UGC Sponsored Minor Research Project

“Developing Standards Based Audio Visual Materials for promoting safety measures in Early Childhood Care and Education Centres”

2034-MRP/15-16/KABA060/UGC-SWRO

Final Report submitted to
The Joint secretary and Head
South Western Regional Office (SWRO)
University grants commission P.K. Block,
Gandhinagar Palace Road Bangalore – 560 009

Submitted by

Dr. S. Madhumathy
Principal Investigator
Department of
Early Childhood Education and Administration

Smt. VHD Central Institute of Home Science(Autonomous)
Seshadri Road, Bangalore-560001
Reaccredited by NAAC with ‘A’ Grade
I, Dr. S. Madhumathy, hereby declare and certify that, the Minor Research Project entitled “Developing Standards Based Audio Visual Materials for promoting safety measures in Early Childhood Care and Education Centres” sanctioned vide letter 2034-MRP/15-16/KABA060/UGC-SWRO dated 25th April 2016 is a bonafide record of research work carried out by me during the year 2016-2018. Further certify that the work presented in the report is original and carried out according to the plan in the proposal and guidelines of the University Grants Commission.

Principal Investigator
Introduction

Early childhood is a time of remarkable physical, cognitive, social and emotional development. Early childhood years form the basis of intelligence, personality, social behavior, and capacity to learn and nurture oneself as an adult. There is consistent and strong evidence which shows that brain development is most rapid in the early years of life. When the quality of stimulation, support and nurturance is deficient, child development is seriously affected.

Infants enter the world with a limited range of skills and abilities. They are helpless and dependent on their parents and care givers for nurturance and protection. All children have a right to be protected from harm and have their welfare promoted – whoever they are, and wherever they are. As infants grow in age, they are exposed to the early childhood education scenario. Young children then spend a large part of their day in preschools and transit. Their safety during this time is extremely important. In the recent times, cases of abuse of children at the school premises, or even accidents are increasing and are being reported. Many of these unfortunate incidents are preventable. There is a clear and significant role each preschool and its stakeholders have to play in the prevention, reporting and handling of safety-related accidents during the time children are entrusted to their care. The centre head and teachers along with support staff have the primary responsibility for the care and welfare of the children enrolled in their early childhood education centres. They are the main care-givers to children apart from the family members and play a key role in ensuring their safety. They also have an additional responsibility of grooming them to cope with threats to their personal safety. Sense of safety and well being is also instilled in students when action is taken against misconduct or abuse, such as corporal punishment, discriminatory practices, bullying and other forms of verbal, emotional or sexual abuse, by teachers, other personnel and other students. The authorities, teachers and other adults engaged in the process of caring, schooling and teaching are therefore duty bound to provide an environment that supports and promotes children’s dignity, development and protection. Hence, it is imperative that the ambience in schools is positive and nurturing, where they feel safe and secure on the premises and with the care providers.

Growing urbanization, increase in maternal employment and the changing social scenario has increased the demand of Early Childhood Care and Education (ECCE) services in our country. The number of private organisations in preschool segment is rapidly increasing. With the mushrooming of early childhood centres and absence of a monitoring body, rules are flouted
and compromises are made while hiring staff. Personnel in some of the centres are untrained in early childhood education, unaware of child rights and insensitive to the needs of the young children.

Watching a child develop new motor, cognitive, language and social skills is a source of wonder for parents and caregivers. It is also their responsibility to ensure the safe, protective and caring environment that every child deserves. Ideally, the parents should be responsible for proper care and protection of their child. However, the child must not suffer in case the parents cannot provide care and protection. It is the duty of the proximate community and the Government at large to address the issues of care and protection of all children. Wherever the parents are unable to take care and protect the child, the proximate community and their elected representatives must take up more caring responsibility, with due diligence and also due benevolence. In the wake of recent incidents of breach of child safety in early childhood education centres, it is necessary that we employ Education, Empowerment and Enabling mechanisms; children should have knowledge regarding life skills, child rights and participation. Families and the community must be educated, informed and enabled so that they can provide care and protection to their children. It is of utmost importance that public awareness about child abuse and neglect has to be raised and the attitudes of the society has to change.

In India, there is also an urgent need for appropriately trained multi-disciplinary professionals and human resources to make services for children viable and effective. Besides these professionals, all educated persons, the private sector and religious institutions can do more for child protection and child welfare. Children are not someone else’s responsibility; they are the entire nation’s responsibility. Safety and security of children is the collective responsibility of the society. Along with the courts and governments, parents and schools should also come together and think of ways of keeping children safe. Hence, the safety of children is the responsibility of every child, the parents and family members, early childhood care professionals and the community. Integrated child protection systems can contribute to breaking the cycle of childhood insecurity and exploitation. The present project work has made an effort to sensitize stakeholders of early childhood education centres by using appropriate audio-visual aids through the concept of “Safety First Initiative” which focuses on introducing the concepts of child protection and child abuse and explores why we need child protection policies and procedures.
Review of Literature

“The rights of women and children and their aspirations are of paramount importance in our march towards and inclusive and equitable society”

Dr. APJ Abdul Kalam

Recent studies echo that safety and security of children is the collective responsibility of the society. Along with the courts and governments, parents and schools should also come together and think of ways of keeping children safe. It is the responsibility of the schools to have a written child protection policy as schools are considered one of the safest places for children. All organisations working with children, either directly or indirectly, have a moral and legal responsibility to protect children within their care from both intentional and unintentional harm.

UNICEF has outlined 6 stages involved in building a child-safe organisation in it’s child protection policies and protection toolkit (2005):

Stage 1: Introducing child protection - focuses on introducing the concepts of child protection and child abuse and explores why we need child protection policies and procedures.

