



Brief Research Report

Safety and Protection Practices in the Early Childhood Education Centres

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Abstract: A safe and secure environment is an essential part of the early childhood development of any child. This study aims to investigate the safety and protection practices of early childhood centers in the Anambra state, Nigeria, and to determine if any improvements can be made to them. This study analyzed data collected from 60 Early Childhood Care Centers (ECCE Centers) and 60 Pre-Primary Schools (Preprimary School) in Anambra State using the Evaluation of ECCE Implementation Kit (KEIEP), direct observation, and unstructured interviews, all of which were conducted using the evaluation tool. Using descriptive statistics, chi-squares, and student t-statistics, the data were analyzed. According to the results of this study, 28.0% of the private ECCE centers were in compliance with the requirements for enough space for children to play, fenced facilities, a standard first aid box, a splint bandage and an antiseptic. It is important to note that the majority of public early childhood education centers (62.0%) comply with the requirements for fencing, a first aid box, splint bandages, cotton wool, antiseptic, scissors, methylated spirit, liniment, analgesics, and thermometers, whereas 31% of those centers do not have the remaining seven practices. A conclusion of the study was that both private and public ECCE centers in Anambra State comply with the safety and protection provisions and practices in place.

Keywords: Caregiver, Early Childhood Education, Protection, Safety Practices

1. Introduction

A primary concern of early childhood education centers is safety and protection. Taking care of the well-being and well-being of children is their primary responsibility. At the early childhood education centers, children can learn and develop in a nurturing and safe environment. In order to reduce the risks of accidents and injuries, children should establish and implement comprehensive safety and protection care practices in order to reduce these risks. Since children are naturally curious and exploratory, they are more likely to get injured. In recent years, there has been a growing concern about the safety of children attending ECCE centers. Concerns have been raised regarding the lack of adherence to safety and protection guidelines, which can have detrimental effects on the well-being and development of young children. It is crucial for ECCE centers to prioritize the safety and protection needs of children to ensure they are provided with appropriate care and guidance.

To ensure that children are protected from 'risk' and maintain their safety, adults are increasingly governing their interactions with the world around them. Several concerns and discussions have occurred in recent years concerning child safety, primarily in public spaces, pertaining to issues such as playground safety, bullying, child abductions, and stranger danger (Fallon et al., 2017). There is, however, a limited understanding of what constitutes 'safe' and 'risk', and very little evidence to support this. Among the literature that exists, safety and risk are argued to be social constructs that are rooted in social values (Akbar et al., 2020; Galli et al., 2021; Kasda et al., 2020; Ma & Christensen, 2019). Despite the limited definitional work and research that has been conducted so far, there has been an increasing demand within the community to strengthen and support the identity, well-being, and connection of children to their community (Commonwealth of Australia, 2009; Department of Education and Early Childhood Development., 2009).

There is a significant body of research suggesting that childcare can have a significant impact on the development of children, however, there is a limited amount of evidence supporting this claim (Charrois et al., 2017; Felfe and Lalive, 2018; Herbst, 2017). Center-based care has been shown to result in better outcomes in terms of social and cognitive development than other forms of nonparental care; however, center-based care is also associated with a greater number of behavior problems than other types of care (Bachman et al., 2018; Pilarz, 2018; Reynolds, 2021). In addition, there is some evidence that children who have spent more time in care are more likely to have negative outcomes (Ansari & Pianta, 2018; Kuehnle & Oberfichtner, 2017; Tonyan, 2017). This makes it important to understand the differences between care use groups in order to gain a better understanding of children's outcomes later in life. According to research conducted by ORJI (2013), it has been observed that parents in the state of Anambra provide toys arbitrarily to their children without considering the vulnerabilities and safety concerns when such toys are presented to these children (ORJI, 2013).

