 2011), how one defines quality varies among parents, teachers, administrators and policy makers. Ceglowski (2004) found that parents associated a “quality ECE programme” with cultural and community sensitivity, parent-friendly and parent-supportive learning environments. However, traditionally, the goal of the ECE institutions was to prepare young children for primary school (Le Tendre, 1999; Arnold & Colburn, 2009). Therefore, programme administrators tend to focus on quantitatively measured quality factors such as: child-teacher ratio; teacher retention rates; the accreditation of the facility; teacher pre-service education; learning activities; and environmental factors like safety, space, cleanliness. To others the goal of ECE is more than academic-preparedness; it includes the social and emotional development of the child (Epstein, 1995; Rouse & Fantuzzo, 2009). Proponents of this view assert that a child does not exist in a vacuum; that is, many socio-cultural, cognitive learning style factors, both affective and concrete affect the child’s educational, emotional and social well-being.

2.2.2 *Defining Quality in ECE Programmes*

The study of quality in ECE has become increasingly relevant because research has continued to demonstrate consistent associations between various aspects of classroom quality and improved social and academic outcomes for young children (Belsky *et al.*, 2007; Helburn *et al.*, 1995). Although quality continues to be a major focus of research
in ECE, defining this construct continues to challenge the field, both methodologies in research and practice in quality enhancement initiatives aimed at ensuring optimal experiences for children in early childhood education programmes (Howes et al., 2008; Mashburn, 2008). Definitions of quality in child care vary in accordance with the perspectives of stakeholders (Huntsman, 2008; Ishimine, Tayler, & Bennet, 2010).

Research has predominantly adopted a developmental perspective, where high quality care is defined as that which promotes optimal child outcomes in all domains of development, while low quality care is associated with negative outcomes for children. Quality, in Love et al. (2002) view, is a concept typically used to describe features of programme environments and children’s experiences in these environments that are presumed to be beneficial to the children’s well-being based on research and practice. This definition attests to the developmental perspective of quality raised by Huntsman (2008). He notes that the definitions posed by researchers reflect two aspects or dimensions, namely, the structural and the process (dynamics) of the programme or classroom.

Structural quality refers to the overarching structures needed to ensure quality in early childhood programmes. The Organisation for Economic Co-operation and Development (OECD) (2012), notes that structural quality is a government responsibility which can be enforced via legislation or regulations. Typically, a selection of structural standards forms the substance of national licensing requirements.

A number of researchers have indicated that structural indicators of quality are especially useful since they can be quantified and measured, allowing researchers to estimate the
relative quality of particular programmes. They can also be regulated through licensing or used to set standards in accreditation systems (Colbert, 2002; Hayes, Palmer, & Zaslow, 1990; Huntsman, 2008; NHPS, 2002). Examples of indicators of structural quality posits by Espinosa (2002), cited in Casper and Theilheimer (2010) include;

1. **Staff to child ratio:** this refers to the ratio of the number of children per caregiver. A number of studies have found that the ratio significantly affects children’s behaviour and child-adult interaction (Howes, 1997; Phillips & Howes, 1987). According to Casper and Theilheimer (2010), there is no definitive answer when it comes to the question of the ideal number of children to a staff. However, the National Association for the Education of Young Children (NAEYC) suggests a ratio of 3:1 for infants, 6:1 for toddlers, 8:1 for three year olds, 10:1 for four and five year olds, and 15 to 18:1 for children in the primary class (Bredekamp, 1987).

2. **Group size:** this refers to a specific number of children, distinct from the larger population of children, who are together regularly and interact with each other, and with one or more specific staff member, in an assigned space (Colbert, 2004). Researchers have identified group size as an iron triangle, variable in Who Cares for America’s Children (Hayes, Palmer, & Zaslow, 1990). The authors concluded that “if there is a single critical component to quality, it rests on the relationship between the child and the teacher/caregiver and in the ability of the adult to be responsive to the child”.

3. **Caregiver education and/or training:** This aspect of structural quality develops a teacher/caregiver’s skill in working with children. A caregiver with the Child Development credential or an early childhood education degree or certification
provides better quality care than a provider with a degree in an unrelated field (National Academy of Early Childhood Programs (NAECP), 1998). The trained childcare staff quietly and privately guide the children. They do not keep telling children what they should not do. They teach children how to behave well. For example, if a child runs with scissors, the teacher shows the child how to sit and use the scissors on paper. The teacher thus, permits the child to use the scissors while seated. For children who cannot remain seated despite all efforts, the teacher guides such children to another activity in which such energy is directed into more appropriate use. Trained staffs never shake, hit, jerk, or roughly handle a child, use yelling, name calling or sarcasm with a child. They neither punish nor threaten, especially in association with food, rest, or toileting. Trained caregivers do not ignore physical or verbal attacks of one child to another, nor punish the whole group for the misbehaviour of one or a few children (Howes, Whitebook, & Phillips, 1992).

The National Institute of Child Health and Human Development (NICHD) found that, the level of caregiver formal education is a stronger predictor for children of preschool age than for younger children (NICHD, 2000), while specialized training is more strongly associated with quality in the case of infants and toddlers, caregivers with a higher level of formal education had more specialized child related training, held less authoritarian child-rearing beliefs, and were in settings rated as more safe, clean and stimulating (NICHD, 2000).

4. The physical environment: The quality of the learning environment has a significant impact on learning outcomes for children. A safe and welcoming physical
environment plays an important role in enhancing children’s learning and development. The characteristics of the physical environment include the location, accessibility, safety, flexibility, scale and visibility (OECD, 2010). The environment of service include: indoor and outdoor play areas, the equipment available at the service, and the resources that are provided for the children. Both inside and outside environments should be attractive and stimulating, inviting curiosity and exploration. The environment, resources and equipment should meet the specific needs of the infants, toddlers and young children.

High quality services offer children more than just the opportunity to play in open spaces or with a range of equipment, they offer a variety of opportunities for learning and discovery through play. These opportunities may include planned areas set up for dramatic play, block building and construction; quiet spaces for reading, art and creativity; or room set aside for children to experiment with music and movement. Whilst not all early childhood services have vast amounts of room or natural areas for play, high quality services will also provide opportunities for children to learn from nature and the world around them. This may include water or sand play, the use of natural found objects instead of plastic toys, exploration of sustainable activities such as gardening, or the opportunity to play and explore in the outdoors. By providing a fun and welcoming physical environment, high quality services support children’s growth and promote the development of confidence and a sense of belonging.
In an analysis of outcome measures in 65 studies published between 1979 and 2005, Zaslow et al., (2006) found that only a minimal number of studies (5%) paid attention to physical well-being of children. With respect to the physical environment NICHD (1996) found a significant association between positive caregiving behaviours and characteristics of the physical environment. They suggested that the importance of the physical environment should not be underestimated, implying that it had been. Maxwell (2007) also found that the quality of the physical environment is related to measures of self-perceived competence in children, especially three year olds. However, research appears to provide little or no guidance regarding the appropriateness of current regulations regarding space requirements.

A second dimension of quality is the process quality. Indicators of process quality focus on the more dynamic aspects of early childhood education, including human interactions occurring in the classrooms such as teacher-child and peer-to-peer interactions (Cassidy et al., 2005; Pianta, Howes, & Burchinal, 2007; Vandell & Wolfe, 2000). Process elements of quality influence the everyday nature of ECE settings and directly influence the quality of the education programme experienced by each child. The warmth and quality of the pedagogical relationship between educators and children, the quality of interaction between children themselves, and the quality of relationships within the educators. Process elements are not easy to measure and require a qualitative assessment to establish the quality of the early learning environment.

Several studies have reported correlations between variables of process and structural quality (Burchinal, Cryer, & Howes, 2002; Phillipsen, Burchinal, & Howes, 1997;
Phillips et al., 2000). Structural quality and process quality provide unique and essential information to understanding early childhood classrooms (Layzer & Goodson, 2006).

The Organization for Economic Co-operation and Development (OECD) (2012), identified that the quality of ECE is driven by a number of interrelated indicators, particularly:

- The quality of interactions and relationships between children and ECE staff;
- The programmes or curricula that support children’s learning and development;
- Connections with family and community
- Leadership and management
- The qualifications and training of staff and staff-to-child ratio
- The physical environment
- Health and safety requirements

It posits that the indicators set out provide an excellent starting point for examining service quality. The first three indicators are generally considered ‘process components’ of quality. The final four indicators are generally considered as ‘structural components’ of quality, and create the conditions necessary to achieve a high-quality learning and care environment.

Woodhead and Keynes (1996) observed that quality is a subjective and dynamic judgment that entails negotiation between different stakeholders’ perspectives, which change over time, and that rather than being prescriptive, quality standards should be established within each context to respond to the real needs of parents and children. They observed that judgments about quality are closely linked to the goals and expectations for
the programme in particular and children in general and proposed that a starting point for
the process of negotiation should be an attempt to answer the questions: Who are
stakeholders in the ‘quality’ of a programme? Who are the perceived beneficiaries from
‘quality’? What are taken to be indicators of ‘quality’? They identified stakeholders to
include programme managers, teachers, parents, community leaders, employers, child
development experts, politicians, funding agencies, research investigators and children
themselves. This study, therefore looked at how two of the stakeholders- parents and
teachers perceived quality in ECE.

Theories and research in child development have supported the concept of developmental
appropriateness. Woodhead and Keynes (1996) posit that developmental appropriateness
draws attention to the distinctive features of children’s emotional, social and cognitive
functioning associated with their age and the developmental stage and argue that since
these are a product of a particular child rearing contexts, these contexts must be taken
into consideration. They proposed the introduction of a complimentary concept, which
they termed ‘contextual appropriateness’. They suggested that this could be combined
with developmental appropriateness to provide what they termed Practice Appropriate to
the Context of Early Development (PACED). This position suggests that in defining
quality, the context in which the child finds him/herself should be considered.
Nevertheless, the above definitions provide some framework for assessing programme
quality, based on the structure, content and the processes outlined.
Katz (1993) proposed four perspectives on quality care: Top-Down (a professional perspective); Inside-Out (staff’s perceptions of child care quality); Bottom-Up (children’s perceptions of child care quality), and Outside-In (parents’ perceptions of child care quality). His research explored the Top-Down, Inside-Out, and Outside-In perspectives to evaluate the provision of childcare across a small sample of Taiwanese centers and staff to identify issues impacting on the quality of child care from the perspective of key stakeholders in preschools. His findings revealed that all parents are concerned about quality, and often consider quality issues in choosing a preschool for their children. In addition, teachers in preschools played an essential role in delivering high quality childcare education.

2.3 Developmentally Appropriate Practices in Early Childhood Education

2.3.1 Developmentally Appropriate Practices: A Sign of Quality Child Care

Developmentally Appropriate Practice, often shortened to DAP, is an approach to teaching grounded in the research on how young children develop and learn. Its framework is designed to promote young children's optimal learning and development. The expanded version of the guidelines (Bredekamp, 1987) presents a component of appropriate and inappropriate practice for five age groups: infants, toddlers, 3-year-olds, 4- and 5-year-olds, and primary grade children. The organization of the guidelines begins with a general position statement or statement of philosophy concerning developmental appropriateness in programmes for children from birth to age 8; the guidelines, then provide a list of specific practices which are designated as "appropriate" or "inappropriate" for each age group and a developmentally appropriate teaching practices
suitable to match the capabilities and interests of children, and the expectations of the curriculum and teaching methods. Judging from the references cited in the 1987 edition (including Piaget, Erikson, Biber, Asher, Rubin, and Forman), the content of the guidelines was strongly influenced by those developmental and educational theories and research findings which emphasize direct experience, adult warmth, concrete materials, child-initiated activity, and social interaction.

2.3.2 The Theoretical Background of the DAP Guidelines

According to the authors (Bredekamp, 1987; Bredekamp & Copple, 1997), the original NAEYC guidelines for DAP were firmly based on developmental theory. At that time, more attention was given to the cognitive constructivist perspective of Piaget than to the social and cultural context of development that Vygotsky recognized (Van Horn & Ramey, 2003). The recent revision of the DAP guidelines (NAEYC, 2009) now acknowledges both of these perspectives in 12 principles of learning and practice derived from the most up-to-date theoretical and empirical accounts of developmental processes and sociocultural influences. These are briefly:

- Domains of children's development -- physical, social, emotional, and cognitive are closely related. Development in one domain influences and is influenced by development in other domains.

- Development occurs in a relatively orderly sequence, with later abilities, skills, and knowledge building on those already acquired.

- Development and learning proceed at varying rates from child to child as well as unevenly within different areas of each child's functioning.
• Early experiences have both cumulative and delayed effects on individual children's development; optimal periods exist for certain types of development and learning.

• Development proceeds in predictable directions toward greater complexity, organization, and internalization.

• Children are active learners, drawing on direct physical and social experience as well as culturally transmitted knowledge to construct their own understandings of the world around them.

• Development and learning result from the interaction of biological maturation and the environment, which includes both the physical and social worlds in which children live.

• Play is an important vehicle for children's social, emotional, and cognitive development, as well as a reflection of their development.

• Development advances when children have opportunities to practice newly acquired skills as well as when they experience a challenge just beyond the level of their present mastery.

• Children demonstrate different modes of knowing and learning and different ways of representing what they know.

• Children develop and learn best in the context of a community where they are safe and valued, their physical needs are met, and they feel psychologically secure.

• Children’s experiences shape their motivation and approaches to learning, such as persistence, initiative, and flexibility; in turn, these dispositions and behaviours affect their learning and development.
These principles highlight how individual variation in development and learning should be linked to decisions about the curriculum, teaching and interactions to ensure that teaching decisions take account of the uniqueness of each child as well as group differences in temperament, growth rate, personality and background. Other principles balance the focus on the individual by highlighting the importance of secure social relationships with responsive adults and multiple social and cultural settings for child development and growth. In this context, the benefits of positive teacher–child relationships and cultural sensitivity in the classroom for children’s learning and the development of social competence and emotional well-being become evident.

The Vygotskian view of teaching is an important component of the 2009 NAEYC DAP guidelines and scaffolding is seen as a key feature of effective teaching, but one of the principles also suggests that: children benefit when teachers have at their disposal a wide range of teaching strategies and from these teachers select the best strategy to use in a situation, depending on the learning goal, specific context and needs of individual children at that moment including children who may need much more support than others even in exploration and play (NAEYC, 2009).