Stage 2: The necessary foundations - the organisational principles needed to ensure the effective development and implementation of child protection policies and procedures.

Stage 3: Developing a child protection policy & procedures - this section covers in detail the elements of a child protection policy and how to develop a policy and procedures within an organization.

Stage 4: Implementing the policy and procedures – includes guidelines on implementation as well as an organisational action plan for implementation.

Stage 5: Dealing with obstacles and challenges – covers the obstacles and challenges which may be encountered by organisations and explores possible solutions.

Stage 6: Monitoring and evaluating child protection policies and procedures – explores how child protection policies and procedures can be monitored and evaluated.

In 2007, the Ministry of Women and Child Development released a study report on child abuse which said every two of the three school children reported facing corporal punishment.

The Ministry of Women and Child Development, Government of India has launched an Integrated Child Protection Scheme (ICPS) (2009), which is expected to significantly
contribute to the realization of State responsibility for creating a system that will efficiently and effectively protect children. It is meant to institutionalize essential services and strengthen structures, enhance capacity at all levels, create database and knowledge base for child protection services, strengthen child protection at family and community level and ensure appropriate intersectoral response at all levels and raise public awareness. The guiding principles recognize that child protection is a primary responsibility of the family, supported by community, government and civil society. The ICPS is an important initiative, but is still in its infancy.

Kumar et al (2012) have reported that child abuse is the physical or psychological maltreatment of a child and can be differentiated into four major categories, physical abuse, emotional abuse, neglect and worst of all; the sexual abuse. Child Sexual Abuse (CSA) is a kind of physical or mental violation of a child with sexual intent, usually by a person who is in a position of trust or power vis-à-vis the child. India has the second largest child population in the world, 42% of India’s total population is below eighteen years. In a shocking revelation, a Government commissioned survey has found that more than 53% of Indian children are subjected to sexual abuse / assault. Majority of these cases were perpetrated by someone known to the child or in a position of trust and responsibility, most children did not report the abuse to anyone.

Saini (2013) has reported that India has about 440 million children; they constitute more than 40 percent of the population. Each year, 27 million babies are born. The numbers in need of care and protection are huge and increasing. Extreme poverty, insecurity of daily living, illiteracy and lack of education, result in very little care to the child during the early formative years. The term “protection” relates to protection from all forms of violence, abuse, and exploitation. It must also include protection from disease, poor nutrition, and lack of knowledge, in addition to action against abuse and exploitation. This infers that the denial of such safeguards does constitute negligence or neglect, both of which are included in the internationally recognized definition of violence.

According to National Crime Records Bureau’s (NCRB) report for 2015 Crimes against children have gone up by a whopping 13 per cent, from 94,172 in 2015 to 1,06,958 in 2016. While kidnapping and abduction accounted for 52.3 per cent of the cases, cases under Protection of Children from Sexual Offences Act, 2012 (POCSO) were at a worrying 34.4 per cent.
Tater (2016) has opined that preschool is an important phase in a child’s life when he or she gets exposed to a structured setting of learning comprising trainers (teachers) and children. Concern for safety is extremely important at the preschool level when the child is most vulnerable to various abuses. Considering the possibilities of various forms of abuses that children can fall victim to, it becomes crucial to ensure a safe and secured environment for them at a place, where they cannot be under the watchful eyes of parents. Building a safe and secured learning environment, identifying the pupils who are in distress or at a risk of harm and ensuring a swift and suitable action are vital components to confirm that children remain safe all the times. Children require safety everywhere.

Rao (2017) in her blog on “We Need A Holistic Approach To Ensure Children’s Safety In School” stresses that parents, teachers, and managements must collaborate to establish and monitor safety procedures. She opines that at the larger level, there is also a need for the government to enforce safety policies across urban and rural settings. More often than not, it is only after the crime has already been committed that investigation reveals the extent to which rules were violated. It's high time that non-compliance is dealt with seriously. Audits and surveillance should go hand-in-hand with implementation of child protection policies to identify lapses and bring errant schools to justice.
Project report

Phase -1 Through extensive review of literature, the following safety areas to be addressed concerning children were identified by the principal investigator.

Safety and Reliability

The National Commission for the Protection of Child Rights (NCPCR) has established guidelines for private schools for ages 3–6. The commission has outlined the registration procedures for private institutions. They state that the teacher-student ratio must be 1:20 and the teaching period should be 3–4 hours a day. The safety areas recognized are as follows:

Physical Safety

- Preschool premises: Premises for the preschool should be separate and have gates, walls and other obstacles to ensure security against exit (of the children) or entry (of those who may wish harm to the children)

- Staff: All staff should undergo a background check, including legal and criminal records. Teaching and non-teaching staff must be trained to respond in any emergency

- Identity: Identification cards should be given to all children, as well as parental authority cards to the parents

- Classroom: Electrical cords should be kept out of reach of children. Electrical outlets should be covered with childproof materials. Cleaning supplies and medicines should be locked away

- Toys: All materials (toys, mats, etc.) in the classrooms and playground should meet safety standards. Suitable fall surfaces should be present around any play equipment

- Observation: CCTV cameras should be installed in all classrooms, corridors and gates.

- Consistency: Daily safety checks should be carried out to ensure that maintenance is up to date
• Falls and Injuries—Young children do not understand the effects of playing rough. They often accidentally cause injuries to themselves or their friends. Lack of communication, overcrowding and classroom rules can increase such incidents.

• Fire Safety—Preschools don’t always pay attention to fire safety guidelines. The consequences of overlooking fire proofing and fire drills can be severe.