In a report published in 2012 by Onwurah, it seems that parents in Anambra State are not concerned about providing their children with a safe and comfortable play environment. Mbachi et al. (2020) found in a similar study that parents in Anambra state do not pay sufficient attention to identifying the play needs of their children because they do not pay sufficient attention to this. In addition, according to Eke et al. (2014), they claim that most Nigerian parents lack basic knowledge

about the methods of enhancements and the methods of maintaining safe toys in order to provide safe toys for their children in Nigeria. Due to these factors, there are high numbers of children who are being exposed to unsafe and hazardous toys in this area (Ogunyemi & Ragpot, 2015; Okoro et al., 2015). It is well known that Anambra State, as one of the country's economic epicenters, has a thriving and rowdy lifestyle characterized by densely populated people, who go about their business activities (Ekesiobi & Dimnwobi, 2020; Lady-Franca, 2016). It became apparent that poor maintenance practices within the area were a major problem due to these reasons. Some opinions claim, however, that the majority of the observed behaviors among parents within the study area can be attributed to the fact that the majority of parents in the study area are merchants, which means that most of them leave very early in the morning and return late in the evening because of their business within the environment (Madichie & Nkamnebe, 2010), and thereby have very little or no time to spend with their families as a result. However, there is need for evaluation of the safety and protection practices available at the early childhood education centers to enhance policy making and evidence-based decision that will enhance the operations of ECCE centers in country.

1.1. Statement of Problem

There is an absence of reliable information concerning center-based child safety care practices for improved practices at the centers. It is therefore hoped that this study, through its findings, will provide immense benefit to parents, teachers in nursery and primary schools, caregivers, motherless babies' homes, and day care centers as a whole. This will provide them with information on improved toy maintenance practices and enhancement toy measures for the provision of safe toys by parents in Anambra State so as to improve their ability to provide safe toys for their children. Additionally, the study will be geared toward educating and empowering the parents of Anambra State with the necessary skills and knowledge to make wise decisions and to manage the play materials/toy needs of their children effectively.

1.2. Purpose of the Study

The purpose of this study is to determine the level of compliance with safety and protection care practices in the ECCE centers. The study aims to establish an understanding of the current practices in place and identify areas for improvement to ensure the safety and well-being of the children.

1.3. Research Question

In terms of the level of compliance with the safety and protection practices in ECCE centers, what is the rate of compliance?

1.4. Hypothesis

In terms of the level of compliance with the provisions and practices concerning safety and protection, there is no significant difference between the public and private ECCE centers.

2. Materials and Methods

2.1. Design for the Study

A descriptive survey design was used in this study to determine the level of compliance with safety and protection care practices in the ECCE centers. A descriptive survey design is a research

approach commonly used in social sciences to gather information about a particular population or phenomenon. It is designed to provide a detailed description of the characteristics of the population under study, without attempting to establish causal relationships.

2.2. *Ethics Statement*

Ethical considerations were paramount throughout the study. Informed consent was obtained from all participants, and their privacy and confidentiality were respected throughout the research process. The researcher ensured the anonymity and confidentiality of all participants, and any data that could identify individuals was anonymized or kept confidential. The Department of Educational Foundations, University of Nigeria Nsukka ethical committee reviewed the proposal version of this study and give approval before the commencement of the study.

2.3 *Area of the Study*

It was conducted in Anambra State, one of the South-East geopolitical zones of Nigeria. Anambra State is divided into six education zones. The reason Anambra State was chosen was its 1,006 government approved Early Childhood Education Centers, which indicates that Anambra State is one of the many ECCE centers in the federation. It is nevertheless important to note that although there are a number of research works on ECCE, none of them focus on how the ECCE is implemented in Anambra State, despite the fact that there have been many in the field. Observations also indicate a large number of ECCE centers and schools exist in Anambra State, but it is doubtful to what extent standards are followed in the implementation of these ECCE programs in these schools and centers.

2.4. *Population and Sample*

During the study, a total of 1,006 government approved early childhood education centers were studied in Anambra State, including 942 public and 64 privately owned ECCE centers. According to the Anambra State Ministry of Education (Anambra State Ministry of Education, 2011), there were 13,881 teachers or caregivers in these centers, constituted of 10,738 registered ECCE centers and 3,143 privately owned ECCE centers that were registered/government approved. According to the GPower 3.1 software (Faul et al., 2007), an adequate sample size of 13,881 teachers was determined based on the number of male and female teachers as a percentage of the total population (1113 male teachers and 12,768 female teachers).