The 12 principles of learning and practice provide a strong foundation for the NAEYC guidelines for developmentally appropriate practice, which highlight the importance of teachers to high quality early education and it stresses the importance of teachers’ decision-making for effective teaching. It suggests that the long-term and short-term decisions which early years teachers make every day will be developmentally appropriate if they take account of:
• What is known about child development and learning (e.g., knowledge of age-related characteristics and appropriate teaching strategies? This knowledge, based on research, helps teachers to decide which experiences are best for children’s learning and development and it also helps teachers to set challenging but achievable learning goals for children)

• What is known about each child as an individual (e.g., knowledge based on observation and assessment that enables the teacher to adapt and be responsive to that individual variation)

• What is known about the social and cultural contexts in which children live (i.e. the values and conventions of the children’s families and communities)

• Knowing what is individually appropriate. Learning about specific children helps teachers to teach and care for each child as an individual. By continually observing children at play and interaction with the physical environment and others, teachers learn about each child’s interests, abilities, and developmental progress

• Knowing what is culturally important. Making efforts to get to know the children’s families and learn about the values, expectations, and factors that shape their lives at home and in their communities. This background information helps teachers provide meaningful, relevant, and respectful learning experiences for each child and family.
2.3.3 **Guidelines for Developmentally Appropriate Practices**

Through the decisions-making, teachers translate the DAP framework into high-quality experiences for children. Such teaching is described in NAEYC’s position statement on Developmentally Appropriate Practice, (pp.16-23). These guidelines address five key aspects of the teacher's role:

1. *Creating a caring community of learners.* When creating this community each member must feel valued by others. Each member is given respect and is held accountable for their learning and well-being. The teachers set clear and reasonable expectations. Teachers listen to and acknowledge children's feelings and respond in ways children understand to guide and model problem-solving. Teachers design and maintain a physical and psychological environment that is positive and feel safe for all children. In a caring community of learners, children gain knowledge of how to value other children and adults as integral parts of a learning system. Through this process, positive relationships become the foundation for investigation and exploration. In a developmentally appropriate environment, teachers keep children physically and psychologically safe, so the emotional and social climate is conducive for children’s optimal development (Bredekamp & Copple, 2009). Children construct their own understandings as to how the world works (Bredekamp & Copple, 2009). In the context of positive, supportive relationships with other children, adults and the larger learning community, children are given the freedom to clarify understandings and extend thinking skills by testing theories, experimenting with materials, and collaborating with others to solve problems (Bredekamp & Copple, 2009).
2. Teaching to enhance development and learning. Teachers make it a priority to know each child well and also the most significant people in a child's life. Teachers know what desired goals for the programme are and how the programmes curriculum is intended to achieve those goals. Teachers plan for learning experiences that effectively implement a comprehensive curriculum so that children attain key goals across the domains (physical, social, emotional, cognitive) and across the disciplines (language literacy, including language acquisition, mathematics, social studies, science, art, music, physical education, and health). Teachers plan the environment, schedule, and daily activities to promote each child’s learning and development. Teachers also know how to scaffold children’s learning with just enough assistance for them to master the skill and begin to work on the next skill. Teachers draw on many teaching strategies to foster learning for the group and each child individually.

3. Planning curriculum to achieve important goals. Teachers use their extensive child development knowledge to identify and plan goals for the classroom that align with state standards and other mandates. Teachers utilize the curriculum framework to ensure proper attention is given to learning goals. Teachers use intentional teaching strategies to coach and assess curriculum goals throughout the day and facilitate relevant experiences within adult guided interactions and child guided interactions (Bredekamp & Copple, 2009).

4. Assessing children's development and learning. Assessment of young children’s progress and achievements is ongoing, strategic, and purposeful. The results of assessment are used to inform the planning and implementing of experiences, to communicate with the child’s family, and to evaluate and improve teachers’ and the
programme’s effectiveness. The assessment focuses on children’s progress toward goals that are developmentally and educationally significant

5. *Establishing reciprocal relationships with families.* In relationships between teachers and families there must be a mutual respect. Corporation and shared responsibility, including negotiation of conflict toward achievement of shared goals. Teachers work in partnership with families establishing and maintaining two-way communication with families. Teachers and families work as a team to share information about children's goals, progress and daily life. Family members are encouraged with multiple opportunities for family participation within the classroom setting.

2.3.4 **Characteristics of Developmentally Appropriate Preschool Classroom.**

*The Role of the Teacher.*

In a developmentally appropriate classroom, the teacher's role is that of a facilitator and enabler. According to Kostelnik (1992), "developmentally appropriate classrooms are active ones in which both teachers and children learn from one another." Creating a classroom which follows the interests of the children builds a community of learners and permits the children to see that their teacher enjoys learning new things, too. The teacher sets up the environment to facilitate development of skills, to pique interest, and to allow for independence. The classroom rules are few: walk indoors; be gentle with people and equipment; wear goggles when you hammer.

In the developmentally appropriate classroom, the teacher is seldom at the center stage. Children are the actors or the players. The teacher is on the sidelines coaching, observing, asking probing questions, and providing an island of security and comfort when needed.
Teachers challenge children to comprehend at deeper levels by the nature of the questions they pose (Newman & Church, 1990).

**Daily Schedule**

The daily schedule provides for a balance of indoor and outdoor play, quiet and active play, small group and large group activity. The daily schedule does not have separate time for reading, mathematics, art, science, and social studies. Quality programmes integrate the curriculum (Wilson, 2005). All areas of learning happen at the same time. An age-appropriate schedule for preschoolers is built around large blocks of time during which children move freely about the classroom, self-selecting activities in which to engage alone or with others. According to Christie and Wardle (1992), free-choice time that is scheduled in long blocks enhances the complexity of play. When time is too short, children do not have time to plan and carry out meaningful activities. The free-choice activity time should last at least one hour before clean up begins. Some days, children will need even more time to complete their work.

Wilson (2005) also adds that in order for children to benefit from these activities, teachers should plan for several areas of development for each activity in their schedule ahead of time. As soon as they arrive at the centre, they should begin their activity, because it is difficult, as well as unproductive, for young children to wait. If it is necessary to call a whole group meeting to explain a new learning center or changes in routine, the meeting should be brief. During the course of play, teachers can help children solve their own problems by asking probing questions such as these:

- Is there another way you could try it?
• Would it help to have some rope?
• How did you make that happen?
• Tell me about your painting.
• What could you do with these things?
• Can you change it?
• Can you make it move?
• Why do you think your plan didn't work?
• What else could you do when you are angry?

She added that television, videotapes, audio tapes and interactive computer software may be used. However, video or daily TV programmes should not be part of every day’s schedule. Adults must be present and interacting with the children as they watch television. Other choices of activity must also be available.

**Physical Environment**

Developmentally appropriate environments help children develop in all areas—physical, social, creative, emotional, and cognitive. No one area of development is more important than another in the early years of a child’s life. It is often not possible to separate children’s development in one area from another (Wilson, 2005). For example, as a child masters a physical skill such as climbing, self-esteem grows. The new physical skill makes it possible for the child to learn more about the world and to interact with friends.

The physical environment should anticipate individual and small group involvement with a variety of manipulative materials (Kostelnik, 1992). Spaces should be arranged to accommodate movement of children among equipment and materials. Planned centres
should invite children to explore. Play items should contain the seeds of learning. For example, if teachers want children to be creative, they need to provide them with appropriate supplies and tools to implement their creative ideas (e.g., scissors, glue, cloth scraps, varieties of paper, markers, paint, soft wood scraps, tape, staplers, meat trays, and yarn). Children should be able to obtain these materials on their own when they need to use them.

Developmentally appropriate classrooms include play areas for manipulative: blocks, dramatic play, books, puzzles, and table games; water and sand, puppets, woodworking and large muscle activities. There should be a variety of quiet and more active areas to accommodate children’s different temperaments and needs. For example, the dramatic play center could be housekeeping, a campsite, restaurant, post office, gym, shoe store, or a beach (Ryczynski & Troy, 1996).

Depending on climate and weather conditions, some centers may choose to run concurrent indoor and outdoor free-choice activity times with children moving in and out. Outdoor learning centres may contain the traditional large muscle apparatus or even traditional indoor equipment. For example, easels can be moved outside, the dramatic play can be changed to a picnic theme, start a garden, wash the doll clothes and hang them to dry, or set out books and a blanket under a tree (Caruso & Oakes, 1988).

**Art Activities**

Art options should be an integral part of the free-choice time. Children are interested in the art process as much as they are in a final product. Scheduling whole group art activities are frustrating to both children and teachers. Instead, teachers can put out
various media for children to explore as a learning centre. On different days, teachers can try printmaking, finger painting with pudding or shaving cream, sponge painting, working with clay, creating rubbings, stringing, sewing on canvas, weaving, scrap sculpting, and other open-ended experiences (Dever & Jared, 1996).

**Clean Up**

After the free-choice activity time, children should be responsible for as much of their own clean up as possible. Children develop a sense of industry and independence, and develop motor skills as they use brooms, sponges, dustpans, and brushes. Putting away equipment improves classification skills as well as large and small muscle development, and creates a sense of cooperative teamwork (Dunn & Kontos, 1997). At the conclusion of the cleanup time it is appropriate for children to gather together to discuss what they accomplished, to show others what they have created, to discuss problems they encountered, and to ask the group to brainstorm possible solutions to unsolved problems. In this setting, young children find their ideas and contributions are valuable and authentic.

**Snack-Time**

While facilities should enable children to secure a drink of water whenever they are thirsty, many teachers value an additional, and more formal, group snack time. In a developmentally appropriate programme food is neither offered as a reward nor withheld as punishment. Children are encouraged, but never forced, to eat. Nutritious snacks and drinks should be made available as children sit down in small groups enjoying
conversation and practicing their emerging social skills. Sponges should be available for children to clean up their own spills and crumbs (Dunn & Kontos, 1997).

**Books and Reading**

Children finish their snacks they may be offered a quiet library time during which they may choose from a variety of fiction, nonfiction, poetry, and magazines. Individual children may decide to look at books alone or with friends. Children may choose the place they want to sit or lie as they cozy up with their choice of literature (Whitehurst *et al.*, 1988).

Teachers may make the transition to a group story time. If there is more than one adult, several stories may be offered as choices for interactive reading in small groups. Interactive reading experiences encourage children to question, comment upon events, and make predictions as the story progresses. This interactive process facilitates language development (Whitehurst *et al.*, 1988). It is not developmentally appropriate to require children to listen passively until the story is finished (Kostelnik, 1992). Story reading is not a performance, rather, it is an opportunity for children to construct meaning from print. The developmentally appropriate classroom environment is one where children most often:

- Lead...rather than follow the teacher.
- Create...rather than duplicate.
- Move...rather than wait.
- Make the lines...rather than color in the lines.
- Speak...rather than listen passively.
Initiate...rather than imitate.

Raise questions...rather than answer the teacher's questions.

Solve their own problems...rather than the teacher's problems.

Make art...rather than do crafts.

Emphasize the process...rather than the product.

Use authentic skills...rather than drill and practice.

Make books...rather than fill in workbooks.

Decide...rather than submit.

Choose wisely...rather than being told.

Make a plan...rather than follow the teacher's plan.

Try again...rather than fail.

Adapted from “The Butterfly Garden” by Crosse (2008).

**Large Muscle Group Activities**

A developmentally appropriate programme incorporates time to develop large muscles outdoors and/or indoors. Simple equipment and guidance from a teacher permit children to create their own solutions to movement problems. Provide balls, hoops, and beanbags. Set up objects to jump over, crawl through, leap across, run around and chalk a grid on the sidewalk for jumping square to square.

**Music and Movement**

Three and four year olds love to move, dance, sing and pretend as they express their feelings and ideas. Therefore, rigid and predetermined movement activities should be avoided (Rodger, 1996). He added that it is important to devote part of the day to
exploring music with children since children have a natural inclination toward making, singing, and moving to music. Inclusion of music making and listening activities as free-choice options during activity time will be beneficial for children. Children can be invited to join in short, repetitive songs about familiar events in their lives. They can also be encouraged to make up a new verse to an old song, pretend to be a conductor, move freely to a variety of music. Challenging children to make up original accompaniments with rhythm instruments, having a parade, make up a story about a short instrumental piece, listening to high, low, fast, and slow sections are all activities that will enhance their creative skills (Wilson, 2005).

Curriculum

The curriculum is everything that goes on throughout the day. NAEYC defines curriculum as “…the goals for the knowledge and skills to be acquired by children and the plans for learning experiences through which such knowledge and skills will be achieved” (NAEYC, 2003). Research clearly demonstrates that children learn more in programmes where there is a well-planned and implemented curriculum. Chances for learning occur during play and routines like a snack, lunch and rest times. Children learn good health practices, positive social interactions, independence in self-care and decision making. Children's interests often initiate a theme study (Assel, Landry, Swank, & Gunnewig, 2007). Therefore the caregiver plans learning activities after seeing the children’s interests and abilities. The children lead and the teacher follows their interests. Children learn the same thing in a variety of activities and also learn a variety of things in one activity. For instance, learning colours can take place in art, through songs and stories, through games, cooking activities, and in the costumes for dramatic play. There is
therefore no need to have children sit down and teach them the colours all at one time. There are many opportunities throughout the day for children to learn about colours as they actively work with materials.

According to the Queensland Government (2005), children learn best;

- Through active involvement, sensory exploration, investigation, problem solving and trial and error
- Through appropriate, meaningful and challenging activities which are matched with the needs
- By identifying with important role models and emulating their behaviour
- Through language and communication……by talking with other children and adults, by exchanging and sharing feelings and experiences
- By observing objects, events and people
- By being intrinsically motivated and self-directed, taking responsibility for their actions and efforts
- Through adult and sometimes other children’s demonstration of skills
- Through positive feedback, recognition, encouragement and success
- Through play, exploration and interaction
- By repeating and consolidating experiences, practicing skills, making connections with and by building upon past experiences and thought
- By responding to and representing experiences in a variety of ways: talking, writing, modeling, painting, drawing among others
• When there is a partnership between parents and educators who collaborate and have appropriate expectations of children.

**Communication, Language and Literacy**

Crucial to all education is the acquisition of language and communication skills. Language is not only a symbolic representation of objects and ideas; it is also a means of expressing feelings and thoughts, including facial expression and gestures (Jalongo, 1996). The earliest and most frequent use of language by young children is essentially emotional in nature and is used to express desires and feelings. The use of words and symbols for objects or events comes later. Activities such as show and tell help children gain skills in communicating, listening, and group problem solving (French, 1996).
2.3.5 Developmentally Appropriate Practice Checklist

The table below shows a brief summary of developmentally appropriate practices and developmentally inappropriate practices outlined by Hyson, Hirsh-Pasek and Rescorla (1990).