• Transportation—Conductors and drivers may not always be able to take care of children. Roads are dangerous and guidelines for school buses are not always followed. The school should have a boundary wall and alert security guards.

• Dangerous supplies like scissors and knives should be kept out of reach. If used, it should be with supervision.

• Cleaning materials and chemicals should be locked away.

• Daily safety checks should be carried out.

Emotional safety

• Individual attention: A suitable student to teacher ratio (1:20) should be maintained.

• Teacher quality: The staff must be qualified to teach the children.

• Corporal Punishment—A 2007 report on child abuse by the Ministry of Woman and Child Development found that 2 out of 3 children are subject to corporal punishment, which includes beatings and making children stand for hours. Preschools sometimes also have teachers trying to punish students in this manner.

• Molestation and Abuse—As detailed in newspaper reports, children are often at risk of assault from the staff responsible for their care, which can cause trauma and injury. While some cases come to light, a lot of others may stay in the shadows as young children hesitate to talk about the issue. This makes it all the more important to have preventive safeguards in place.

• Learning/Emotional Problems—Problems at home, learning disabilities, social problems, and other psychological issues are often overlooked in young children. Not addressing these problems sensitively can hamper the child’s development.
Preschool classroom safety checklist

The safety measures can be described in brief as follows:

**Safe Infrastructure:** Infrastructure like classroom furniture, play areas, library, toy room, activity room, toilets and so on must be safe for the kids. In spite of this, the kids must be supervised with care. Fire extinguishers and safety exits must be taken care of and the staff must be trained in safety measures and first aid. School transport vehicles must be maintained in a good condition. Safety cameras must be installed at all places. The classroom furniture must be made of material that is safe from decay and fungus. The furniture is likely to get spoilt due to the activities of the tiny tots and needs frequent cleaning. Thus it must be made of water and moisture resistant material.

Toys and objects in the play area must be cleaned frequently and must be of a good quality. If the classroom has any shelves or cupboards, the height and location must be designed considering the safety of the kids. It is best to avoid any mishap.

**Access safety measures:** Rules and regulations for access of parents and elders supposed to drop or pick up kids must be strict as they have access into the premises. Identity cards must be issued to parents and all the concerned personnel in the school. Background verification of all the staff members must be done strictly. Visitors’ access must be strictly restricted. Any minor change in the routine of the kid must be immediately communicated by the teachers or parents mutually to avoid any confusion.

**Phase 2: Identification of early childhood care and education centres:**

Various types of pre-primary schools are available in India and more children are now attending Pre-school (NIPCCD, 2006) indicating an increase in demand for education at this stage. Provision of early childhood care and education, especially for the most vulnerable and disadvantaged children, is one of the six Education For All goals. In India, preschool education is provided by private schools and government ICDS (Anganwadi) centres. In addition, there are some ECCE (Early Childhood Care and Education) centres running under SSA (Sarva Shiksha Abhiyan). According to the estimate given by the Seventh All India Education Survey, there are 493,700 pre-primary institutions in India.

For the present project, a survey was conducted to assess the safety mechanisms followed in early childhood educational centres in Bangalore city. A representative sample of thirty early
childhood care and education centres was identified based on logistics in Bangalore city. It comprised of anganwadis and private nursery schools.

**Phase 3: Development of a comprehensive checklist:**
The principal investigator developed a comprehensive checklist to assess the safety mechanisms in early childhood care and education centres based on several existing checklists. The basic data elicited information about the contact details, whether registered, number of students and staff etc. The specific data collected were pertaining to the infrastructure, child supervision, Health and Hygiene practices, sanitation, physical safety and general safety mechanisms. A total of fifty items related to child safety in ECCE centres constituted the checklist. The checklist was used to survey the safety measures in the ECCE centres selected according to logistics.

**Phase 4: Assessing the safety mechanisms in practice in the identified ECE centres:**
The checklist developed in phase 3 was used to assess the safety mechanisms in practice in the identified early childhood care and education centres. The principal investigator interviewed the administrators and also made detailed observations to study the safety situations. The findings were compiled and it was found that majority of the early childhood centres were not prepared for safety breaches. The findings of the survey are presented below:

**Table:1 Infrastructure available in ECCE centres**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars</th>
<th>ECCE Centres (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>1.</td>
<td>The ECCE centre is structurally stable and suitable for local environmental conditions</td>
<td>21</td>
</tr>
<tr>
<td>2.</td>
<td>The ECCE building is maintained in a good condition.</td>
<td>10</td>
</tr>
<tr>
<td>3.</td>
<td>The ECCE centre is situated in the ground floor</td>
<td>26</td>
</tr>
</tbody>
</table>
4. The ECCE building has a secure compound and gate

5. The building can be easily exited during emergencies

6. There are adequate classrooms for various activities

7. The play area is secure and spacious

8. The outdoor equipment are well maintained

9. No hazards, such as uncovered drains/ wells, around the ECCE center.

10. ECCE Centre is located in a safe place (not exposed to harmful chemical products, sound pollution, garbage piles, heavy vehicular traffic).