2.5. *Data Collection Technique*

The instrument for data collection for this study is a Kit on the Evaluation of the Implementation of ECCE Program (KEIEP). The kit consists of a questionnaire, a structured interview, a observational schedule (evidence form), and an observational schedule. As part of the evaluation process, some aspects will have to be observed directly and a few attendants will be interviewed in each center along with the proprietor, caregiver, and a few others. It is designed to collect evidence on the key issues for making judgements as to whether each center is in compliance with the national minimum provisions using the evidence form.

As a result of the literature review and the provisions of the national minimum standards for ECCE in Nigeria, the researcher developed the instrument with the help of information gathered from the literature reviewed. The instrument is divided into three sections: A, B, and C. There are three sections

to the survey: Section A, which contains demographic information about the center as well as the caregivers, Section B that contains the benchmarks or key issues of the minimum standard, and Section C that is an interview questionnaire that is designed to identify the difficulties that the centers face when implementing the minimum standards for Early Childhood Education in the state. Both the questionnaire and the evidence form were rated on a four (4) point scale in order to indicate the extent of problems and the pitch judgment in the evidence form. As follows: - Strongly agree (SA) 4 points; Agree (A) 3 points; Disagree (DA) 2 points; and Strongly Disagree (SD) 1 point each.

2.6. Data Analysis Technique

The data collected were analyzed using descriptive statistical tools such as percentages and frequency counts, as well as mean scores, to provide answers to the research questions asked. It was assumed that a 50% compliance level with the national minimum standard for operating early childhood education centers would be the minimum level of compliance. At .05 levels of significance, the chi-square and t-test statistics were used to test the null hypothesis formulated for the study. To establish whether or not there were substantial differences between the means of the respondents, chi-square and t-test statistics were used to analyze the data.

3. Results and Discussion

The results of the study are presented in line with the research question and hypothesis that guided the study.

3.1. Research Question: In terms of the level of compliance with the safety and protection practices in ECCE centers, what is the rate of compliance?

Table 1: Chi-square Tests on the Compliance of Private and Public ECCE Centers with the Water and Environmental Sanitation Provisions and Practices.

S/N	Protection and safety (Key Issues)	Compliance	Ownership					
			Public			Private		
			N	%	Dec.	N	%	Dec.
i.	Safe and secure environment free from excessive noise, dangerous objects etc.	Not	20	100.0	Not	36	90.0	Not
		Complied	0	0.0	Com	4	10.0	Com.
		Complied						
ii.	Enough space for children to play (enough to take 20-25 children and two adults at a time)	Not	6	30.0		22	61.1	Not
		Complied	14	70.0	Com.	14	38.9	Com.
		Complied						
iii.	Facility fenced in a manner that prevents outside interference and prevents children from staying outside	Not	1	5.0		1	2.5	
		Complied	19	95.0	Com.	39	97.5	Com.
		Complied						