<table>
<thead>
<tr>
<th>Developmentally Appropriate Practice</th>
<th>Developmentally Inappropriate Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Trained teachers or providers</td>
<td>• Untrained staff</td>
</tr>
<tr>
<td>• Early childhood degree or Certification</td>
<td>• Degrees in unrelated field</td>
</tr>
<tr>
<td>• Experienced staff, 75% retained each year.</td>
<td>• New staff; 75% or more leave each year.</td>
</tr>
<tr>
<td>• Enough adults for the number of children so all get individual attention.</td>
<td>• Not enough adults to give children all individual attention.</td>
</tr>
<tr>
<td>• Small groups of 10-15 children in a room.</td>
<td>• Large groups of 20-30 children in a room.</td>
</tr>
<tr>
<td>• Children use different activities centres at their own pace.</td>
<td>• Teachers choose activities and direct all the children as a whole group.</td>
</tr>
<tr>
<td>• Play is the means of learning.</td>
<td>• Learning through worksheets and working at desks.</td>
</tr>
<tr>
<td>• Teachers note children’s progress by watching specific skills used in play and reviews of art materials and constructions over time.</td>
<td>• Teachers use tests to label and assess the children. Specific levels indicate pass or fail.</td>
</tr>
</tbody>
</table>
2.4 Early Childhood Education Policy in Ghana

Early Childhood Care and Development (ECCD) is the timely provision of a range of services that promote the survival, growth, development and protection of the young child (Ministry of Women and Children’s Affairs, (MOWAC), 2005). Traditionally, Ghanaians have always demonstrated devoted attention to child up-bringing. Children constitute the future leadership and workforce of Ghana. Ghanaian children, therefore require serious commitment from state institutions to ensure their proper growth and development into adulthood. This is manifested in the various Constitutional provisions, Parliamentary Acts and Legislative Instruments by the Government of Ghana.

Before 2001, the focus of ECCD had been on the cognitive development of the child. This was seen in the establishment of Creches, Day Care Centres, Nurseries and Kindergartens by the Government and private operators to take care of children whilst their parents go out to work. The Ministry of Education, Ministry of Employment and Social Welfare had joint responsibilities for these early childhood facilities because of the welfare/care and educational needs of children. Furthermore, the mandate of the Ghana National Commission on Children (GNCC) made the commission responsible for the welfare of all children in Ghana. The responsibility for policy making in respect to children had shifted from the GNCC to the Ministry of Women and Children’s Affairs (MOWAC) with the establishment of MOWAC in 2001. MOWAC is now the Ministry of Gender and Social Protection.

The new approach to ECCD is to formulate comprehensive policies and programmes for children from birth to age eight, their parents and caregivers. This is with the aim of
protecting the child’s rights to develop his or her full cognitive, emotional, social and physical potential. This relatively new approach promotes and protects the rights of the young child to survival, growth and development (MOWAC, 2005). Early Childhood Care and Development (ECCD) policy became operational in 2007.

The purpose of the policy is to provide a framework for the guidance of the Government and all stakeholders specifically Sector Ministries, District Assemblies and its structures, communities, families, civil society, including Non-Governmental Organizations and the Donor Community in their effort to support the survival, protection and development of the children of Ghana in their early years. The Children’s Act 1998 (Act 560) enjoins the District Assemblies and other Decentralized Departments to facilitate the establishment of day care centres and other ECCD institutions in Ghana.

The main goal of the policy is the survival, growth, development and protection of all Ghanaian children. The government shall therefore take measures to expand access and improve the quality of ECCD programmes in that direction to 100 percent of children aged 0-8 by the year 2015. Quality, equity in delivery, cost sharing, holistic approach, community and parent participation will be the guiding principles (MOWAC, 2005).

Under the ECCD Policy, the Ministry of Women and Children’s Affairs shall have the sole responsibility for ensuring the successful implementation of this policy and its programmes through monitoring and evaluation responsibilities which are:

- Develop a Communications and Advocacy Strategy to create a nationwide awareness on the Policy and ECCD issues
• Establish a Unit within its offices which shall serve as the Secretariat for National ECCD Coordinating Committee

• Recommend, in consultation with the relevant Ministries and other stakeholders, minimum standards for the operation of ECCD centres

• Establish and operationalize a national programme for research, monitoring and evaluation of ECCD issues

• Ensure that the provisions of the policy are adhered to and decisions of the National Co-ordinating Committee are carried out

• Mobilize resources for purposes such as research, advocacy, co-ordination, monitoring and evaluation of ECCD programmes

• Encourage the formation of a National ECCD Consultative Group of NGOs working with children within the relevant age group

• Submit annually to relevant Statutory bodies a comprehensive report on the status of implementation of the policy.

Also, under the ECCD policy, the Ministry of Education and Ghana Education Service (MOE/GES) have the following responsibilities:

• Take a lead role to regulate the establishment and registration of preschools (Kindergarten)

• Take a lead role in providing technical input in early intellectual stimulation and development issues in ECCD programmes, both centre-based and non-centre based. These would include, but not be limited to, the development of curriculum, setting of educational standards and monitoring of the same
• Make a provision for ECCD programmes within its budget

• Expand and maximize the use of existing ECCD training facilities and establish new ones, existing training institutions could, in the meantime, offer their facilities for use in conducting courses for caregivers during vacation

• Offer qualitative training to ECCD attendants and caregivers and support all Nursery Training Centres both financially and materially

• Ensure a smooth transition from preschool programmes to formal schooling.

2.5 Quality of Early Childhood Education in Ghana

The Government of Ghana has shown interest in improving the quality of early childhood programmes offered in ECE centres in Ghana. This is reflected in the government’s policy statement on the agenda for growth and prosperity, the Ghana Poverty Reduction Strategy (2002-2004). Furthermore, in pursuance of the EFA goals, the Ministry of Education has adopted a policy to attach kindergartens to all primary schools in the country (Abdulai, 2003). In Ghana there are different forms of ECD programmes delivering services directly to children. These include institutional/center-based preschool programmes which are either publicly or privately owned and managed, and home-based care. Public preschool programmes are mostly community-based programmes while private centres are mostly urban-based (Este, 1997).

Although there has been a rapid expansion in ECD and preschool services in Ghana, the quality of many ECD centres (both public and private) leaves much to be desired and only a relatively low proportion of children benefit from the services (UNESCO, 2006).
While some centers, especially in the rural areas are held under trees and in old dilapidated rooms, others are poorly ventilated with bad lighting and little or no room for play. However, privately owned ECE centres have relatively better infrastructure than their public counterparts (Ghana Districts, 2015). The problem is compounded by overcrowding of children in classrooms. This situation is affecting the quality of education and an increasing concern about the competence of our public schools. Staffing in the various schools is quite encouraging, however, with more untrained teachers. There has been efforts by policy makers to encourage teachers to upgrade their skills to ensure effective teaching and learning in ECE centres to improve the level of quality in ECE centres in Ghana (Ghana Districts, 2015).

2.6 Nursery Teachers Training in Ghana

In order to ensure that nursery schools are operated properly, the Government of Ghana has set up a National Nursery Teachers’ Training Centre where certificated teachers who want to specialize in nursery education, and nursery attendants are trained. The preschool or nursery teacher training course lasts three months, after which a certificate is awarded. The basic-level teacher training course lasts three years, after which a teacher certificate “A” is awarded to successful students. In addition to the National Nursery Teachers’ Training Centre, the University of Education, Winneba runs a 4-year Degree programme in Early Childhood Education and Care (UNESCO, 2006).
2.7 Parents' and Teachers' View on Quality and DAP

Ceglowski and Bacigalupa (2002) reviewed stakeholder perceptions about childcare quality, which included parents' perceptions. They reported that childcare is often used by parents as a means of enhancing academic and social skill growth and development, even among parents who do not need childcare due to employment constraints. They also found that many parents believe that childcare centers can offer developmental opportunities for their children that they cannot offer, including social opportunities and exposure to academic skills. However, their review was short and limited likely due to the scarcity of studies on parent perceptions about childcare quality conducted prior to 2002. In current times, families rely more on childcare services than they did in the past (Kim & Fram, 2009). According to Mulligan et al., (2005), approximately 60% of young children under the age of 6 years have been enrolled in a childcare programme on regular basis.

In the U.S., the quality of childcare vary greatly with most programs falling into the "average quality" category and very few falling into the "high quality" category (Cryer, Tietze, & Wessels, 2002). In addition to high quality care being limited in the U.S., high quality care is also something that tends to be out of most parents' budgets. Thus, it is incredibly important that parents are able to discern the relevant markers of quality in the childcare that is available and affordable because childcare quality matters for child growth, development, and learning in cognitive, social, and health domains (Love et al., 2003; Peisner, 2000; Burchinal et al., 1996; Whitebook, Howes, & Phillips, 1990).
Thornburg et al., (1997) conducted a study in rural America on the perceptions of rural mothers, child care providers, teachers and employers on child care. Mothers in their study reported that they were "very satisfied" with the quality of child care services they were receiving and the degree of employer support. Although the majority of childcare providers had a limited infrastructure, support and information, they had positive attitudes toward training, perceived relatively little stress, and were "extremely satisfied" with the amount of support received. The teachers rated children as most deficient in problem solving skills (32%), paying attention (28%), taking turns and sharing (25%), and math and literacy readiness (25%).

Similarly, Mathews, Thornburg, & Ispa (1994) indicated in their study in Columbia that majority of rural mothers were "very satisfied" with their child care arrangements that had been independently rated by a team of researchers as being of low to average quality, hence child care satisfaction may be more a measure of parental well-being than the well-being of the children.

In Ghana however, there has not been any study conducted which compared how parents and teachers perceive the quality in ECD centres. This study therefore will serve as a reference for future research.

In summary, the current study reviews literature on parents’ and teachers’ perceptions of quality in Early Childhood Programmes. The literature reviewed in this study suggests that there has been a significant amount of research that extols the benefits of quality early childhood education (Imig, 2011), how one defines quality varies among parents, teachers, administrators and policy makers (Huntsman, 2008; Ishimine, Tayler, & Bennet,
2010). Based on an extensive search of the literature, among the frequently stated indicators parents and teachers deem as important in childcare quality were healthy and safe environments, warm and nurturing providers, continued education and training for providers, cost and location (Ceglowski & Bacigalupa, 2002). However, the researcher found previous reviews to be limited likely due to lack of studies on stakeholders’ perceptions about childcare quality. This study provides a more complete understanding of why this topic is necessary to explore as well as how parents and teachers perceive childcare quality.
CHAPTER THREE

3.0 METHODOLOGY

3.1 Study Design

The study employed the cross-sectional survey design. A cross-sectional survey is used to collect information at just one point in time from a subset of the target population (Lee, 1994). This design was used because a small sample of stakeholders in early childhood education was studied at a fixed point in time.

3.2 Study Location

The study was carried out in Haatso in the Ga-East Municipal district, which is located in the northern part of the Greater-Accra Region of Ghana. The Ga East Municipal is one of the ten (10) districts in the Greater Accra Region of Ghana. The Administrative capital of the District is Abokobi. The Municipality shares boundaries with Akuapim South Municipal to the North, Ga-West Municipal to the West, Adentan Municipal to the South and La-Nkwantanang-Madina to the East. The 2000 National Population and Housing Census put the Municipality’s population at 161,873 with an intercensal growth rate of about 4.2%. The projected population for the year 2010 was 244,226. The growth of the population is mainly due to the influence of migration inflows. There are about 40 Early Childhood Development (ECD) Centers which enroll only 9.8% of children at that level (Ghana Districts, 2015). The study location was chosen because of the numerous early childhood programs providing child care services to children and their families. These programs have reputations in the community as being either relatively "academic" or relatively "unstructured" or "play oriented. Again, there are a number of middle and
upper middle class families who may patronize ‘quality’ services of ECD providers by selecting those preschools with good environmental settings, an element of quality standards. It was therefore envisaged that the response rate by stakeholders would be high.

3.3 Target Population

The target population was parents with wards aged between 3 and 5 years in preschools; preschool teachers; and heads of Early Childhood Development (ECD) centres in the Ga-East Municipal district. Parents were selected since they are the consumers, and teachers play a vital role in the delivery of childcare quality. Heads know which management techniques and policies to employ in order to impact on the quality of child care.

3.4 Sample and Sampling Procedure

3.4.1 Sample

A total of one hundred and fifty-four (154) respondents from the target population were sampled for the study comprising one hundred (100) parents, fifty (50) teachers and four (4) head teachers from four ECD centres in the Ga East Municipal district.

3.4.2 Sampling Procedure

The snow balling technique was used to obtain four head teachers from four ECD centres who were willing to participate in the study while the convenience sampling was used to recruit both parents and teachers. The snow balling technique is a type of non-probability sampling used for gathering research subjects through the identification of an initial
subject who is used to provide names of other actors. The convenience sampling is a type of non-probability sampling based on the judgments of the researcher (Lee, 1994).

After explaining the purpose of the study to the heads, the researcher recruited parents and teachers who met the inclusion criteria and were willing to participate in the study. This procedure was followed for all the ECD centres selected until the targeted sample size was obtained.

3.5 Data Collection

3.5.1 Instruments for data collection

Data was elicited using three versions of a structured questionnaire (parents, teachers and head teachers) and an observation checklist. The versions of questionnaire were similar for teachers and head teachers while there were some few variations in that of the parents. For instance, some demographic characteristics such as teaching experience, professional training and duration of training were not applicable to parents.

The structured questionnaire

The structured questionnaire consisting both open-ended and closed-ended questions was used to obtain information on:

- Socio-demographic characteristics of parents, teachers and heads. Examples of these characteristics are gender, age, marital status, number of children, number of years of teaching experience, educational attainment, professional training attended, duration of training and salary.
• Knowledge of DAP. This was assessed using 26 items from an adapted Classroom Practices Inventory (CPI) based on the National Association for the Education of Young Children (NAEYC)'s Guidelines for Developmentally Appropriate Practices for 3-5 year-old children (Hyson, Hirsh-Pasek & Rescorla, 1990). Respondents were to indicate if they agreed or disagreed to the 26 developmentally appropriate or inappropriate practices. The response to each practice was scored 0 for agreeing to an inappropriate practice; disagreeing to an appropriate practice; or no knowledge of the practice. A score of 1 was assigned to agreeing to an appropriate practice or disagreeing to an inappropriate practice. The highest attainable score was 26 and minimum score was 0.

Scores of respondents were classified as follows:

a. Respondents with scores between 20 and 26 were classified as having good knowledge of DAP.

b. Respondents with scores between 13 and 19 were classified as having a fair knowledge of DAP.

c. Respondents with scores less than 13 were classified as having poor knowledge of DAP.

• Views on quality early childhood programme. Respondents were asked to rank 6 quality characteristics or indicators (OECD, 2012) as extremely important, very important, moderately important, less important and not important.

• Improving the quality of childcare

• Challenges faced by ECD centres and how these challenges could be addressed.
Observation Checklist

An observation check list adapted from a UNICEF/UNDP Program for the Socialist Republic of Vietnam, and used by Etse (1997) in a study conducted at Bawjiase, a PLAN Ghana Bawjiase Program Areas, located in the Eastern fringes of the Central region was used by the researcher for observation purposes in the ECD centers. The checklist provided for a description of the centers in terms of facilities and equipment, learning materials, children’s characteristics, teacher’s status and teacher/child interaction. The items on the check list were used to provide a description of the ECD setting. Provision was made for the observer to make additional comments on issues of interest or offer explanations where necessary.