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>19</th>
<th>63</th>
<th>11</th>
<th>37</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>The ECCE building has a secure compound and gate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>The building can be easily exited during emergencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>There are adequate classrooms for various activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>The play area is secure and spacious</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>The outdoor equipment are well maintained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>No hazards, such as uncovered drains/ wells, around the ECCE center.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>ECCE Centre is located in a safe place (not exposed to harmful chemical products, sound pollution, garbage piles, heavy vehicular traffic).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Majority of the ECCE centres had good stable buildings but maintenance was not good in all of them. Four of the ECCE centres were situated in first floor with narrow staircases. Thirty seven percent of the ECCE centres did not have a compound and gate which was of concern. Twenty seven percent of the ECCE centres did not have easy access to exit in case of emergencies. Only fifty percent of the ECCE centres did not have easy access to exit in case of emergencies. Only fifty percent of the ECCE centres did not have adequate classrooms while the remaining had just one room. Thirty three percent of the centres had a secure and spacious play area with well maintained outdoor equipment. It was alarming to note that sixty percent of the centres had hazards such as uncovered drains / wells in their vicinity. Seventy seven percent of the centres did not have a completely safe location which was free from exposure to harmful chemical products, sound pollution, garbage piles and heavy vehicular traffic.
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars</th>
<th>ECCE Centres (N=30)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>At least 1 adult for every 20 children in 3-6 years age group and for every 10 children for under 3 years</td>
<td>10</td>
<td>33</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>Children are adequately supervised during arrival and departure</td>
<td>10</td>
<td>33</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>CCTV surveillance is present</td>
<td>15</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>Parents/guardians are issued identity cards for escorting children</td>
<td>05</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>Teachers/caregivers are sensitive to the children’s needs and are able to provide emotional support to children, when needed.</td>
<td>15</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>6</td>
<td>All children are treated equally and with respect, affection and care.</td>
<td>15</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>7</td>
<td>Caregivers do not use physical punishment or verbal abuse to discipline children.</td>
<td>15</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>8</td>
<td>Children approach the teachers/caregivers freely at any time.</td>
<td>24</td>
<td>80</td>
<td>06</td>
</tr>
<tr>
<td>9</td>
<td>Behavioural management and modification program is followed</td>
<td>12</td>
<td>40</td>
<td>18</td>
</tr>
<tr>
<td>10</td>
<td>Safety and disciplinary issues are quickly addressed</td>
<td>10</td>
<td>33</td>
<td>20</td>
</tr>
</tbody>
</table>

A satisfactory teacher pupil ratio and adequate child supervision with quick responses to safety and disciplinary issues were noted in thirty three percent of the ECCE centres. Fifty percent of the centres had CCTV surveillance. Only seventeen percent of the schools had issued identity cards to parents and caretakers to escort children. Sensitivity to children’s needs, ability to
provide emotional support, equality and absence of corporal punishment was observed in fifty percent of the ECCE centres. Children in eighty percent of the ECCE centres felt free to approach the teachers/caregivers freely at any time. Behavioural management and modification programs were followed by the staff of only forty percent of the ECCE centres to discipline the children.

Table:3 Health and Hygiene Related Practices in ECCE Centres

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars</th>
<th>ECCE Centres (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>1.</td>
<td>Good practices of keeping the environment clean are followed.</td>
<td>10</td>
</tr>
<tr>
<td>2.</td>
<td>Regular health checkups are conducted for children and staff</td>
<td>06</td>
</tr>
<tr>
<td>3.</td>
<td>Food is stored, prepared and served under hygienic conditions.</td>
<td>12</td>
</tr>
<tr>
<td>4.</td>
<td>Availability of adequate, clean and potable water for all children.</td>
<td>02</td>
</tr>
<tr>
<td>5.</td>
<td>Drinking water is stored in covered vessels which is regularly cleaned and refilled with hygienic handling.</td>
<td>02</td>
</tr>
<tr>
<td>6.</td>
<td>Dining area is clean and hygienic.</td>
<td>20</td>
</tr>
</tbody>
</table>

Health and hygiene related practices in early childhood centres showed poor compliance with only thirty three percent of the ECCE centres following good practices. Only twenty percent of them conducted regular health checkups for children and staff members. Although dining areas were relatively clean, food hygiene aspects were not well maintained in sixty percent of the ECCE centres. It was unfortunate to know that only seven percent of the centres provided clean drinking water to the children, while the remaining centres insisted that the children themselves carry sufficient drinking water.
### Table 4 Sanitation Practices in ECCE centres

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars</th>
<th>ECCE Centres (N=30)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>1.</td>
<td>Clean, child friendly toilets available.</td>
<td>10</td>
<td>33</td>
<td>20</td>
</tr>
<tr>
<td>2.</td>
<td>Separate toilets for girls and boys, which are safe and hygienic.</td>
<td>08</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>3.</td>
<td>Availability of wash basin/sink at low level, clean hand towels, running water and soap.</td>
<td>13</td>
<td>43</td>
<td>17</td>
</tr>
<tr>
<td>4.</td>
<td>Garbage bins with lids are available in toilets</td>
<td>18</td>
<td>60</td>
<td>12</td>
</tr>
<tr>
<td>5.</td>
<td>Toilets are disabled friendly.</td>
<td>-</td>
<td>-</td>
<td>30</td>
</tr>
<tr>
<td>6.</td>
<td>Teacher/ caregivers inculcate habits in children such as washing hands before and after meals, putting materials back in their place after using them etc.</td>
<td>22</td>
<td>73</td>
<td>08</td>
</tr>
<tr>
<td>7.</td>
<td>Is there adequate lighting, ventilation and circulation of fresh air in the ECCE centre.</td>
<td>20</td>
<td>77</td>
<td>10</td>
</tr>
<tr>
<td>8.</td>
<td>Periodic pest control procedures are followed</td>
<td>14</td>
<td>47</td>
<td>16</td>
</tr>
</tbody>
</table>

Thirty three percent of the ECCE centers had toilets that were child friendly with separate toilets for boys and girls, but none of the centers had disabled friendly toilets. Inculcation of good hand washing habits were observed in seventy three percent of the ECCE centres. Seventy seven percent of the ECCE centres had adequate lighting, ventilation and circulation of fresh air and periodic pest control procedures were followed by only forty seven of the ECCE centres.
## Physical Safety in ECCE centres