iv. Standard first aid box with	Not	9	45.0		6	15.0	
	Complied	11	55.0	Com	34	85.0	Com.
	Complied						
v. Splint bandages	Not	6	30.0		7	17.5	
	Complied	14	70.0	Com.	33	82.5	Com.
	Complied						
vi. Cotton wool	Not	19	95.0	Not	17	42.5	
	Complied	1	5.0	Com.	23	57.5	Com.
	Complied						
vii. Antiseptic	Not	5	25.0		6	15.0	
	Complied	15	75.0	Com.	34	85.0	Com.
	Complied						
viii. Scissors	Not	13	65.0	Not	17	17.5	
	Complied	7	35.0	Com.	33	82.5	Com.
	Complied						
ix. Methylated spirit	Not	13	65.0	Not	15	37.5	
	Complied	7	35.0	Com.	24	60.5	Com.
	Complied						
x. Adhesives	Not	14	70.0	Not	7	17.5	
	Complied	6	30.0	Com.	33	82.5	Com.
	Complied						
xi. Liniment	Not	14	70.0	Not	17	42.5	
	Complied	6	30.0	Com.	23	57.5	Com.
	Complied						
xii. Analgesics	Not	15	75.0	Not	19	47.5	
	Complied	5	25.0	Com.	21	52.5	Com.
	Complied						
xiii. Thermometer	Not	15	75.0	Not	19	47.5	
	Complied	5	25.0	Com.	21	52.5	Com.
	Complied						
xiv. Powder	Not	16	80.0	Not	28	70.5	Not
	Complied	4	20.0	Com.	11	27.5	Com.
	Complied						
xv. Petroleum jelly inside	Not	16	80.0	Not	34	85.0	Not
	Complied	4	20.0	Com.	5	12.5	Com.
	Complied						
xvi. And staff trained on its use	Not	14	70.0	Not	26	65.0	Not
	Complied	6	30.0	Com.	14	35.0	Com.

			Complied							
xvii.	Provision of fire extinguisher/bucket of sand	Not Complied	Complied	13	65.0	Not Com.	24	60.0	Not Com.	
				7	35.0		16	40.0		
			Complied							
xviii.	Daily physical exercise require/periods and giving children sensible toys appropriate to their age	Not Complied	Complied	16	80.0	Not Com.	32	80.0	Not Com.	
				4	20.0		8	20.0		
			Complied							

The data presented in Table 1 provide insights into the level of compliance with the safety and protection care practices in Early Childhood Care and Education (ECCE) centers. The table shows that twenty-eight percent of the private ECCE centers met the requirements for: (ii) enough space for children to play, (iii) fenced facilities, (iv) a standard first aid box, (v) a splint bandage, and (vi) antiseptic. However, these centers fell short in terms of the remaining thirteen items, which are required by the national minimum standards for ECCE. On the other hand, seventy-two percent of the private ECCE centers failed to fulfill these requirements.

When it comes to the public ECCE centers, the data show that sixty-one percent of the centers complied with the requirements for: (iii) fenced facilities, (iv) a standard first aid box, (v) a splint bandage, (vi) cotton wool, (vii) antiseptic, (viii) scissors, (ix) methylated spirit, (x) liniment, (xi) analgesics, and (xii) thermometer. However, thirty-nine percent of the public ECCE centers failed to meet the remaining seven practices, as indicated by items (i), (ii), (xiv), (xv), (xvi), (xvii), and (xviii). A corresponding hypothesis formulated to further address the research question is:

3.2. Hypothesis: In terms of the level of compliance with the provisions and practices concerning safety and protection, there is no significant difference between the public and private ECCE centers.

Table 2: Chi-square Tests on Compliance with the Safety and Protection Provisions and Practices by Ownership

S/N	Source	Cal. Value	df	Asympt (2-tailed)	Sig
i.	Safe and secure environmental from excessive noise, dangerous objects etc.	3.385	1	.066	
ii.	Enough space for children to play (enough to take 20-25 children and two adults at a time	5.084	1	.024	
iii.	Facility fenced in a manner that prevents outside interference and prevents children from staying outside	.244	1	.621	
iv.	Standard first aid box with	6.138	1	.013	
v.	Splint bandages	1.186	1	.276	
vi.	Cotton wool	18.272	1	.000	
vii.	Antiseptics	.859	1	.354	
viii.	Scissors	13.387	1	.000	

ix. Mentholated spirit	4.591	2	.101
x. Adhesives	16.161	1	.000
xi. Liniment	4.128	1	.042
xii. Analgesics	4.263	1	.039
xiii. Thermometer	4.263	1	.039
xiv. Powder	1.302	2	.522
xv. Petroleum jelly inside	1.329	2	.514
xvi. Staff trained on its use	.151	1	.697
xvii. Provision of free extinguisher/bucket of scaled etc	.142	1	.706
xviii. Daily physical exercise regime/periods and giving children sensible go appropriate to their age	.000	1	1.000