3.5.2 Pre-test

The questionnaires were pre-tested at Madina, a community with similar socio-economic characteristics as the community in the selected study area. The purpose of the piloting was to ensure that;

i. the questions follow a logical sequence

ii. the questions are easy to understand

iii. enough space is provided for answers

iv. the instrument collects the relevant data for the study

v. relevant revisions to the instrument are made where necessary.

After the pre-test, the researcher made few changes in the questionnaire. Items of developmentally appropriate practices which were initially in a question format were changed to statements to enable respondents indicate how they disagreed or agreed with each of the items.
3.5.3 Procedure for Data Collection

An initial visit was made to all the ECD centres before collection of data began where the researcher contacted the heads of the centres to ask permission to carry out the research and also to ask for his assistance. An introductory letter from the Department of Family and Consumer Sciences was sent to the heads. The researcher explained the purpose of the study and guaranteed the heads of the confidentiality of the responses. The questionnaire was self-administered. The researcher also observed the facilities and equipment, learning materials, children’s characteristics and teacher/child interaction at the ECD centres and accordingly recorded her observations on the observation checklist. The data were collected between December 8, 2014 and February 13, 2015 on school days.

3.6 Data Analysis and Presentation

3.6.1 Questionnaire

The data were hand-coded, edited and analyzed using the Statistical Package for the Social Sciences (SPSS 21.0) computer software to generate mean, frequency and percentage distributions. Selected demographic characteristics of respondents such as gender, age, occupation, level of education and income were cross tabulated with their knowledge of DAP.
3.6.2 Testing of Hypotheses

The hypotheses were tested at 5% level of significance using the Pearson's chi-square statistic or the independent sample t-test to determine the relationships between variables (knowledge of DAP, selected stakeholders, professional training and indicators of quality). If the computed probability value (p) is less than or equal to 0.05, the relationship between variables was considered significant. The chi-square statistic is used to test if there is a relationship between categorical variables. A categorical variable is a variable in which cases are classified in one and only one of the possible levels. The independent-sample t-test is a useful technique for comparing mean values of two independent groups. The comparison provides a statistic for evaluating whether the difference between two means is statistically significant.

The presentation of the study results is descriptive in nature using tables and charts to present highlights.
CHAPTER FOUR

4.0 RESULTS AND DISCUSSIONS

This chapter presents and discusses the findings of the study under the following headings:

- Demographic Characteristics of Respondents
- Respondents' Level of Knowledge of Developmentally Appropriate Practices
- Respondents' Perceptions of Quality in Early Childhood Programmes
- Views On How to Improve the Quality of Childcare
- Challenges Facing the Implementation of ECD Programmes
- Testing Hypotheses
- General Observations of the Early Childhood Development Centres

4.1 Demographic Characteristics of Respondents

4.1.1 Description of the Sample

One hundred (100) parents (males - 44%; females - 56%), fifty (50) teachers (males - 20% ; females - 80%) and (4) four head teachers participated in the study.

4.1.2 Age of Respondents

Parents were aged between twenty-five (25) and forty-nine (49) years with a mean age of 35.5 ± 4.98 years. The ages of teachers also ranged between twenty (20) and eighty (80) years with a mean age of 31.4 ± 10.66. Majority (88%) of the teachers were aged below forty years while seventy-seven percent (77%) of parents were aged less than forty years. Parents had a slightly higher mean age than the teachers (see Table 1).
### Table 1. Socio-demographic Profile of Parents and Teachers

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Parents (N=100)</th>
<th>Teachers (N=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (yrs)</strong></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>30</td>
<td>11</td>
<td>11.0</td>
</tr>
<tr>
<td>30 - 39</td>
<td>66</td>
<td>66.0</td>
</tr>
<tr>
<td>40 and above</td>
<td>23</td>
<td>23.0</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single/Divorced</td>
<td>8</td>
<td>8.0</td>
</tr>
<tr>
<td>Married</td>
<td>92</td>
<td>92.0</td>
</tr>
<tr>
<td><strong>Relationship to Child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>56</td>
<td>56.0</td>
</tr>
<tr>
<td>Father</td>
<td>44</td>
<td>44.0</td>
</tr>
<tr>
<td><strong>Highest Educational Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.H.S/Voc./Tech.</td>
<td>21</td>
<td>21.0</td>
</tr>
<tr>
<td>Tertiary</td>
<td>79</td>
<td>79.0</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal</td>
<td>86</td>
<td>86.0</td>
</tr>
<tr>
<td>Informal</td>
<td>14</td>
<td>14.0</td>
</tr>
<tr>
<td><strong>Level of Income (GHC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 - 500</td>
<td>15</td>
<td>15.0</td>
</tr>
<tr>
<td>501 - 1000</td>
<td>26</td>
<td>26.0</td>
</tr>
<tr>
<td>1001 - 2000</td>
<td>29</td>
<td>29.0</td>
</tr>
<tr>
<td>2001 - 3000</td>
<td>23</td>
<td>23.0</td>
</tr>
<tr>
<td>Above 3000</td>
<td>7</td>
<td>7.0</td>
</tr>
</tbody>
</table>
4.1.3 Marital Status of Respondents

A significant proportion (92%) of parents were married while the remaining (8%) were single or divorced. This high representation seem to give an impression that both parents were in-charge of the upbringing of the child. Over a third of the teachers (38%) were married while close to two-thirds (62%) were single or divorced (Table 1).

4.1.4 Relationship to Child

As shown in Table 1, a little over a half (56%) of the parents were mothers of the children while close to half (44%) were fathers.

4.1.5 Educational Levels Attained by Respondents

All the respondents had formal education ranging between senior high school and tertiary level. Close to three-quarters (79%) of parents had educational training up to the secondary/vocational/technical level while the remaining had tertiary training. As regards teachers, over a third (40%) had secondary level training with the remaining having tertiary training (Table 1). This suggests that a higher number of the teachers might not have any professional training. A number of studies have linked teachers’ formal education with better quality care for children (Arnett, 1989; Pianta et al., 2005; Vandell & Wolfe, 2000). Arnett (1989) found that teachers completing a 4-year college degree engaged in more positive interactions with children.
4.1.6 Occupation of Respondents

As presented in Table 1, majority (86%) of parents were gainfully employed in the formal sector as civil servants, bankers, secretaries, engineers, accountants and consultants while few (14%) were employed in the informal sector as traders, seamstresses, hair dressers, caterers, and farmer.

4.1.7 Level of Income of Respondents

Parents had a higher income as compared to teachers. While close to 60% of parents had incomes greater than GH₵1,000, only 4% of teacher had above GH₵1,000 (Table 1). A Pearson chi-square test conducted revealed that there was a significant difference between the occupation of parents and their level of income ($\chi^2 = 51.687$, df = 4, $p = 0.000$). Majority of parents who earned more than GH₵1,000 were gainfully employed in the formal sector. As such, it is likely parents in this study could afford to send their children to high quality childcare centres. Early childhood researchers propose that a professional wage standard for teachers would increase staff productivity (i.e. quality of care) as well as attract more qualified individuals into the field of child care (Cost, Quality and Child Outcomes Study Team, 1995). Findings from a Nigerian study, (Olaleye et al, 2009) revealed that remuneration and benefits of ECD teachers were inadequate and argued that the effect could lead to poor quality service.

4.1.8 Respondents’ Number of Children in the Family

Parents had between 1 and 7 children with a mean of 2.3 ± 1.29 children in the family. There was no statistically significant difference between the number of children parents
had in the family and parents' marital status ($\chi^2 = 2.839$, df = 2, $p = 0.242$). On the other hand, teachers had one to four children with an average of $1 \pm 1.2$ children per family.

A statistical difference existed between the number of children teachers had in the family and their marital status ($\chi^2 = 5.207$, df = 1, $p = 0.022$). A significant proportion of married parents had higher number of children in the family as compared to the single/divorced.

### 4.1.9 Parents' Children's Gender and Ages

Close to two-thirds (63%) of the children were boys while thirty-seven percent were girls. Their ages ranged between 3 and 5 years with a mean of $3.8 \pm 0.804$ with close to half (44%) being 3 years of age. The remaining were 4 years (32%) and 5 years (24%).

### 4.1.10 Teachers' Number of Years of Teaching Experience

Teachers in this study have had between 1 and 36 years of teaching experience with a mean of $6.2 \pm 6.39$ years. Majority (90%) had taught for 1 - 10 years while the remaining (10%) have had between 11 and 36 years of teaching experience. The heads of childcare centres' teaching experience ranged between 15 and 55 years. This shows that most of the teachers and the head teachers are highly experienced.

### 4.1.11 Professional Training Attended by Teachers

A little over a half (52%, $n = 26$) of the teachers have been professionally trained in early childhood education while the remaining (48%, $n = 24$) had no professional training.

Figure. 1 shows the type of professional training teachers attended.
Out of the 26 teachers who had been professionally trained, a little over a half (54%) of teachers attended the National Nursery Teachers' Training Centre (N.N.T.T.C.) for a duration between 2-4 months. Vaad Training Institute (15%) and Beautiful Beginning Training Centre (12%) were attended for a duration of 4 months and 8 weeks respectively. The remaining (19%) attended African Educational Consult, Centennial College, Frank Jude Teachers' Training Centre and Mafio Nursery Training Centre for a period between two (2) weeks and one and half years. Overall, close to 92% of the teachers received training for less than 6 months while the remaining (8%) were trained for more than a year. Olaleye et al (2009) again revealed that 80.8% of the teaching staff in the selected ECD centres studied were not professionally trained. Meanwhile, research suggests that good quality care is associated with well-trained and educated staff (Whitebook et al., 1990; Phillipsen et al., 1997).
4.2 Respondents' Level of Knowledge of Developmentally Appropriate Practices (DAP)

Figure 2 shows the level of knowledge of developmentally appropriate practices of parents and teachers. Level of knowledge of DAP was assessed using 26 items of developmentally appropriate practices (Program practices and emotional practices) developed by Hyson et al. (1990). Respondents were asked to ascertain if they agreed or disagreed to the practices. The maximum attainable score was 26 while the minimum attainable score was 0. Respondent's knowledge was rated as good (scores between 20 and 26), fair (scores between 13 and 19) and poor (scores less than 13).

Close to three-quarters (74%) of parents had fair knowledge of DAP while about a quarter (20%) had poor knowledge of DAP. Only 6% of parents had good knowledge of
DAP. This implies that parents are not be aware of best practices that should be seen in a high quality ECE programme. It could also mean that parents do not look out for anything in particular at the centres but rather follow recommendations by friends or childcare experts. A Pearson’s chi-square test conducted revealed that there was no statistically significant relationship between the knowledge of DAP of male and female parents ($\chi^2 = 0.513$, df = 2, $p = 0.774$). However, there were statistically significant difference between parents' knowledge of developmentally appropriate practices and educational level of parents ($\chi^2 = 18.031$, df = 2, $p = 0.000$). A chi-square test conducted also showed a significant difference between knowledge of DAP and income levels of parents ($\chi^2 = 31.006$, df = 8, $p = 0.000$). Again, chi-square test conducted revealed that there was a significant difference between knowledge of DAP and number of children parents had in the family ($\chi^2 = 16.927$, df = 4, $p = 0.002$). Parents' knowledge of DAP improved with high level of education as those with education up to the tertiary level (70%) had fair to good knowledge of DAP while only 10% of respondents with education up to the second cycle had fair to good knowledge. Furthermore, knowledge of DAP improved with high income while parents' knowledge of DAP increased with decreasing number of children in the family. Research speaks clearly concerning the efficacy of developmentally appropriate practice as a predictor of school success (Dunn & Kontos, 1997).

With regard to teachers, a significant proportion (90%) had fair knowledge on best childcare practices, with the remaining having good (4%) or poor (6%) knowledge of DAP. Just a few (6%) teachers had poor knowledge of DAP because earlier on, over a
half (52%) of respondents reported that they had received professional training. It may also imply that most teachers had been given on the job training. There should be a platform where research-based findings could be disseminated to practitioners to enhance the quality of childcare in the country. According to Shonkoff and Phillips (2000), in the context of relationships, children’s development is enhanced when teachers have higher levels of education, have knowledge of how children grow and develop, and understand how to implement developmentally appropriate activities. Teachers who employ DAP successfully have knowledge of age related development that facilitates common predictions about children’s learning and development (Bredekamp & Copple, 2009).

Further, a chi-square test conducted revealed no statistically significant relationships between knowledge of DAP of male and female teachers ($\chi^2 = 1.389$, df = 2, $p = 0.449$). There was also no significant difference between teachers’ knowledge of DAP and their educational attainment ($\chi^2 = 5.926$, df = 2, $p = 0.052$). Again, chi-square test conducted revealed no significant difference between knowledge of DAP and the level of income of teachers ($\chi^2 = 5.044$, df = 6, $p = 0.538$). A chi-square test conducted showed that the number of children in the teachers' family have no influence on their knowledge of DAP ($\chi^2 = 0.355$, df = 2, $p = 0.838$). A statistical difference did not exist between teachers' knowledge of DAP and the duration of their professional training ($\chi^2 = 0.312$, df = 2, $p = 0.856$).

4.3 Respondents' Perceptions of Quality in Early Childhood Programmes

Both parents and teachers were asked to rate six childcare quality characteristics in order of importance. Their perceptions are shown in Table 2 and Table 3 respectfully. For the
purposes of results discussion, respondents' ratings of "extremely important" and "very important" were aggregated and given a new category called "Important" while "moderately important" and "less important" were also merged to form a category named "Slightly important".

4.3.1 Parents' Perceptions on Quality in Early Childhood Programmes

Table 2 presents the ratings of indicators of quality in early childhood programmes.

Table 2. Parents' Ratings of Indicators of Quality in Early Childhood Programmes

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Important (%)</th>
<th>Slightly Important (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Health and Safety</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Staff Qualification and Training</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Quality of Interaction and Relationship between</td>
<td>98.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Children and Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Environment</td>
<td>97.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Collaborative Partnerships with Families and</td>
<td>94.9</td>
<td>5.1</td>
</tr>
<tr>
<td>Communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership and Management</td>
<td>94.9</td>
<td>5.1</td>
</tr>
</tbody>
</table>

As shown, the top three indicators of quality rated as important in childcare by parents were children's health and safety (100%), staff qualification and training (100%) and quality of interaction and relationship between children and staff (98%). It was noted that all parents were particular about the children's health and safety.