<table>
<thead>
<tr>
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<th>ECCE Centres (N=30)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>1.</td>
<td>Are the corridors and staircases clear of obstructions?</td>
<td>10</td>
</tr>
<tr>
<td>2.</td>
<td>Is there any dampness in the wall?</td>
<td>05</td>
</tr>
<tr>
<td>3.</td>
<td>Are the electrical fixtures in the classrooms working properly?</td>
<td>23</td>
</tr>
<tr>
<td>4.</td>
<td>Whether ceiling tiles or plaster hanging from the wall/roof?</td>
<td>03</td>
</tr>
<tr>
<td>5.</td>
<td>Does the school have any ongoing construction?</td>
<td>02</td>
</tr>
<tr>
<td>6.</td>
<td>Is the playground free of potential hazards?</td>
<td>19</td>
</tr>
</tbody>
</table>

None of the ECCE centres observed had hundred percent general safety. The corridors and staircases were clear of obstructions in thirty three percent of the centers only. Dampness in the walls were observed in seventeen percent of the centers. Only seventy seven percent of the ECCE centres reported that the electrical fixtures in the classrooms were functioning properly. Ten percent of the ECCE centres had ceiling tiles or plaster hanging from the wall/roof. Ongoing construction was observed in seven percent of the ECCE centres. Thirty seven percent of the ECCE centres has playgrounds with some potential hazards.
Table 6: General Safety in ECCE centres

<table>
<thead>
<tr>
<th>SL. No.</th>
<th>Particulars</th>
<th>ECCE Centres (N=15)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>1.</td>
<td>Availability of first aid kit for children, in case of an emergency.</td>
<td>05</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>2.</td>
<td>Center has preventive measures, in case of fires and other natural disasters (fire extinguishers, sand buckets etc.)</td>
<td>05</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>3.</td>
<td>Emergency contact information is on file and available to staff for quick reference</td>
<td>15</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>4.</td>
<td>Caregivers/teachers are trained to provide first aid to children, in case of an emergency.</td>
<td>01</td>
<td>3</td>
<td>29</td>
</tr>
<tr>
<td>5.</td>
<td>Caregivers/teachers are aware of the nearest health care centre/hospital for emergency or referral services</td>
<td>15</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>6.</td>
<td>Does the school comply with rules and regulations of the local transport authority during transportation of students in school buses?</td>
<td>04</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>7.</td>
<td>Do teachers accompany the students during the bus journeys?</td>
<td>04</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>8.</td>
<td>Are children given instructions about traffic safety?</td>
<td>08</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>9.</td>
<td>Presence of a security guard with a visitor’s book at the entrance of the ECCE centre</td>
<td>06</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>10.</td>
<td>Presence of a School safety committee</td>
<td>0</td>
<td>-</td>
<td>0</td>
</tr>
</tbody>
</table>

It was disappointing to observe that only seventeen percent of the ECCE centers had first aid kits and fire extinguishers for use during emergencies. Only fifty percent of them had
Emergency contact information on file for quick reference. It was extremely disappointing to note that only three percent of the teachers were trained in first aid. Fifty percent of the teachers reported that they were aware of the nearest health care centre/hospital for emergency or referral services. Only thirteen percent of the ECCE centres had transportation facility and they reported that they complied with the rules and regulations of the local transport authority.

**Phase 5: Designing Audio-Visual (AV) materials to transmit messages and information on safety measures:**

Audiovisual aids provide opportunities for effective communication in learning situations. It is clear that audio visual aids are important tools for teaching learning process. It helps the presenter to present the information effectively and recipients to learn and retain the concepts better and for longer duration. Use of audio visual aids also improves critical and analytical thinking of the recipients. It helps to remove abstract concepts through visual presentation.

According to the Webster dictionary, audio-visual aids are defined as ‘training or educational materials directed at both the senses of hearing and the sense of sight. There are many types of audiovisual materials ranging from filmstrips, microforms, slides, projected opaque materials, tape recording and flashcards and traditional audiovisual aids like puppetry. In the current digital world, audiovisual aids have grown exponentially with several multimedia such as educational DVDs, PowerPoint, smart boards, television educational series, youtube, and other online materials.

The simplest definition of an audio visual aid is that it is an instructional device in which the message can be heard as well as seen. Audio visual aids are multisensory materials which motivate and stimulate the recipient. It makes dynamic learning experience more concrete, realistic and gives clarity. It provides significant gains in thinking and reasoning.

Audio visual materials are designed, produced and used as planned components of educational programs. These are planned educational materials that appeal to the senses of the people and provide a clear understanding of the information. For the present project, the following audiovisual materials were used to transmit messages and information on safety measures for children, parents and caretakers of Early Childhood Education centres. Some of the audiovisual materials were designed by the principal investigator, while others were standard
material prepared by organizations which permitted the reproduction and use of their audio-visual materials for educational purposes. The details are as follows:

List of Audio-visual material used for children

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Audio-Visual Material</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Flash Cards</td>
<td>Good Touch-Bad Touch</td>
</tr>
<tr>
<td>2</td>
<td>Posters</td>
<td>Hand washing, traffic safety, Fire safety</td>
</tr>
<tr>
<td>3</td>
<td>Animated video clippings</td>
<td>Children’s emotions, Safety concerns of children</td>
</tr>
<tr>
<td>4</td>
<td>Worksheets for creative activities</td>
<td>Play ground safety and safety around the home</td>
</tr>
</tbody>
</table>