Results presented in Table 2 reveal the influence of ownership on the level of compliance of the public and private ECCE centers in Anambra State with the safety and protection provisions and practices as stipulated in the national minimum standards for ECCE. The findings indicate no significant difference between the public and private ECCE centers in terms of their compliance with these provisions and practices. The calculated chi-square values of various items, as presented in items i, iii, v, vii, ix, xiv, xv, xvi, xvii, and xviii, are significant at .066, .621, .276, .354, .101, .522, .514, .697, .706, and 1.000 level. This indicates that there is a significant difference between the observed and expected frequencies in these items, indicating that the data collected indicates a significant deviation from the predicted frequencies. On the other hand, the calculated chi-square values for items ii, iv, vi, viii, x, xi, xii, and xiii are significant at .024, .013, .000, .000, .000, .042, .039, .039, levels, respectively. These values meet the significance level of .05, indicating that the null hypothesis of no significant difference can be rejected. Based on the obtained chi-square values, it can be concluded that both private and public ECCE centers in Anambra State comply with the safety and protection provisions and practices as required by national minimum standards for ECCE centers.

Based on the findings of the study, it was shown that both private and public ECCE centers in Anambra State adhered to the safety and protection guidelines and practices as stipulated by the National Minimum Standards for Early Childhood Education. As it is clear from the national minimum standards for ECCE, there are no significant differences in the safety and protection provisions and practices of public and private ECCE centers. There was inadequate space for children to play, fenced facilities, standard first aid boxes, and antiseptic in the private ECCE centers with the majority of the centers lacking a safe and secure environment for children. There are also cotton wool, scissors, methylated spirit, adhesives, liniment, analgesics, thermometer powders, petroleum jelly, a staff trained in first aid, the provision of fire extinguishers/buckets of sand, a daily exercise regime/periods, and children are given toys that are appropriate for their age.

ECCE centers in the public sector only had adequate fenced toilet facilities, a standard first aid box, spirit bandages, cotton wool, antiseptic, scissors, methylated spirit, adhesives, imminent, analgesics and thermometers, while the environment in the public sector was unsafe and secure, there

was not enough space for play, powder and petroleum jelly, trained staff on first aid, five extinguishers/buckets of sand, a daily physical exercise regime/period, and children were also given sensible toys appropriate to their age group. Moreover, the results of this study are in agreement with the findings of previous studies done on what the schools in the FCT, Abuja, are doing, where it was reported that the content of the scheme of work did not adhere to curriculum prescriptions and toys were not commonly available (Maduewesi, 2005). A number of their centers have terials. Connelly and Ikpaahindi, (2017), as well as Nnama-Okechukwu and Okoye (2019), found that safety and protection provisions and practices within the state were well complied with by concerned bodies in the state. This study again supports the findings of these two authors. According to the findings of the UNICEF inventory of early childhood care and education facilities (Unicef, 2009), the quality control function, which is the statutory function of government, was not being carried out by education officers in the Ministry of Education. As such, the operators were left to manage the situation in their own way. There is a need for both the federal and state governments to allocate adequate funds to the education sector so that even the early childhood education level can be taken care of in order to allow the system to be able to provide some essential services to its students. It is important for adequate funding to be provided to early childhood education levels in order to provide adequate personnel services to an acceptable minimum standard. The generalizations of this study may be limited due to the fact that some respondents were not interested in the study and, therefore, filled out the questionnaire haphazardly, which suggests that their responses may not reflect the true situation of things in ECCE centers, whether they are public, private, urban, or rural. Considering that the ECCE centers under study have differing ownership and locations, a study of this nature may be limited in its scope. It is possible that generalizing the opinions of proprietors and caregivers/helpers in public, private, urban, and rural early childhood care centers on the same issue does not reflect the true state of early childhood care delivery. It is believed that further research in this area will be able to address the following topics based on the findings and limitations of this study: (a) the management of early child care education services in public ECCE centers in Nigeria. (b) Study on children's management in ECCE centers using the perceptions of pupils, teachers and caregivers, as well as education officers from the Ministry of Education to determine an appropriate management system.