Larner and Phillips (1994) found that while health and safety is one small piece of the overall quality rating given by experts/researchers, it is central to many parents'
perceptions about high quality. Findings of this study is consistent with research findings by Cryer and Burchinal (1997) and Farquhar (1993). These researchers found that parents' quality rankings of childcare as with many things pertaining to their own children's health and safety tend to be higher. Mooney and Munton (1998) collected information about perceptions of childcare quality from parents, policy makers, childcare center owners, childcare center teachers, and family childcare providers using focus groups. These researchers found that parents, like other groups, valued center-based childcare staff training, particularly good communication, as important for promoting higher quality care. Over time, there has been a shift in parental perceptions regarding childcare quality. Convenience factors such as cost and location, as well as health, safety, warmth of the caregiver, and parent-caregiver communication have long been important to parents (Emlen, 1999; Rose & Elicker, 2008). In recent times, however, parents are also indicating that the quality of the caregiving environment is important to them (Kim & Fram, 2009; Shlay, Tran, Weinraub & Harmon, 2005; Chase & Valorose, 2010; Yamamoto & Li, 2012).

4.3.2 Teachers' perceptions on Quality in Early Childhood Programmes

Table 3 shows teachers' ratings of indicators of quality in early childhood programmes. The top three indicators of quality rated as important in childcare by teachers were children's health and safety (100%), physical environment (100%) and quality of interaction and relationship between children and staff (100%). The indicators of quality that stood out for both parents and teachers were children's health and safety; and quality of interaction and relationship between children and staff. This suggests that both parents
and teachers deemed the two indicators as being more important. Both parents and teachers in this study seem to have the health and safety of the children as their prior concern. The researcher observed that children in the ECD centres followed hygienic practices such as washing of hands through the supervision of teachers. Again, they were fed with nutritious meals such as cereals and snacks.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Important (%)</th>
<th>Slightly Important (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Health and Safety</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Physical Environment</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Quality of Interaction and Relationship between children and Staff</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Leadership and Management</td>
<td>96.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Collaborative Partnerships with Families and communities</td>
<td>90.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Staff Qualification and Training</td>
<td>82.0</td>
<td>18.0</td>
</tr>
</tbody>
</table>

Whereas all parents rated staff qualification as important, it was the least rated indicator of quality (82%) by teachers. Close to 20% rated staff qualification as slightly important and not important. This could be the reason why almost about 50% of the teachers have not received professional training. However, Huntsman (2008) found that there is a link between levels of caregiver’s education and/or specialized qualifications, process quality and child outcomes. It must be noted that training in early childhood education help teachers acquire knowledge and skills to improve the quality of childcare. There was not
much difference in the ratings of leadership and management as important by parents (95%) and teachers (96%). Also, a slightly higher proportion of parents (95%) rated collaborative partnerships with families and communities as more important than teachers (90%).

Parents place greater emphasis on quality child care now more than ever before (Chase & Valarose, 2010; NACCRRRA, 2010; Gamble, Ewing & Wilhelm, 2009; Rose & Elicker, 2008; Harrist, Thompson, & Norris, 2007; Kim & Fram, 2007; Shlay, Tran, Weinraub & Harmon, 2005); however, there are both matches and mismatches in what parents and other stakeholders perceive as important.

### 4.3.3 Other characteristics Parents perceive as High Quality in Early Childcare centres

Table 4 shows other characteristics viewed as high quality in childcare centres by parents.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Facilities and Equipment for Play and Learning</td>
<td>23</td>
<td>40.4</td>
</tr>
<tr>
<td>Providers' Warmth and Care</td>
<td>13</td>
<td>22.8</td>
</tr>
<tr>
<td>Stimulating Activities and Programmes</td>
<td>13</td>
<td>22.8</td>
</tr>
<tr>
<td>Caregiver-Child Ratio</td>
<td>7</td>
<td>12.3</td>
</tr>
<tr>
<td>Trained Staff</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>100</td>
</tr>
</tbody>
</table>
Close to half (40.4%) of the parents cited physical facilities and equipment for play and learning as a characteristic that determines high quality in childcare centres. Other important characteristics cited were warmth and care (22.8%), Stimulating activities and programmes (22.8%). Caregiver-child ratio and trained staff were the least cited characteristics by 12.3% and 2% respectively.

However, the researcher observed that only two out of the four ECD centres had adequate outdoor play area and enough outdoor play equipment for the children. The findings implies that parents are not really concerned about the caregiver-child ratio even though experts deem it as very important. Ceglowski (2004) found that parents associated a “quality ECE programme” with cultural and community sensitivity, parent-friendly and parent-supportive learning environments (Le Tendre, 1999; Arnold & Colburn, 2009). Other quality factors researchers have identified include child-teacher ratio; teacher retention rates; the accreditation of the facility; teacher pre-service education; learning activities; social and emotional development of the child; and environmental factors like safety, space, cleanliness (Epstein, 1995; Rouse and Fantuzzo, 2009). Shonkoff and Phillips (2000) highlighted the need for warm and supportive interactions within the learning environment of ECD centres.

According to Fenech, Harrison and Sumsion (2011), there is a supposition that the quality characteristics held as important by parents are contained within the quality characteristics deemed important by experts and researchers (Fenech et al., 2011). Raikes et al. (2012) noted that without education about what high quality care is, parents who are uninformed on the subject may mistakenly believe they have obtained high quality care for their children when in fact they have not. It is therefore necessary to
educate parents on the characteristics they should look out for as signs high quality in childcare.

4.3.4 Willingness of Parents to Change their Childcare Provider

A greater proportion (79%) were not willing to change their childcare provider if given the opportunity whereas the remaining (21%) wanted to change if they had a second chance. Of the 79% (n=79) of parents who were satisfied with their childcare provider, a significant proportion (94.9%, n = 75) stated that they were satisfied with the services rendered at the childcare centre. Other reasons cited were reasonable fees (3.8%, n = 3) and siblings attended the same childcare centre. Findings from this study confirms the study by Raikes et al. (2012) where they reported that a little over three-quarter (77%) of parents stated that they would select their current childcare provider again if faced with that circumstance. A number of investigators who explored parents’ perception of childcare reported that parents in general have little desire to change their childcare provider which implies high satisfaction.

Similarly, findings from the present study is consistent with the findings from other grading studies (Brooks, Risler, Claire, & Nacikerud, 2002; Weinraub et al., 2005; Li-Grining & Coley, 2006). Cryer et al. (2002) pointed out that lack of education and understanding of childcare quality limits parents’ ability to assess true quality of care, which in turns limits their ability to effect change to increase the quality of the childcare programme. Forry et al. (2011) reported that when respondents were asked for the “main reason” the child’s primary child care arrangement was selected, the most common
reasons cited were knowing or trusting the provider (27%), quality (23%), location (convenience or proximity to home; 15%), schedule (matching work schedule; 12%), cost (9%), and the selected provider being the only available option (6%). Other reasons cited included the provider being the best choice, the focal child having special needs, the primary care provider speaking the family’s native language with the child, preference for a specific type of care setting, and health and safety concerns. Reasons cited in the present study is in contrast to that of Forry et al. (2011).

Out of the 21 (21%) parents who wanted a change, close to half (42.9%, n=9) said that they wanted a good foundation for their children. This implies that they were not satisfied with the services provided by the centre. The remaining cited reasons like the facility not spacious enough (28.6%, n=6), no provision of transportation for the children (9.5%, n=2), proximity (9.5%, n=2) and high school fees (9.5%, n=2). A chi-square test conducted revealed a statistical difference between parents' willingness to change their childcare provider and their level of income ($\chi^2 = 9.909$, df=4, p= 0.042). A significant proportion of parents with high incomes were willing to change their current childcare provider to that of a high quality one as compared to those with low incomes. This finding is in line with studies that have suggested that socio-economically advantaged families tend to choose higher quality care for their children (Lazar et al., 1982; Dunn, 1993; Schweinhart, Barnes & Weikart, 1993; Burchinal and Nelson, 2000). Parents, therefore tend to change their ward's child care provider to a higher quality centre.
4.3.5 Parents' Grading of the Childcare Provider

Table 5 presents how respondents rated their childcare provider.

Table 5. Parents' Grading of the Childcare Provider

<table>
<thead>
<tr>
<th>Grade</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>18</td>
<td>18.0</td>
</tr>
<tr>
<td>Very Good</td>
<td>46</td>
<td>46.0</td>
</tr>
<tr>
<td>Good</td>
<td>14</td>
<td>14.0</td>
</tr>
<tr>
<td>Average</td>
<td>22</td>
<td>22.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Three-quarters (78%) of the respondents rated their childcare provider as excellent, very good or good. The present study is consistent with other studies where parents have been found to be very generous with their grades and rankings when asked to grade or rank their child care provider.

Raikes et al., (2005) reported very high grading of child care quality in Missouri, Nebraska, Iowa, and Kansas which are four mid-western states. Over 80% of parents across all four states graded their childcare provider as excellent. In another study in Australia, Fenech et al. (2011) found that over 80% of parents rated their child's care provider as high quality.

About a quarter (22%) of the respondents rated their child care provider as average. This suggests that about a quarter of parents were not too satisfied with the services rendered by the child care provider their wards are enrolled. There is therefore the need for improvement in the level of quality of some child care providers. Respondents seem to be consistent in their responses because when asked earlier on, close to a quarter (21%) wanted to change their childcare provider if given the opportunity (see 4.3.4).
4.4 Views On How to Improve the Quality of Childcare

4.4.1 Parents' Views on How Childcare Providers Could Improve the Quality of Childcare

Table 6 shows how childcare providers could improve the quality of childcare.

Table 6. Parents' Views on How Childcare Providers Could Improve the Quality of Childcare

<table>
<thead>
<tr>
<th>Views</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give Children More Attention</td>
<td>31</td>
<td>35.2</td>
</tr>
<tr>
<td>Employ Trained Staff</td>
<td>17</td>
<td>19.3</td>
</tr>
<tr>
<td>Strict Supervision by Providers</td>
<td>10</td>
<td>11.4</td>
</tr>
<tr>
<td>Sponsoring Staff Members to Undertake Refresher Courses</td>
<td>8</td>
<td>9.1</td>
</tr>
<tr>
<td>Conducive Environment</td>
<td>6</td>
<td>6.8</td>
</tr>
<tr>
<td>Spacious and Well Ventilated Classrooms</td>
<td>5</td>
<td>5.7</td>
</tr>
<tr>
<td>Encouraging Small Group Discussions Among Children</td>
<td>5</td>
<td>5.7</td>
</tr>
<tr>
<td>Provision of Learning Materials</td>
<td>5</td>
<td>5.7</td>
</tr>
<tr>
<td>Teachers Should be Well Paid</td>
<td>3</td>
<td>3.4</td>
</tr>
<tr>
<td>Morality and Discipline in the Centre</td>
<td>2</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>92</strong>*</td>
<td></td>
</tr>
</tbody>
</table>

*Answers included multiple responses (N=88).

Parents in this study cited several ways in which childcare providers could improve the quality of their centres. The topmost three ways reported by parents were attention given to children (35.2%), recruitment of trained teachers (19.3%) and strict supervision of caregivers (11.4%). This finding gives an impression that parents are really concerned about their children's safety, cognitive development, warmth, love and care. The heads of the childcare centres confirmed that parents often visited the centre to discuss child's
progress, attend P.T.A meetings and other programs at the centre. McIntyre et al. (2007) revealed that children are more likely to experience positive outcomes when parents take an active role in their children’s education.

It is noteworthy that in other researches, parents suggested that providers participate in training (Harrist, Thompson, & Norris, 2007) hence the need for more trained staff. Recently, however, parents are also indicating that the quality of the caregiving environment is important to them (Shlay et al., 2005; Kim & Fram, 2009; Chase & Valorose, 2010; Yamamoto & Li, 2012). This confirms findings by other findings when about 7% of the parents indicated that a conducive environment could improve the quality of childcare.

### 4.4.2 Teachers' Views on How Childcare Providers Could Improve the Quality of Childcare

Table 7 presents how childcare providers could improve the quality of childcare.

<table>
<thead>
<tr>
<th>Views</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop Deeper Understanding of Children</td>
<td>13</td>
<td>27.1</td>
</tr>
<tr>
<td>Employ Adequate Trained Staff</td>
<td>12</td>
<td>25.0</td>
</tr>
<tr>
<td>Provision of Teaching and Learning Materials</td>
<td>12</td>
<td>25.0</td>
</tr>
<tr>
<td>Strict Supervision</td>
<td>9</td>
<td>18.8</td>
</tr>
<tr>
<td>Conducive Environment</td>
<td>8</td>
<td>16.7</td>
</tr>
<tr>
<td>Provision of Clinic at the Centres</td>
<td>4</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>58</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Answers included multiple responses (N=48)
Several ways in which childcare providers could improve the quality of the childcare centres were cited by respondents. The topmost three ways mentioned by teachers were developing a deeper understanding of children (27.1%), provision of teaching and learning materials (25.0%) and adequate trained staff (25.0%). Other ways of improving the level of quality were strict supervision, a favorable environment and provision of a clinic at the centre. The researcher observed that the teaching and learning materials in the ECD centres were inadequate.

4.4.3 Head Teachers' Views on How Childcare Providers Could Improve the Quality of Childcare

The head teachers of the centres stated that staff training, intensive inspections, provision of playing and teaching materials, and staff motivation are some of the ways in which childcare providers could improve the quality of childcare. It must be noted that views expressed by the head teachers were quite similar to that express by teachers (see Table 7).

4.4.4 Parents' Views on How Policy Makers Could Improve the Quality of Childcare

Table 8 presents how policy makers could improve the quality of childcare. As shown in Table 8, parents suggested several ways in which policy makers could raise the standard of quality in childcare centres. Close to a quarter (23.2%) of the parents were of the view that policy makers and government organize training for childcare providers to enhance their skills and knowledge. About 20% of the parents were very particular about monitoring of the childcare providers to ensure that they adhere to laid down rules and regulations.
Table 8. Parents' Views on How Policy Makers Could Improve the Quality of Childcare

<table>
<thead>
<tr>
<th>Views</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organize training for childcare providers</td>
<td>19</td>
<td>23.2</td>
</tr>
<tr>
<td>Strict monitoring by policy makers</td>
<td>16</td>
<td>19.5</td>
</tr>
<tr>
<td>Financial support from government</td>
<td>15</td>
<td>18.3</td>
</tr>
<tr>
<td>Provision of teaching and learning materials</td>
<td>15</td>
<td>18.3</td>
</tr>
<tr>
<td>Good educational policies</td>
<td>13</td>
<td>15.9</td>
</tr>
<tr>
<td>Better salary for teachers</td>
<td>4</td>
<td>4.9</td>
</tr>
<tr>
<td>Scholarships for deserving children</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Introduction of fun activities in the curriculum</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Legislation on the size of a standard classroom</td>
<td>1</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Total 87*

*Answers included multiple responses (N=82).

Others suggested that government should support childcare providers with funds (18.3%), teaching and learning materials (18.3%) and also implement good educational policies (15.9%). The remaining (10.9%) stated that scholarships should be given to deserving children; better salaries for caregivers; introducing fun activities; and specifying the size of a standard classroom and play area.