List of Audio-visual material used for parents and ECCE personnel

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Audio-Visual Material</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Flash Cards</td>
<td>Disaster management</td>
</tr>
<tr>
<td>2</td>
<td>Handbook</td>
<td>Child safety</td>
</tr>
<tr>
<td>3</td>
<td>Posters</td>
<td>Fire Safety, childline1098, corporal punishment</td>
</tr>
<tr>
<td>4</td>
<td>Charts</td>
<td>First Aid</td>
</tr>
<tr>
<td>5</td>
<td>PowerPoint presentations</td>
<td>Safety First initiative</td>
</tr>
<tr>
<td>6</td>
<td>Demonstrations</td>
<td>First Aid</td>
</tr>
<tr>
<td>7</td>
<td>Street Play</td>
<td>Child safety</td>
</tr>
<tr>
<td>8</td>
<td>Short film</td>
<td>Child Sexual Abuse</td>
</tr>
<tr>
<td>9</td>
<td>Panel Discussion</td>
<td>Child Safety</td>
</tr>
<tr>
<td>10</td>
<td>Activities</td>
<td>Child safety</td>
</tr>
</tbody>
</table>

Phase 6: Field testing of the AV material:

The audio visual materials selected and designed in phase 5 were field tested in early childhood centres while conducting the sensitization programs for children and ECCE personnel. The reports of the sensitization programs are presented below:
Sensitization program-1

DATE: 28\textsuperscript{th} October 2017
TIME: 10.00 pm to 1.00 pm
TOPIC: Safety First Initiative
VENUE: “Jain Heritage MI Kids” RPC layout, Vijayanagar, Bangalore

Interactive talks were delivered in the centre for creating awareness about child safety with special focus on Good Touch / Bad Touch messages for children, parents and staff members. Thirty parents, ten staff members and forty children attended this program. Charts and posters along with a Power Point presentation were used to create awareness. An award winning short film on child sexual abuse was screened for the parents via YouTube link. Parents asked questions later which led to airing out of concerns and fears and a healthy discussion on their role in safeguarding their child/children. The parents were asked to view the same with their children to initiate dialogue on the sensitive topic.

Sensitization program-2

DATE: 21\textsuperscript{st} January 2018
TIME: 9.00 am to 4.00 pm
TOPIC: Safety First Initiative
VENUE: Hotel Adeline, Mysore

The principal investigator was invited to deliver the keynote address at the convocation ceremony of International Montessori and Kindergarten Training Academy, Mysore where students received their certificates after completing a one year course in Montessori training. The ‘Safety first initiative’ was presented by the principal investigator using a PowerPoint presentation. Fifty prospective child care professionals benefitted from this presentation. A newspaper report of the same has been presented in the appendix.
Sensitization program-3

DATE: 27th February 2018  
TIME: 1.00 pm to 4.00 pm  
TOPIC: DISASTER PREPAREDNESS AND MANAGEMENT  

A workshop was organized to sensitize parents of children attending the early childhood education centre managed by Karnataka State Council for Child Welfare at Jayamahal, Bangalore, staff members of the three early childhood centres in the premises and Balsevika trainees on the nature of safety hazard that are commonly encountered in homes and early childhood education settings and disaster management drills that should be carried out in emergency situations. Forty mothers who were from low socio-economic group attended the program, majority of them were domestic workers. Twelve staff members working in the three early childhood education centres managed by KSCCW also attended this program. Thirty six Balsevika trainees undergoing a ten month training program on child development & preschool education, social work, health & nutrition, preparation of teaching aids, spoken English & basic computer usage also attended. These trainees are trained to serve the community as pre-school educators, social field workers and supportive teachers in special schools. All the beneficiaries of the sensitization program were from economically weaker sections of society. The investigator selected the venue for this program as it offered an opportunity to bring together a target audience which will truly benefit and also disseminate the knowledge learnt to many others in the community.

A PowerPoint presentation on ‘Disaster Management’ was given by the Dr. S. Madhumathy, the principal investigator. A question and answer session followed the presentation. All the participants interacted actively and clarified their doubts. Some activities were designed to further reiterate the concepts of disaster management among the participants.

The activities planned were:

1. Emergency Kit  
2. My behaviour sheet  
3. Importance of first aid kit
ACTIVITY 1: EMERGENCY KIT

AIM: To educate participants about the importance of an emergency kit and its uses.

MATERIALS REQUIRED: Flash Cards

PROCEDURE: As per the list of materials to be kept ready during any disaster suggested by the Government of India, some selected pictures of materials/items required during any disaster situation were presented to the participants in the form of flash cards. The flash cards contained pictures which were crucial for survival and some which were not so crucial for survival during disasters. The participants were then divided into groups and given instructions about the planned activity. The participants had to discuss within the group and had to sort and select the flash cards which they considered were important for survival during disaster situations. The group leader then had to justify the group members’ choice of items shown in the flash cards and also explain about their utility in front of the audience. The participants were given clarifications and suggestions wherever necessary and information about the correct list of materials which are crucial for survival during disasters was explained with their utility.

This activity generated a lot of healthy discussions among the audience and sensitized them.

ACTIVITY-2: MY BEHAVIOUR SHEET

AIM: To create awareness about managing during emergencies.

MATERIALS REQUIRED: 1. Work sheets
2. Pencil and eraser

PROCEDURE: A worksheet had been designed wherein 3 pictorial representations had to be drawn by the participants in the space provided. The three situations to be depicted by the participants were as follows:

- When I did this……..
- This happened.
- Next time I will……..