4. Conclusion

It was concluded, as a result of the study and the discussion that followed, that both private and public early childhood education centers in Anambra State adhere to the safety and protection provisions and practices. As stipulated by the national minimum standards for early childhood education, there are no significant differences between public and private ECCE centers regarding compliance with the provisions and practices regarding safety and protection. As part of their curriculum units, teacher preparation institutions should include childhood education within relevant areas of the curriculum and expose both pre-service and in-service teachers to the teaching and learning process. It would involve instructing teachers on how to design and develop early childhood education training programs, how to train learners at various levels of education, and how to apply these strategies

to a variety of different situations. It is through this type of exposure that we will be able to help teachers develop a variety of competencies that they will need in order to assist pupils in learning at an age-appropriate pace. Federal and State Ministries of education, relevant professional associations interested in the problems of learning in schools should organize seminars/workshops and conferences on the importance of early childhood education as an aid/foundation to later learning; the designing and development of early childhood education programs, and procedures in training are necessary because many of the practicing teachers may not be familiar with the skills involved in teaching at the primary child care level of education, not to talk about teaching pupils at that level of education. The relevant governmental agencies as well as professional organizations should sponsor additional research on other content areas of early child care education not included in this study, in order to create a more complete picture.

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Conflict of Interest

No potential conflict of interest.

Author Contributions

ICD and MSO conceived and designed the research. ICD and MSO supervised instrument construction, data collection and analysis. Both authors approved the final version of this article

Data Availability Statement

The data of this article can be obtained from the lead author on reasonable request.

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References

- Akbar, S., Coiera, E., & Magrabi, F. (2020). Safety concerns with consumer-facing mobile health applications and their consequences: A scoping review. *Journal of the American Medical Informatics Association*, 27(2), 330–340.
- Ansari, A., & Pianta, R. C. (2018). Variation in the long-term benefits of child care: The role of classroom quality in elementary school. *Developmental Psychology*, 54(10), 1854.
- Bachman, H. J., Degol, J. L., Elliott, L., Scharphorn, L., El Nokali, N. E., & Palmer, K. M. (2018). Preschool math exposure in private center-based care and low-SES children's math development. *Early Education and Development*, 29(3), 417–434.

- Charrois, J., Côté, S. M., Japel, C., Séguin, J. R., Paquin, S., Tremblay, R. E., & Herba, C. M. (2017). Child-care quality moderates the association between maternal depression and children's behavioural outcome. *Journal of Child Psychology and Psychiatry*, 58(11), 1210–1218.
- Commonwealth of Australia. (2009). *Commonwealth of Australia. Belonging, Being & Becoming*. Barton: Australian Government Department of Education, Employment and Workplace Relations.
- Connelly, G., & Ikpaahindi, S. (2017). *Alternative child care and deinstitutionalisation: A case study of Nigeria*. Brussels: European Commission.
- Department of Education and Early Childhood Development. (2009). *Victorian Early Years Learning and Development Framework*. East Melbourne: Early Childhood Strategy Division Department of Education and Early Childhood Development and Victorian Curriculum and Assessment Authority.
- Eke, C. B., Ibekwe, R. C., Muoneke, V. U., Chinawa, J. M., Ibekwe, M. U., Ukoha, O. M., & Ibe, B. C. (2014). End-users' perception of quality of care of children attending children's outpatients clinics of University of Nigeria Teaching Hospital Ituku-Ozalla Enugu. *BMC Research Notes*, 7(1), 1–6.
- Ekesiobi, C., & Dimnwobi, S. K. (2020). Economic assessment of the Igbo entrepreneurship model for entrepreneurial development in Nigeria: Evidence from clusters in Anambra state. *International Journal of Entrepreneurial Behavior & Research*.
- Fallon, B., Trocmé, N., Filippelli, J., Black, T., & Joh-Carnella, N. (2017). Responding to safety concerns and chronic needs: Trends over time. *Child and Adolescent Psychiatry and Mental Health*, 11(1), 1–8.
- Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G* Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175–191.
- Felfe, C., & Lalive, R. (2018). Does early child care affect children's development? *Journal of Public Economics*, 159, 33–53.
- Galli, M., Princi, G., Crea, F., & D'Amario, D. (2021). Colchicine and risk of non-cardiovascular death in patients with coronary artery disease: A pooled analysis underling possible safety concerns. *European Heart Journal-Cardiovascular Pharmacotherapy*, 7(3), e18–e19.
- Herbst, C. M. (2017). Universal child care, maternal employment, and children's long-run outcomes: Evidence from the US Lanham Act of 1940. *Journal of Labor Economics*, 35(2), 519–564.
- Kasda, E., Robson, C., Saunders, J., Adadey, A., Ford, B., Sinha, N., Teter, J., Warner, N., & Paine, L. (2020). Using event reports in real-time to identify and mitigate patient safety concerns during the COVID-19 pandemic. *Journal of Patient Safety and Risk Management*, 25(4), 156–158.
- Kuehnle, D., & Oberfichtner, M. (2017). Does early child care attendance influence children's cognitive and non-cognitive skill development? *IZA Discussion Paper No. 10661*.
- Lady-Franca, O. C. (2016). Induction strategy of Igbo entrepreneurs and micro-business success: A study of household equipment line, main market Onitsha, Nigeria. *Acta Universitatis Sapientiae, Economics and Business*, 4(1), 43–65.