4.4.5 Teachers' Views on How Policy Makers Could Improve the Quality of Childcare

Table 9 shows teachers’ views on how policy makers could improve the quality of childcare. Respondents suggested several ways in which policy makers could increase the level of quality in childcare centres. About a half (46%) were of the view that policy
makers and government should ensure that childcare providers have adequate training in childcare.

**Table 9. Teachers' Views on How Policy Makers Could Improve the Quality of Childcare**

<table>
<thead>
<tr>
<th>Views</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate training for childcare providers</td>
<td>22</td>
<td>45.8</td>
</tr>
<tr>
<td>Financial Support to childcare providers from government</td>
<td>10</td>
<td>20.8</td>
</tr>
<tr>
<td>Strict monitoring by government officials</td>
<td>9</td>
<td>18.8</td>
</tr>
<tr>
<td>Provision of teaching and learning materials</td>
<td>4</td>
<td>8.3</td>
</tr>
<tr>
<td>Implementation of good educational policies</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Unified curriculum for teaching</td>
<td>4</td>
<td>4.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Answers included multiple responses (N=48)*

About 21% of the respondents wanted financial support for the centres with 19% stating that childcare providers should be regularly monitored. The remaining (21%) of the respondents mentioned provision of teaching and learning materials, implementation of good educational policies and the use of a unified curriculum as ways of improving the quality of childcare.

**4.4.6 Head Teachers' Views on How Policy Makers Could Improve the Quality of Childcare**

Two major views were cited as ways in which the government and policy makers could aid improve the quality of childcare. They reported that strict monitoring of the childcare centres by policy makers and provision of free textbooks were ways of improving childcare quality.
4.5 Challenges Facing the Implementation of ECD Programmes

4.5.1 Teachers’ and Head Teachers’ Views on the Challenges Facing the Implementation of ECD Programmes

Teachers’ views on the challenges facing the implementation of ECD programmes are presented in Table 10.

Table 10. Teachers’ Views on the Challenges Facing the Implementation of ECD Programmes.

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate trained personnel</td>
<td>14</td>
<td>29.2</td>
</tr>
<tr>
<td>Lack of financial support from government</td>
<td>14</td>
<td>29.2</td>
</tr>
<tr>
<td>Lack of teaching and learning materials</td>
<td>13</td>
<td>27.1</td>
</tr>
<tr>
<td>Inadequate infrastructure</td>
<td>10</td>
<td>20.8</td>
</tr>
<tr>
<td>Poor supervision by government officials</td>
<td>4</td>
<td>8.3</td>
</tr>
<tr>
<td>Payment of fees</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Lack of staff motivation</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Lack of education on ECD programmes</td>
<td>2</td>
<td>4.2</td>
</tr>
<tr>
<td>Not using the mother tongue as medium of instruction</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Total</td>
<td>64*</td>
<td></td>
</tr>
</tbody>
</table>

*Answers included multiple responses (N=48)

Many challenges facing the implementation of ECD programmes were cited by teachers. Among the popularly mentioned challenges were inadequate trained personnel (29.2%), lack of financial support (29.2%), lack of teaching and learning materials (27.1%) and inadequate infrastructure (20.8%). A study conducted in Nigeria by Tombowua (2013)
also found similar challenges facing ECD institutions. Notable among them were ineffective supervision, low teacher quality, low staff to pupil ratio, poor salary, negligence on the part of government among others. Again in Kenya, UNESCO/OECD Early Childhood Policy Review Project (2005) revealed the use of teacher-centred pedagogical methods, salaries of teachers which fluctuates each month, low teacher-child ratio, lack of resources among others.

4.5.1 Teachers' and Head Teachers' Opinions On How the Challenges Facing the Implementation of ECD Programmes Could be Addressed

Teachers' Opinions On How the Challenges Facing the Implementation of ECD Programmes Could be Addressed are presented in Table 11.

<table>
<thead>
<tr>
<th>Opinions</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of adequate resources</td>
<td>20</td>
<td>41.7</td>
</tr>
<tr>
<td>Intensify education on ECD programmes</td>
<td>15</td>
<td>31.3</td>
</tr>
<tr>
<td>Training more childcare providers</td>
<td>14</td>
<td>29.2</td>
</tr>
<tr>
<td>Intensify supervision</td>
<td>7</td>
<td>14.6</td>
</tr>
</tbody>
</table>

Total 56*

*Answers included multiple responses (N=48)
Opinions of teachers regarding how the challenges facing the implementation of ECD programmes were broadly categorized into four opinions. About two-thirds (61%) of the respondents stated that educating parents on ECD programmes and training more childcare providers could solve the challenges. Close to a half (42%) of the respondents were of the opinion that providing the childcare centres with enough resources could solve the challenges faced by ECD programmes. The remaining (14.6%) of the respondents said that intensifying the supervision of the childcare centres by government officials could solve the challenges facing ECD programmes.

The heads of the childcare centres reported that constant education, reduction in taxes and the provision of free textbooks by government could help address the challenges.

Despite the challenges facing the ECD programmes, all heads of childcare centres revealed that there has been a significant increase (50% - 100%) in the overall rate of enrollment over the past five (5) years. Some reasons cited for the increase in enrollment were availability of trained teachers, conducive environment for learning, quality education, love and care for children, monitoring and evaluation, and punctuality of teachers.
4.6 Testing Hypotheses

Three hypotheses were tested at a 0.05 level of significance. The first two hypotheses were analyzed using the Pearson Chi-square statistic while Hypothesis 3 was tested using the Independent-Sample t-test. The chi-square test of independence is used to test if there is a relationship between categorical variables. A categorical variable is a variable in which cases are classified in one and only one of the possible levels. The independent-sample t-test is a useful technique for comparing mean values of two independent groups. The comparison provides a statistic for evaluating whether the difference between two means is statistically significant. In this present study, mean ratings of indicators of quality in ECD centres were compared between teachers and parents. The t-test derived a t-value and a p-value which was considered significant at 5% level of significance meaning there is a statistical difference between the two groups.

4.6.1 Hypothesis 1 (H01)

Hypothesis 1 stated that there is no statistically significant difference between the knowledge of developmentally appropriate practices of parents and teachers.

Table 12. Chi-Square Test Results Showing Relationship Between Level of Knowledge of DAP Between Parents and Teachers

<table>
<thead>
<tr>
<th>Level of Knowledge</th>
<th>Total</th>
<th>Parents</th>
<th>Teachers</th>
<th>Pearson Chi-square Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>$x^2 = 5.586$</td>
</tr>
<tr>
<td>Fair</td>
<td>119</td>
<td>74</td>
<td>45</td>
<td>df = 2</td>
</tr>
<tr>
<td>Poor</td>
<td>23</td>
<td>20</td>
<td>3</td>
<td>p = 0.061</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100</td>
<td>100</td>
<td>50</td>
</tr>
</tbody>
</table>
The chi-square value (5.586) with probability value of 0.061 implied that the two variables were independent. This means that there is no statistically significant difference between the level of knowledge of developmentally appropriate practices of parents and teachers. The null hypothesis was therefore accepted meaning parents' and teachers' level of knowledge of developmentally appropriate practices were similar. This finding suggests that both parents and teachers are aware of the developmentally appropriate practices in the child care programme hence may have a great influence on the academic performance of the children. Snow (2011) noted that parents’ most highly valued developmentally appropriate practices therefore have the notion that caregivers should learn about children’s development and growth over time if they want to influence children's academic performance.

4.6.2 Hypothesis 2 (Ho2)

Hypothesis 2 stated that there is no statistically significant difference between the knowledge of developmentally appropriate practices of professionally trained and untrained teachers.

<table>
<thead>
<tr>
<th>Level of Knowledge</th>
<th>Total</th>
<th>Parents</th>
<th>Teachers</th>
<th>Pearson Chi-square Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>2</td>
<td>4.0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Fair</td>
<td>45</td>
<td>90.0</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td>Poor</td>
<td>3</td>
<td>6.0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
<td>26</td>
<td>24</td>
</tr>
</tbody>
</table>
As shown in Table 13, there was no statistically significant difference between the level of knowledge of developmentally appropriate practices of professionally trained and untrained teachers as the chi-square indicated a significant level of 0.165 which is greater than the acceptable p-value of 0.05. The null hypothesis was accepted implying that both trained and untrained teachers had similar level of knowledge of developmentally appropriate practices. This may be as a result of the on-the-job training most untrained teachers receive. Workshops and seminars are occasionally organized for all teachers.

Arnett (1989) indicated that professional training could be instrumental in improving the quality of care. Again, she found that teachers completing professional development programmes were more sensitive and less detached in their interactions with children than teachers without any type of training which suggests that teachers with professional training have increased knowledge of developmentally appropriate practice. Hearns (1998) suggested that it is the type of professional courses teachers take that is important to the subsequent quality of care they provide children under their care. Research showed that teachers with more formal early childhood education training provide higher quality care (Pianta et al., 2005).

The findings of this present study have significant implications for practice even though no statistical difference was found between trained and untrained teachers' knowledge of DAP. As noted, having professional training does seem to lead to high quality child care.
4.6.3 Hypothesis 3 \((H_03)\)

Hypothesis 3 stated that there is no statistically significant difference between parents’ and teachers’ views on quality standard in ECD programmes.

Table 14. The Relationship Between Indicators of Quality of Parents and Teachers

<table>
<thead>
<tr>
<th>Indicators of Quality</th>
<th>Parents M(SD)</th>
<th>Teachers M(SD)</th>
<th>T</th>
<th>df</th>
<th>p-value (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Health and Safety</td>
<td>4.82(0.386)</td>
<td>4.58(0.499)</td>
<td>-2.985</td>
<td>79.3</td>
<td>0.004*</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>4.49(0.559)</td>
<td>4.54(0.503)</td>
<td>0.533</td>
<td>148</td>
<td>0.595</td>
</tr>
<tr>
<td>Leadership and Management</td>
<td>4.37(0.580)</td>
<td>4.48(0.580)</td>
<td>1.095</td>
<td>148</td>
<td>0.275</td>
</tr>
<tr>
<td>Quality of Interaction and Relationship</td>
<td>4.49(0.541)</td>
<td>4.50(0.505)</td>
<td>0.109</td>
<td>148</td>
<td>0.913</td>
</tr>
<tr>
<td>between Children and Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Qualification and Training</td>
<td>4.51(0.502)</td>
<td>4.24(0.894)</td>
<td>-1.986</td>
<td>64.9</td>
<td>0.050*</td>
</tr>
<tr>
<td>Collaborative Partnerships with Families and Communities</td>
<td>4.40(0.586)</td>
<td>4.26(0.694)</td>
<td>-1.295</td>
<td>148</td>
<td>0.197</td>
</tr>
</tbody>
</table>

*Significant at the 0.05 significant level (2-tailed).

4.6.3.1 Children's Health and Safety

The assumption of equality of variances was tested using Levene’s \(F\) test, \(F(79.3) = 28.606, p = 0.000\). Since the \(p\)-value was less than 0.05, the equal variances not assumed for the \(t\)-test scores were used. The Independent-Samples \(t\)-test showed a statistically significant difference between teachers and parents in terms of children's health and safety, \(t (79.3) = -2.42, p=.004\). Thus, parents had a slightly higher rating for children's
health and safety as indicating high quality than the teachers. This implies that parents perceived children's health and safety more important than teachers. Research has shown that while health and safety is one small piece of the overall quality rating given by experts, it is central to many parents' perceptions about high quality, even when other considerations of quality such as teacher-child interaction are poor (Cryer & Burchinal, 1997; Fraquhar, 1993). This suggests that parents are very concerned about the health and safety of their children as such caregivers should pay more attention to the children's health and safety in ECD centres if they want parents to maintain their wards in the centre.

### 4.6.3.2 Physical Environment

The assumption of equality of variances was tested using Levene’s $F$ test, $F(148) = 1.896$, $p = 0.171$. Since the $p$-value was greater than 0.05, the equal variances assumed for the $t$-test scores were used. The Independent-Samples $t$-test showed a statistically insignificant difference between teachers and parents in terms of rating physical environment as high quality standard, $t (148) = 0.533$, $p=0.595$. This implies that parents and teachers equally perceived the physical environment as indicating high quality standard in early childhood education. A safe and welcoming environment is known to play an important role in enhancing children's learning and development (OECD, 2010).

### 4.6.3.3 Leadership and Management

The assumption of equality of variances was tested using Levene’s $F$ test, $F(148) = 0.093$, $p = 0.761$. Since the $p$-value was greater than 0.05, the equal variances assumed
for the t-test scores were used. The Independent-Samples t-test showed no statistical difference between teachers and parents as regards their rating of leadership and management as high quality standard, $t\ (148) = 1.095, p=0.275$. This implies that parents and teachers equally perceived the leadership and management as important when it comes to high quality standards in early childhood education. The National Institute of Child Health and Human Development (2000) found specialized leadership and management training to be a stronger predictor of quality in Early Childhood Education.

4.6.3.4 Quality of Interaction and Relationship Between Children and Staff

The assumption of equality of variances was tested using Levene’s $F$ test, $F\ (148) = 1.043, p = 0.309$. Since the $p$-value was greater than 0.05, the equal variances assumed for the t-test scores were used. The Independent-Samples t-test showed no statistical difference between teachers and parents as regards their rating of quality of interaction and relationship between children and staff as an important high quality standard, $t\ (148) = 0.109, p=0.913$. This means that parents and teachers equally view the quality of interaction and relationship between children and staff as an important high quality standard in early childhood education. This finding affirms the assertion by the Organization for Economic Co-operation and Development (2012) that quality of interaction and relationship between children and staff is an important indicator of quality.

4.6.3.5 Staff Qualification and Training

The assumption of equality of variances was tested using Levene’s $F$ test, $F(64.9) = 20.818, p = 0.000$. Since the $p$-value was less than 0.05, the equal variances not assumed
for the t-test scores were used. The Independent-Samples t-test showed a statistically significant difference between teachers' and parents' rating of staff qualification and training as an important high quality standard, $t (64.9) = -1.986$, $p=0.050$. This implies that parents view staff qualification and training as an important high quality standard indicator than teachers. A chi-square test conducted revealed that the least educated teachers assigned lower ratings to staff qualification and training ($x^2 = 8.221$, df=1 , $p=0.042$) which shows that staff qualification and training was not an important indicator of quality in early childhood education. On the contrary, NAECP (1998) reported that a caregiver with an early childhood education degree or certification provides better quality child care than those without certifications. Again, Okoro (2004) also believes that the quality of the teachers determines the strength and the value of the learners. Therefore staff qualification and training cannot be relegated (Murunga, 2013).