A time limit was given to the participants and they were asked to draw pictures related to safety of children in the worksheets provided. This activity was conducted in groups and the group members were asked to brainstorm and identify potentially dangerous situations related to children’s safety. One leader from the group had to present their worksheet in front of the audience and they also had to explain their pictorial representations, consequences of wrong behaviours and the learning from the activity. All the groups came up with childhood hazards
related to traffic, cuts and falls, ingestion of harmful substances, overcrowding of school transport vehicles, scalds and burns and so on. This activity generated a lot of discussions within the group members and between the different groups.

**ACTIVITY-3: IMPORTANCE OF FIRST AID KIT**

**AIM:** To create awareness about the content of First aid kit and use of it.

**MATERIALS REQUIRED:** First Aid Box

The concept of First Aid and its principles were explained to the participants. They were given a demonstration using a first aid box. The contents of it like bandage, scissors, cotton, savlon, antiseptic powder, hand sanitizer and plaster were displayed and their uses were explained. Some of the common emergencies encountered during childhood were discussed and first aid for cuts, mild pain, gastrointestinal problems, skin problems and allergies were explained to the participants. Two first aid boxes were presented to the administrator for use in the two early childhood education centers in the premises. This gesture was highly appreciated.

**Sensitization program-4**

**DATE:** 17th March 2018

**TIME:** 10.00 pm to 4.00 pm

**TOPIC:** Panel Discussion on “Parenting in Early Years – The Needs and Wants”

**VENUE:** “Jain Heritage MI Kids” RPC layout, Vijayanagar, Bangalore

A panel discussion was organized for the parents of children attending the Jain MI kids preschool. The speakers used PowerPoint presentations to disseminate information about their topics. The moderator for the panel discussion was Ms. Aparna Athreya, Founder of Kid and Parent Foundation, Bangalore. The panelists were as follows:

- Ms. Priya Sandeep – Stimulation in Early Years
- Ms. Ashwini.N.V – Child Safety
- Dr. Chitkalamba.N – Behavioural management and Positive strategies of parenting
- Ms. Fazina Chagani – Educational Perspective
- Ms. Asha Krishnaswamy – Media and Parenting
Profile of the panelist who spoke on Child Safety:
Ashwini N.V is the founder and director of MUKTHA Foundation. She is an adjunct faculty member in the Post Graduate Department of Psychology at Jain University, and Montfort College, Bangalore. She served as the coordinator of ‘Centre for Diversity in Counselling and Psychotherapy’, a collaborative effort of Montfort College, Bangalore and University of Toronto, Canada in the past. She is a Gold Medalist in her Post Graduate studies. She is a NET (UGC) qualified educator of Psychology. She is a consultant to several non-governmental organizations working in the area of prevention of abuse and promotion of mental health. She has conducted hundreds of workshops on issues of psychological relevance, especially on prevention of abuse, counselling, and psychotherapy and capacity building programmes for teachers, parents, social workers and organizations. She is associated with Vimochana, a Bangalore-based women rights forum in their initiative to rehabilitate women survivors of burns and bring about policy level changes in collaboration with Government of Karnataka.
She was recognized as one of the 100 ‘leaders under 30’ and as a leader of tomorrow from across the globe for her idea titled ‘FOCUS formula to foster mental health in low and middle income countries’ at St. Gallen Symposium, Switzerland in May 2015. Her idea was presented amidst several world leaders including presidents and prime ministers of countries, top academicians and media professionals and the initiative was voted as the best among other proposals that came from researchers from over 120 countries.

Report
Ms. Ashwini had a very new and interesting perspective to child safety. She mentioned that her talk will not have the cliché concepts of child safety like ‘good touch, bad touch’ and ‘stranger danger’ and informed the audience that the topic is beyond that. She briefly discussed why we need to think beyond just touch because an abuse need not always be through touch. On this note, she introduced 5 alerts that parents must make their children aware of. These alerts were as follows:

- **See alert** – which includes having children see something obscene or inappropriate like porn, exhibitionism, ‘sexting’, etc.
- **Talk alert** – if someone engages in vulgar talks directly or indirectly with the child, or if the child is made to listen to something that has vulgar content.
- **Touch alert** – this includes any kinds of touch that is discomforting to the child, and it does not necessarily be the private parts of the body.
• **Hold alert** – when a person is touching a child even just a little longer than required, the child must know to be cautious.

• **Alone alert** – This refers to being alert when someone wanting the child to be alone or tries to understand when the child will be alone. Though this does not involve any sexual abuse, it could be something that could lead to such acts.

She concluded her talk by citing few experiences she came across and how these alerts would have helped the victims protect themselves to some extent. She also urged parents to look out for behaviour changes in their kids that could be pointers to some kind of abuse.

The moderator thanked Ms. Ashwini for sharing some valuable information and tips that parents could use to ensure safety for their children. The next 10 minutes was set aside for questions from the audience. During the question and answer session, one of the questions raised by the parents was ‘How should a child be informed that a relative could also become a potential abuser?”, to which Ms. Ashwini replied that she was never for the concept of “stranger danger” exactly because of this reason and that it’s not always the stranger who is the perpetuator. She then asked the audience to stress on the 5 alerts she spoke of earlier and familiarize the children about all of them. The next question from the audience was about the steps that a parent should take when they find out that their child has been abused and how to teach / assure children that they can approach their parents when such situations arise. To this, Ms. Ashwini responded that this can happen only when the parent can talk to the child and make the child feel comfortable to talk about it. She said that parents should not rush the child to speak up, instead should give time so that they can prepare themselves mentally to recall the trauma they went through. She also asked the parents to look out for warning signs that their child shows.
First Aid Training Program