- Ma, L., & Christensen, T. (2019). Government trust, social trust, and citizens' risk concerns: Evidence from crisis management in China. *Public Performance & Management Review*, 42(2), 383–404.
- Madichie, N. O., & Nkamnebe, A. D. (2010). 51 Iweka Road (Onitsha, Nigeria): Could this single African address redefine business cluster development? *World Review of Entrepreneurship, Management and Sustainable Development*, 6(3), 229–243.
- Maduewesi, E. J. (2005). Early Childhood Care in Nigeria. Maduewesi, E.J. (ed.), *Benchmarks and Global Trends in Education*. Enugu City, Sylva Influence Enterprises.
- Mbachi, R. A., Enemuo, J. O., & Chigbo-Obasi, T. U. (2020). Perceived influence of play on learning activities among pupils in Anambra state. *Journal of Early Childhood and Primary Education*, 2(1), 49–60.
- Nnama-Okechukwu, C. U., & Okoye, U. O. (2019). Rethinking institutional care using family-based alternative child care system for orphans and vulnerable children in Nigeria. *Journal of Social Work in Developing Societies*, 1(3).
- Ogunyemi, F. T., & Ragpot, L. (2015). Work and play in early childhood education: Views from Nigeria and South Africa. *South African Journal of Childhood Education*, 5(3), 1–7.
- Okoro, N., Nwafor, K. A., & Odoemelam, C. C. (2015). Influence of Digital Media, Video Games, Toys, and Cartoons on the Behaviour of Early School-Age Children in South-East Nigeria. *The Nigerian Journal of Communication*, 12(1), 212-240.
- Onwurah, C. N. (2012). *Extent of utilization of play method of teaching in pre-primary schools in Awka education zone in Anambra State*. (Unpublished project, University of Nigeria, Nsukka).
- Orji, C. C. (2013). *Influence of toys on the cognitive development of preschool children in Anambra state*. (Unpublished project, University of Nigeria, Nsukka).
- Pilarz, A. R. (2018). Child care subsidy programs and child care choices: Effects on the number and type of arrangements. *Children and Youth Services Review*, 95, 160–173.
- Reynolds, S. A. (2021). Center-Based Child Care and Differential Improvements in the Child Development Outcomes of Disadvantaged Children. *Child & Youth Care Forum*, 1–26.
- Tonyan, H. A. (2017). Opportunities to practice what is locally valued: An ecocultural perspective on quality in family child care homes. *Early Education and Development*, 28(6), 727–744.
- Unicef. (2009). *The child care transition: A league table of early childhood education and care in economically advanced countries*. UN.