4.6.3.6 Collaborative Partnerships with Families and Communities

The assumption of equality of variances was tested using Levene’s $F$ test, $F(148) = 0.196$, $p = 0.659$. Since the $p$-value was greater than 0.05, the equal variances assumed for the t-test scores were used. The Independent-Samples t-test showed no statistical difference between teachers and parents as regards their rating of collaborative partnerships with families and communities as an important high quality standard, $t (148) = 0.109$, $p=0.913$. This suggests that parents and teachers equally view the collaborative partnerships with families and communities as an important high quality standard in early childhood education. McIntyre et al. (2007) revealed that children are more likely to experience positive outcomes when families are actively involved in children’s education.
In summary, statistically significant difference existed in the mean ratings of parents and teachers in terms of children's health and safety ($p = 0.004$); and staff qualification and training ($0.050$). Thus, parents' mean rating ($4.82\pm0.386$) of children's health and safety as an important indicator of quality was slightly higher than that of teachers ($4.58\pm0.499$). Again, parents' mean rating ($4.51\pm0.502$) for staff qualification and training was also significantly higher than teachers' mean rating ($4.24\pm0.894$).

4.7 General Observations of the Early Childhood Development Centres

The observation checklist provided a description of the centers in terms of facilities and equipment, learning materials, children’s characteristics, teacher’s status and teacher/child interaction.

The researcher observed that two of the centres lacked facilities and equipment. Classrooms were not spacious enough therefore leading to poor ventilation. Some of the centres lacked an outdoor play area and outdoor equipment. The researcher observed that despite the availability of a child-friendly place of convenience, it wasn't hygienic enough. Urgent attention is therefore needed to improve infrastructure as well as equipment and other logistics to enhance the quality of service provided.

Observation conducted also revealed that ventilation, sleeping space, outdoor play area, outdoor play equipment and kitchen space were inadequate.

The researcher again observed that the teaching and learning materials in the ECD centres were inadequate. The few learning materials that were available, were not easily accessible to children in the centres. Children's health and safety was a priority to all
teachers. It was observed that children in all centres were fed nutritious meals under the supervision of teachers. They were assisted to wash hands before and after meals. Teacher to child ratio at various centres were low hence teachers did not have adequate time for each child. However, child to child conflicts were handled professionally with care. Independent play was encouraged at all the centres the researcher observed.

In summary, demographic characteristics of respondents showed that the majority of the respondents were females aged between twenty (20) and eighty (80) years. The findings revealed that respondents’ level of knowledge of the DAP construct for both parents and teachers was fair. Respondents’ perceptions of quality in early childhood programmes were similar in that both parents and teachers rated children's health and safety, staff qualification and training, quality of interaction and relationship between children and staff and physical environment as being very important to them. Respondents enumerated a number of challenges facing the implementation of ECD programmes. Some of which included: inadequate trained personnel, lack of financial support from government, lack of teaching and learning materials, inadequate infrastructure, poor supervision by government officials, non-payment of fees, lack of staff motivation, lack of education on ECD programmes, not using the mother tongue as medium of instruction among others. Regarding views on how to improve the quality of childcare in the ECD centres, respondents had diverse views such as giving children more attention, employing trained staff, strict supervision by providers, sponsoring staff members to undertake refresher courses, having conducive environment, spacious and well ventilated classrooms among others.
CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 SUMMARY

The purpose of the study was to explore the perceptions of parents, teachers and head teachers on quality and best practices in childcare by means of a cross-sectional survey. The convenience sampling and snow-balling techniques were used to collect data from one hundred and fifty-four stakeholders in early childhood development centres comprising 100 parents, 50 teachers and 4 heads of school in the Ga East Municipal district. Data collection was carried out using 3 versions of structured questionnaires and an observation checklist. The data obtained from the structured questionnaire was analyzed using the Statistical Package for Social Sciences software (SPSS version 21.0) to generate frequency and percentage distributions. The Pearson chi-square statistic and the independent sample t-test were used to test the three hypotheses at 5% level of significance (p = 0.05). The presentation of results were descriptive using charts and tables to present highlights.

Parents were aged between twenty-five (25) and forty-nine (49) years with a mean age of 35.5 ± 4.98 years while the ages of teachers ranged between twenty (20) and eighty (80) years with a mean age of 31.4 ± 10.66. The results showed that both parents and teachers had some form of formal education. The study revealed that a significant difference existed between the occupation of parents and their level of income. Majority of parents who earned more than GH₵1,000 were gainfully employed in the formal sector as compared to teachers. Teachers in this study had between 1 and 36 years of teaching
experience with a mean of 6.2 ± 6.39 years with majority (90%) having taught for 1 - 10 years. A little over a half of the teachers were professionally trained in early childhood education with a little over a half of the teachers attending the National Nursery Teachers' Training Centre in Accra for a duration between 2 - 4 months. Overall, stakeholders in the study had a fair knowledge of Developmentally Appropriate Practices. Furthermore, knowledge of DAP improved with high income while parents' knowledge of DAP increased with decreasing number of children in the family. This means that parents with fewer number of children had better knowledge of DAP because they paid more attention to the children. The indicators of quality that stand out for both parents and teachers were children's health and safety; and quality of interaction and relationship between children and staff. Parents cited physical facilities and equipment for play and learning; warmth and care; stimulating activities and programmes; caregiver-child ratios; and trained staff as characteristics that determines the high quality in child care centres. A greater proportion (79%) of parents were not willing to change their childcare provider if given the opportunity because they were satisfied with the services rendered at the childcare centre. Three-quarters (78%) of the respondents therefore rated their childcare provider as excellent, very good or good.

Among the popularly mentioned challenges facing the implementation of ECD programmes were inadequate trained personnel, lack of financial support, lack of teaching and learning materials and inadequate infrastructure. The topmost three ways of improving the quality of the centres reported by parents were attention given to children, recruitment of trained teachers and strict supervision of caregivers. The topmost three
ways mentioned by teachers were developing a deeper understanding of children, provision of teaching and learning materials and adequate trained staff. The head teachers stated that staff training, intensive inspections, provision of playing and teaching materials, and staff motivation were some of the ways in which childcare providers could improve the quality of child care. Some views expressed by stakeholders on how policy makers and government could improve the level of quality were organizing training; strict monitoring; financial support; provision of teaching and learning materials; implementation of good educational policies; scholarships; and better salaries for caregivers.

There was no statistically significant difference between the level of knowledge of developmentally appropriate practices of parents and teachers. Both trained and untrained teachers had a similar level of knowledge of developmentally appropriate practices. Statistically significant difference existed in the mean ratings of parents and teachers in terms of children's health and safety (p = 0.004); and staff qualification and training (0.050) as parents had slightly higher mean ratings in both cases.
5.2 CONCLUSION

Based on the findings of the study, it was concluded that parents, teachers and head teachers have fair idea about best practices in early childhood education as majority had fair knowledge of Developmentally Appropriate Practices. This is an indication of knowledge gap with regards to the DAP construct. Knowledge of Developmentally Appropriate Practices improved with high income while parents' knowledge of Developmentally Appropriate Practices increased with decreasing number of children in the family. This means that parents with fewer number of children had better knowledge of Developmentally Appropriate Practices because they paid more attention to the children. About half of the teachers in this study did not have professional training in early childhood education which might have accounted for their fair knowledge of DAP. Respondents were satisfied with the services rendered by the childcare centres their wards were currently enrolled despite few challenges which need to be addressed, such as asking parents to leave their places of work to pick children up when they are sick. Again, findings indicated that the schools sampled did not have enough infrastructural facilities. Teacher-child ratio was low, thus interaction between teacher and child was inadequate. The indicators of quality that stood out by stakeholders in this study were children's health and safety and quality of interaction and relationship between children and staff. Although parents and teachers scored similar in the indicators, nonetheless, disparities with these two stakeholders were identified. This could probably be due to the professional and on-the-job training most teachers had received.
5.3 RECOMMENDATIONS

Based on the results of the study, the following recommendations are made.

1. The findings of the study revealed that a significant proportion of respondents had only fair knowledge of DAP. It would be expected that teachers and parents would have good or excellent knowledge but they only had fair knowledge. It is therefore recommended that policy makers and the Ministry of Education organize workshops to educate teachers and parents on best practices in child care. Skills and knowledge acquired by child care providers will ensure that the children have a good educational foundation.

2. The study showed that parents were generous with their rating of the childcare centres. It is recommended that parents are educated by the Ministry of Education through the media on what high quality really entails to ensure that they send their wards to high quality child care centres.

3. The study showed that some parents were not too satisfied with the services being rendered therefore the service providers should provide the necessary resources to enhance quality service delivery.

4. The study showed that about half of the teachers did not have professional training in early childhood education. It is recommended that the Ministry of Education encourages providers of ECE services to sponsor non-professional teachers to further their studies in early childhood education and bond them reasonably to ensure their continuous stay on the job. There should also be continuous in-service training for early childhood teachers.
5. The study showed that the salaries of teachers were generally low as compared to parents. It is recommended that policy makers develop a government approved salary structure, established in consultation with private practitioners so that qualifications of teachers match salary levels across the ECE sector.

6. The study revealed that intensifying the supervision of the childcare centres by government officials could solve some of the challenges facing ECD programmes. Therefore the capacity of supervisors and inspectors should be enhanced by the Ministry of Education to ensure quality of ECD programmes.
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Child Care Conundrum: A Factorial Survey Analysis of Perceptions of Child Care


APPENDIX 1

SURVEY INSTRUMENT (PARENTS)

This survey is part of a study designed to explore Parents’ and Teachers’ Perception of Quality in Early Childhood Programmes. Do not write your name on the survey. It is strictly confidential. Please answer all of the following questions to the best of your ability. There is no right or wrong answer.

Section 1 - Demographic Information

Please provide information about yourself by circling the appropriate response to each item that best describes you.

1. What is your gender?
   a). Male  b). Female

2. What is your age? …………………………………………………………..

3. What is your marital status?
   a) Single  b) Married  c) Divorced  d) Separated
   e) Widowed  f) Other (please specify) ……………………..

4. Relationship to child:
   a) Mother  b) Father  c) Guardian

5. Child's gender:
   a) Boy  b) Girl

6. Child's age:
   a) 3 years  b) 4 years  c) 5 years

7. Number of children in your family: ……………………………….
8. Highest educational level:
   a) Junior high school           b) Senior high school
   c) Vocational/Technical School  d) Diploma
   e) Bachelor's degree            e) Master's degree
   f) Doctoral degree              g) Other (please specify)……………

9. What is your occupation?
   a) Farmer                      d) Businessperson
   b) Trader                      e) Not employed
   c) Government Employee        f) Any other (Please specify)……………

10. Salary: a) Gh¢ 100 - Gh¢ 500       b) Gh¢ 500 – Gh¢ 1,000
    c) Gh¢ 1,000 - Gh¢2,000        d) Gh¢2,000 - Gh¢ 3,000

Section 2: Developmentally Appropriate Practices

The following items are practices that take place in preschools. Now, please indicate how you disagree or agree with each of the following statements by circling the number that corresponds with your opinion.

Directions: Rate the following items on a scale of 1-5, where
1 = Do not know (no knowledge of the survey item)
2 = Strongly disagree with statement
3 = Disagree with statement
4 = Agree with statement
5 = Strongly agree with statement
Now, please rate each item according to your opinion.

<table>
<thead>
<tr>
<th>Part 1: Program Activity/ Practices</th>
<th>Degree of Disagreement or Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children select their own activities from among a variety of learning areas the teacher</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>prepares, such as dramatic play, blocks, games and puzzles, books, recordings, art, and</td>
<td></td>
</tr>
<tr>
<td>music. (A)</td>
<td></td>
</tr>
<tr>
<td>2. Large group, teacher directed instruction is used most of the time. Children are doing</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>the same things at the same time. (I)</td>
<td></td>
</tr>
<tr>
<td>3. Children are involved in concrete learning activities with materials closely related to</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>their daily life experiences. (A)</td>
<td></td>
</tr>
<tr>
<td>4. The teacher tells the children exactly what they will do and when. The teacher expects</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>the children to follow her plans. (I)</td>
<td></td>
</tr>
<tr>
<td>5. Children are physically active in the classroom, choosing from activities the teacher</td>
<td>1  2  3  4  5</td>
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<tr>
<td>has setup and initiating many of their own activities. (A)</td>
<td></td>
</tr>
<tr>
<td>6. Children work individually or in small, child-chosen groups most of the time. Different</td>
<td>1  2  3  4  5</td>
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<tr>
<td>children are doing different things. (A)</td>
<td></td>
</tr>
<tr>
<td>7. Children use workbooks, flash cards and other abstract or two-dimensional learning</td>
<td>1  2  3  4  5</td>
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<td>materials. (I)</td>
<td></td>
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<tr>
<td>8. Teachers ask questions which encourage children to give more than one right answer. (A)</td>
<td>1 2 3 4 5</td>
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<td>9. Teachers expect children to sit down, watch, be quiet, and listen, or do paper and pencil tasks for major periods of time. (I)</td>
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<tr>
<td>10. Reading and writing instruction emphasizes direct teaching of letter recognition, reciting the alphabet, colouring within the lines, and being instructed in the correct formation of letters. (I)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. Teachers use activities such as block building, measuring ingredients for cooking, woodworking, and drawing to help children learn concepts in math, science, and social studies. (A)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. Children have planned lessons in writing with pencils, colouring pre-drawn forms, tracing or correct use of scissors. (A)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. Children use a variety of art media, including easel, finger painting and clay in ways they choose. (A)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. Teachers expect children to respond correctly with one right answer. Memorization and drill are emphasized. (I)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. When teachers try to get children involved in activities, they do so by stimulating children's natural curiosity and</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

University of Ghana http://ugspace.ug.edu.gh
16. The classroom environment encourages children to listen to and read stories, notice print in use, engage in dramatic play, experiment with writing by drawing, copying, and inventing their own spelling. (A)  

17. Art projects involve copying an adult-made model, finishing a project the teacher has started, or following other adult directions. (I)  

18. Separate times or periods are set aside to learn material in specific content areas such as math, science, or social studies. (I)  

19. Children have daily opportunities to use pegboards, puzzles, markers, scissors, or other similar materials in ways the children choose. (A)  

20. When teachers try to get children involved in activities, they do so by requiring their participation, giving rewards, disapproving of failure to participate, etc. (I)  

21. Teachers show affection by smiling, touching and speaking to children at their eye level throughout the day, especially at arrival and departure. (A)
22. The sound of the environment is marked by pleasant conversation, spontaneous laughter, and exclamations of excitement. (A)

23. Teachers use competition, comparison, or criticism as guidance or discipline techniques. (I)

24. Teachers talk about feelings. They encourage children to put their emotions (positive and negative) and ideas into words. (I)

25. The sound of the environment is characterized either by harsh noise or enforced quiet. (I)

26. Teachers use redirection, positive reinforcement, and encouragement as guidance or discipline techniques. (A)

| 22. The sound of the environment is marked by pleasant conversation, spontaneous laughter, and exclamations of excitement. (A) | 1 2 3 4 5 |
| 23. Teachers use competition, comparison, or criticism as guidance or discipline techniques. (I) | 1 2 3 4 5 |
| 24. Teachers talk about feelings. They encourage children to put their emotions (positive and negative) and ideas into words. (I) | 1 2 3 4 5 |
| 25. The sound of the environment is characterized either by harsh noise or enforced quiet. (I) | 1 2 3 4 5 |
| 26. Teachers use redirection, positive reinforcement, and encouragement as guidance or discipline techniques. (A) | 1 2 3 4 5 |

Section 3 – Items concerning participants view of Quality Early Childhood Programme.