A first Aid training programme was organized by the Department of Early Childhood Education and Administration for thirty final year students of UG and PG ECEA courses at Smt.VHD Central Institute of Home Science, Bangalore. Invitations were sent to all the early childhood centres surveyed by the principal investigator, but many of them expressed their inability to attend the training program. Two teachers from the early childhood centres managed by KSCCW attended the training program. The resource persons from Indian Red Cross, Dr. Narayanaswamy conducted the training program on 27th of March 2018 from 10:00am to 4:00pm. The Title of the training program was “Demonstration of first aid methods and hands on experience for the care of children in emergency through mock exercise”. The course structure was as follows:

First Aid

First Aid is the initial care provided to a casualty and is usually given by someone ‘on the spot’. A person administering first aid is often not a qualified health care professional and is not expected to perform the duties of one. People administering first aid are needed to provide immediate assistance until a qualified health care professional arrives and takes control of the situation or the casualty recovers. Any attempt at providing first aid is better than no first aid at all. The key aims of first aid can be categorized in three key points:-

- **Preserve life:** The preponderant aim of all medical care which includes first aid is to save lives, and minimize the threat of death.

- **Prevent further harm:** Preventing further damage also sometimes calls for avoiding the condition from worsening, or increasing risk of further injury, which may include external factors, such as moving a patient away from any cause of harm and applying first aid techniques to stop worsening of the condition, such as applying pressure to stop a bleed.
**Promote recovery**: To start the recovery process from the sickness or injury, and in some cases might involve completing treatment, such as in the case of applying a plaster to a small wound.

A person providing First Aid should:
- Assess the situation quickly – check for danger
- Identify the nature of the injury or illness as far as possible
- Arrange for emergency services to attend
- Manage the casualty appropriately and promptly
- Stay with the casualty until able to hand over to a health care professional and
- Give further help if necessary or as directed.

The Golden rules or principles of First aid and DRSABC
- Preserve life
- Prevent condition from deteriorating
- Promote recovery
- Dress wound, Immobilize fracture position casualty
- Re-assure, relieve pain, handle gently, protect from cold.

**DRSABC-Danger, Response, Shout, Airway, Breathing, Circulation**

The important points highlighted during the training were:

During emergency usually the pulse rate of an individual raises upto 120 and more while the normal heart beat or pulse rate is 72 to 80 per minute in adults. At times of emergency we should do the following:

1. Avoid unnecessary delay
2. Avoid carrying the individual in sitting position instead carry always in a lying position.

The resource person gave demonstrations on the first aid procedures for the following situations:
- Different types of Fractures
- Cuts and bruises
- CPR (Cardio Pulmonary Resuscitation)
- Nose bleed
- Sprains
- Drowning
- Animal Bites and Insect Stings.
- Minor Burns and scalds
All the participants received certificates and gave a positive feedback about the first aid training. They were more confident of managing the medical emergencies in future.
All the sensitization programs received positive feedback from the parents, teachers and administrative staff of the early childhood centres. Minor changes were made based on the questions raised during the interactive discussions held and the final versions were prepared.

**Phase 7: Distribution of AV materials to the early childhood education centres**
The field tested AV material for promoting safety measures in the areas of physical, environmental, health, natural and manmade calamities to educate children and other stakeholders were distributed to the administrators of the Early Childhood Education centres.

**Phase 8:** The final project report was prepared. In conclusion the principal investigator recommends the following

**Recommendations**

Every early childhood centre should have the following safety preparedness strategies:

**Safety Officer:** The school shall have a designated Safety Officer whose specific responsibility shall be to ensure that there is minimum risk to child safety on account of electricity-related risks, water related risks, fire related risks and other risks.

**Safety Plan**
All physical obstructions like low hanging power lines, improper placing of furniture, obstructions in escape routes of all emergency exits, sharp/heavy objects at a height (such as flowerpots on parapet), etc. must be monitored and rectified periodically, including specific checks for cracked or broken glass. Other structural risks like cracks in building, loose false ceilings must be monitored periodically and rectified urgently in case of problems.

Playground: Care must be taken that there are no physical hazards for children such as sharp edges, rusty rods, broken/faulty play equipment such as swings/slides, no thorny bushes, particularly at lower heights which adults may not notice but could cause injury to children.

Safety plan: A safety plan must be prepared by the school containing the following:

- a specific checklist of safety-related aspects that are being regularly attended to specific procedures that are being followed by the school to prevent and handle emergencies such as a) fire b) earthquake c) child abuse d) school bus accident e) hostage/kidnapping f) chemical accident g) children carrying weapons to school h) civil disturbance i) medical emergency.
School Safety Committee SSC (mandatory) – Every school must have a School Safety Committee whose objectives will be to ensure safety of children in the school in every respect. Specific scope of the SSC shall be to ensure safety of children in the following aspects: from risk of kidnapping by any person, within or outside the school, while at or travelling to and from the school or during school trips.

The composition of the school safety committee should be as follows:

- The centre head/ Administrator
- 1 Senior teacher
- 1 Support staff
- 2 Parent representatives
- 1 representative from the local police station.

Conclusion

The present project work has revealed that education, public awareness and proper training for enhancing the capacity is the cornerstone of approaches aimed at reducing safety hazards in early childhood education centres. Although schools are considered as the safest places for children, many are posing potential hazards in recent times. A large number of preschools in Bangalore operate in congested spaces and are exposed to various hazards. Preschool safety includes within its ambit, structural safety of the buildings and supportive measures like awareness generation, ensuring communication, safety preparedness plans and capacity building of children, parents and teachers.
References

1. Ashitkar Sumitra (2015) Child Protection – Every child safe and secure, Save the Children@www.savethechildren.in


Websites


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