1. **Directions:** Please rank these quality characteristics in the order of importance to you on a scale of 1-5, where

   1= (Not important) 2= (Less important) 3= (Moderately important) 4= (Very important) 5= (Extremely important).
Please place the number in the blank space before each item. Please be sure to mark each item. There is no wrong or right answer.

In your opinion, how important are the following items in judging the quality of early childhood programme?

------------- Children’s health and safety (such as health care needs, hygiene practice, nutritional food and supervision).

------------- Physical environment (such as classrooms, playground, educational materials and equipment).

------------- Staff qualifications and training.

------------- Quality of interactions and relationships between children and staff.

------------- Collaborative partnerships with families and communities (such as PTA meetings).

------------- Leadership and management (evaluation of staff performance and effective administrative policies and procedures).

2. What other characteristics of a childcare center do you think indicate high quality care?

……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

3. If you had the means and opportunity, would you move your child to a different childcare provider? Explain

……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

4. How would you grade or rank the childcare provider in which your children are enrolled?

……………………………………………………………………………………………………
5. What could caregivers do to improve the quality of child care?

   ......................................................................................................................
   ......................................................................................................................
   ......................................................................................................................

6. What could policy makers and governments do to improve the quality of child care.

   ......................................................................................................................
   ......................................................................................................................
   ......................................................................................................................

7. Is there anything about the centre that could be changed to improve the level of quality?

   ......................................................................................................................
   ......................................................................................................................
   ......................................................................................................................

Thank you for taking time to complete the questionnaire
SURVEY INSTRUMENT (TEACHERS)

This survey is part of a study designed to explore Parents’ and Teachers’ Perceptions on Quality in Early Childhood Programmes. Do not write your name on the survey. It is strictly confidential. Please answer all of the following questions to the best of your ability. There is no wrong or right answer. Please check where applicable.

Section I: (Demographic Information)

1. Name of School:

2. Age of Respondent …………………………………………………………………………………

3. Gender: a) Male (  ) b) Female (  )

4. Marital Status: a) Single (  ) b) Married (  ) c) Separated (  ) d) Divorced (  ) e) Widowed (  )

5. Number of Children ………………………………………………………………………


7. Number of years of teaching experience……………………………………………………

8. Have you had any professional training in Early Childhood Education?
   a) Yes b) No

9. If yes, please indicate training institution attended:

10. Please indicate duration of training

11. Salary: a) Gh¢ 100 - Gh¢ 500 b) Gh¢ 500 – Gh¢ 1,000
c) Gh¢ 1,000 - Gh¢2,000 d) Gh¢2,000 - Gh¢ 3,000
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<tr>
<td></td>
<td>25. The sound of the environment is characterized either by harsh noise or enforced quiet. (I)</td>
</tr>
<tr>
<td></td>
<td>26. Teachers use redirection, positive reinforcement, and encouragement as guidance or discipline techniques. (A)</td>
</tr>
</tbody>
</table>
Section 3 – Items concerning participants view of Quality Early Childhood Programme.

1. **Directions:** Please rank these quality characteristics in the order of importance to you on a scale of 1-5, where

   1= (Not important)    2= (Less important)    3 = (Moderately important)    
   4= (Very important)    5= (Extremely important).

   Please place the number in the blank space before each item. Please be sure to mark each item. There is no wrong or right answer.

   In your opinion, how important are the following items in judging the quality of early childhood programme?

   -------------- Children’s health and safety (such as health care needs, hygiene practice, nutritional food and supervision).

   -------------- Physical environment (such as classrooms, playground, educational materials and equipment).

   -------------- Staff qualifications and training.

   -------------- Quality of interactions and relationships between children and staff.

   -------------- Collaborative partnerships with families and communities (such as PTA meetings).

   -------------- Leadership and management (evaluation of staff performance and effective administrative policies and procedures).

2. **What other characteristics of a childcare center do you think indicate high quality care?**
3. If you had the means and opportunity, would you move your child to a different childcare provider? Explain

4. How would you grade or rank the childcare provider in which your children are enrolled?

5. What could caregivers do to improve the quality of child care?

6. What could policy makers and governments do to improve the quality of child care?

7. Is there anything about the centre that could be changed to improve the level of quality?

Thank you for taking time to complete the questionnaire
SURVEY INSTRUMENT (HEADS)

This survey is part of a study designed to explore Parents’ and Teachers’ Perception of Quality in Early Childhood Programmes. Do not write your name on the survey. It is strictly confidential. Please answer all of the following questions to the best of your ability. There is no wrong or right answer. Please circle where applicable.

Section I: (Demographic Information)

1. Name of Centre .................................................................

2. District: ...............................................................................

3. Age of Respondent ................................................................

4. Gender: a) Male b) Female


6. Number of Children ..............................................................

7. Educational Attainment: a) WASSCE b) Cert “A” c) Diploma d) Degree e) Masters

8. Number of years of teaching experience ...........................................

9. Have you had any professional training in Early Childhood Education? a. Yes b. No

10. If yes, please indicate training institution attended:
..........................................................................................
..........................................................................................

11. Please indicate duration of training.
..........................................................................................
..........................................................................................
12. Have you had any training in administration and management?
   a. Yes  b. No

13. Please indicate duration of training…………………………………………………………………………

14. Salary:   a) Gh¢ 100 - Gh¢ 500  b) Gh¢ 500 – Gh¢ 1,000  
   c) Gh¢ 1,000 - Gh¢2,000  d) Gh¢2,000 - Gh¢ 3,000

**Part I: Early Childhood Development Programme**

1. When was this ECD programme established?
   ……………………………………………………………………………………………………………………………………………………

2. What was the total number of children enrolled when first established?
   ……………………………………………………………………………………………………………………………………………………

3. Has there been an increase in the overall rate of enrolment over the past 5 years?
   a. Yes  b. No

5. If yes, what is the approximate percentage increase?
   ……………………………………………………………………………………………………………………………………………………

6. In your opinion what is the reason for the increase?
   ……………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………
7. Current enrolment: Please Complete the Table below

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>No. of Teachers</th>
<th>No. of Attendants</th>
<th>Toilet Facility</th>
<th>Clean water</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>ECD Trained Teachers</td>
<td>Not Trained Teachers</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>

Nursery 1

Nursery 2

Nursery 3

Total

8. What is the Child/Teacher ratio?

............................................................................................................................

9. Which of the following meals are provided at your centre?

   a. Breakfast
   b. Lunch
   c. Snack
   d. None of the above

10. How much is contributed per child towards feeding? ...........................................
11. How is this contribution made?

........................................................................................................................................
........................................................................................................................................

12. If children are not fed by the centre, how are their meals provided?

........................................................................................................................................
........................................................................................................................................

13. What kind of health care services are provided at the centre?

   a. Visits by Health Officials
   b. Immunizations
   c. Growth Monitoring
   d. Other (Please specify) ..............................................................

How often is the health care service provided?

   a. Weekly
   b. Twice a month
   c. Once a month
   d. Once a term
   e. Any other (please specify) ..............................................................

14. How would you rate the overall health status of the children at your centre?

   a. Very Healthy
   b. Healthy
   c. Not very Healthy
d. Not at all Healthy

e. Other (please specify)

15. Please give reason for your answer

…………………………………………………………………………………………………. 
…………………………………………………………………………………………………. 
…………………………………………………………………………………………………. 

16. What is the level of parents’ participation in the program? Please check where applicable.

a. Parents visit the school to discuss child’s progress

b. Parents attend PTA meetings

c. Parents attend other programs at the school

d. Parents drop off children at centre

e. No interaction between parents and the centre

17. How often do parents carry out the above activity/activities?

a. Daily

b. Weekly

c. Twice a month

d. Once a month

e. Once a term

18. What is the level of community participation in the ECD Programme? Please check where applicable.

a. Involved in the development of the programme

b. Provide financial support
c. Membership of the Management Team

d. Involved in the supervision of the programme

e. Any other (please specify)………………………………………………………………………………...

Part II: ECD Programme Challenges

1. What are the challenges facing the implementation of ECD programmes?
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

2. In your opinion, how can these challenges be addressed?
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

Section 2: Developmentally Appropriate Practices

The following items are practices that take place in preschools. Now, please indicate how you disagree or agree with each of the following statements by circling the number that corresponds with your opinion.

Directions: Rate the following items on a scale of 1-5, where
1 = Do not know (no knowledge of the survey item)
2 = Strongly disagree with statement
3 = Disagree with statement
4 = Agree with statement
5 = Strongly agree with statement

Now, please rate each item according to your opinion.
<table>
<thead>
<tr>
<th>Part 1: Program Activity/ Practices</th>
<th>Degree of Disagreement or Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children select their own activities from among a variety of learning areas the teacher prepares, such as dramatic play, blocks, games and puzzles, books, recordings, art, and music. (A)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Large group, teacher directed instruction is used most of the time. Children are doing the same things at the same time. (I)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Children are involved in concrete learning activities with materials closely related to their daily life experiences. (A)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. The teacher tells the children exactly what they will do and when. The teacher expects the children to follow her plans. (I)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. Children are physically active in the classroom, choosing from activities the teacher has setup and initiating many of their own activities. (A)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. Children work individually or in small, child-chosen groups most of the time. Different children are doing different things. (A)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. Children use workbooks, flash cards and other abstract or two-dimensional learning materials. (I)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>8. Teachers ask questions which encourage children to give more than one right answer. (A)</td>
<td>1</td>
</tr>
<tr>
<td>9. Teachers expect children to sit down, watch, be quiet, and listen, or do paper and pencil tasks for major periods of time. (I)</td>
<td>1</td>
</tr>
<tr>
<td>10. Reading and writing instruction emphasizes direct teaching of letter recognition, reciting the alphabet, colouring within the lines, and being instructed in the correct formation of letters. (I)</td>
<td>1</td>
</tr>
<tr>
<td>11. Teachers use activities such as block building, measuring ingredients for cooking, woodworking, and drawing to help children learn concepts in math, science, and social studies. (A)</td>
<td>1</td>
</tr>
<tr>
<td>12. Children have planned lessons in writing with pencils, colouring pre-drawn forms, tracing or correct use of scissors. (A)</td>
<td>1</td>
</tr>
<tr>
<td>13. Children use a variety of art media, including easel, finger painting and clay in ways they choose. (A)</td>
<td>1</td>
</tr>
<tr>
<td>14. Teachers expect children to respond correctly with one right answer. Memorization and drill are emphasized. (I)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>15. When teachers try to get children involved in activities, they do so by stimulating children's natural curiosity and interest. (A)</td>
<td>1</td>
</tr>
<tr>
<td>16. The classroom environment encourages children to listen to and read stories, notice print in use, engage in dramatic play, experiment with writing by drawing, copying, and inventing their own spelling. (A)</td>
<td>1</td>
</tr>
<tr>
<td>17. Art projects involve copying an adult-made model, finishing a project the teacher has started, or following other adult directions. (I)</td>
<td>1</td>
</tr>
<tr>
<td>18. Separate times or periods are set aside to learn material in specific content areas such as math, science, or social studies. (I)</td>
<td>1</td>
</tr>
<tr>
<td>19. Children have daily opportunities to use pegboards, puzzles, markers, scissors, or other similar materials in ways the children choose. (A)</td>
<td>1</td>
</tr>
<tr>
<td>20. When teachers try to get children involved in activities, they do so by requiring their participation, giving rewards, disapproving of failure to participate, etc. (I)</td>
<td>1</td>
</tr>
<tr>
<td>21. Teachers show affection by smiling, touching and speaking to children at their eye level throughout the day, especially at arrival and departure. (A)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>22. The sound of the environment is marked by pleasant conversation, spontaneous laughter, and exclamations of excitement. (A)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>23. Teachers use competition, comparison, or criticism as guidance or discipline techniques. (I)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>24. Teachers talk about feelings. They encourage children to put their emotions (positive and negative) and ideas into words. (I)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>25. The sound of the environment is characterized either by harsh noise or enforced quiet. (I)</td>
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</tr>
<tr>
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<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Section 3 – Items concerning participants view of Quality Early Childhood Programme.

1. **Directions:** Please rank these quality characteristics in the order of importance to you on a scale of 1-5, where
In your opinion, how important are the following items in judging the quality of early childhood programme?

------------- Children’s health and safety (such as health care needs, hygiene practice, nutritional food and supervision).

------------- Physical environment (such as classrooms, playground, educational materials and equipment).

------------- Staff qualifications and training.

------------- Quality of interactions and relationships between children and staff.

------------- Collaborative partnerships with families and communities (such as PTA meetings).

------------- Leadership and management (evaluation of staff performance and effective administrative policies and procedures).

2. What other characteristics of a childcare center do you think indicate high quality care?

3. What could caregivers do to improve the quality of child care?
4. What could policy makers and governments do to improve the quality of child care?

……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………

5. Is there anything about the centre that could be changed to improve the level of quality?

……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………

Thank you for taking time to complete the questionnaire
**APPENDIX 2**

**OBSERVATION CHECK-LIST**


Name of Centre……………………………………………………………………………………………………
Name of Community……………………………………………………………………………………………
District………………………………………………………………………………………………………………
Class (eg Nursery I, 2, or 3)……………………………………………………………………………………
Date of Observation: ……………………………………………………………………………………………
Name of Observer: …………………………………………………………………………………………………

Please check either Yes or No

<table>
<thead>
<tr>
<th>1. Facilities and Equipment</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe environment</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Toilet Facility</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Adequate lighting</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Adequate ventilation</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Clean water</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Sleeping space</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Sleeping mats</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Outdoor play area</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Outdoor play equipment</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Kitchen/cooking area</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>First Aid box</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Scale/Growth Monitoring Charts</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Chair per child</td>
<td>(   )</td>
<td>(   )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Learning Materials</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easel</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Puzzles and games</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Section</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Play materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Display of children’s art work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher-made Toys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher’s Manual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials easily available to children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Teacher/child interaction</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Asks questions/responds to verbal requests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsive to children’s needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affectionate (teacher to child)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affectionate (child to teacher)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Praise/acknowledgement of behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent play encouraged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operative Play encouraged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handles child-child conflict with reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Children’s health and safety</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Health care needs/services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygienic practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional foods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Staff qualifications and training</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Enough qualified teachers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher/child ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Leadership and management</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Effective leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation of staff performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective administrative procedures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Comments:........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
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