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Testing the Global Ratings of Environments [GROE] in South Africa

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Testing the Global Ratings of Environments [GROE] in South Africa

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ABSTRACT

The quality of early childhood care and education (ECCE) programs for young children has become an international conversation. Policy makers both on a national as well as global level are taking steps to ensure children are receiving their rights as young citizens. These rights include health care, child welfare, and education. While access to programs was the focus in the past, quality has taken precedent as there are many specific variables needed to provide positive child outcomes. In South Africa, the quality of programming varies drastically. Resources are dispersed unevenly across the country, and staff development is sorely needed. The author of this paper, retested an observational tool called The Global Ratings of Environments, which was designed and developed within the communities it observed. The tool was used in six early childhood development (ECD) centers across two provinces. A detailed report of observations and findings are included in this paper. Also included are recommendations and revisions of the GROE for future use.

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INTRODUCTION

Travel has been an integral part of my life since I was a child. I was fortunate enough to have parents who understood the importance of expanding my knowledge of the world, by allowing me to see it first hand. A number of my experiences abroad combined with my recent attendance at Bank Street College have led me to wonder about globalization and the quality of education across international borders.

Socioeconomic status, and cultural customs and beliefs are contributing factors to the unlimited variations in which children are being raised worldwide. Now more than ever before, research is emphasizing the importance of the early years of life stating, “the neurological and biological sciences have identified the malleability of early neuronal and biological development to environmental influence” (Harvard Center on the Developing Child, 2010). A child born into a home that can support his/her physical and emotional needs by providing nutritious food, a safe and loving home, and a linguistically rich environment will have the tools they need to develop optimally. Children born into extreme poverty are prone to malnutrition, disease from contaminated water, and when parents have multiple competing stresses, detached relationships with the adults in their world. All these variable bring the potential of negatively affecting growth physically, cognitively and emotionally.

Quality early childhood development centers have been proven to alleviate some of the affects of poverty stricken children (UNICEF, 2008). With access to facilities where meals are supplied, a safe and appropriate environment is constructed and trained practitioners provide supervision, children can have a place to thrive. In South Africa, the issue at hand is the wide variety of programs that range from very poor to very high

quality. Centers in neighboring towns and provinces vary widely in cleanliness, classroom organization, and the hiring of trained professionals.

Early childhood development centers can benefit from studying their environments to determine where improvements can be made. When conducting an assessment it is essential to consider the cultural values, daily rituals, languages spoken, and belief systems of a country (or community within a country). In the past, environmental assessment tools developed in the United States have been adapted for cross-cultural use. There are a number of reasons why this approach is failing to accurately measure the quality of early childhood programs internationally. Tools such as the Infant Toddler Environmental Rating Scale [ITERS-R] or the Early Childhood Environmental Rating Scale [ECERS-R] still give credit for materials (blocks, paper and traditional art materials) and environmental “basics” that are not necessarily basics in the developing world, (electricity, running water to wash hands, etc.). Instead, a center might lose credit for the absence of indoor lighting, or conventional “western” learning materials such as bound books, or commercial manipulatives. This quickly sets up the center with a low score. Since the tool was created in the U.S., the mentalities behind the items are rooted in American values, even when “adapted.” Many of these variables are not transferrable to developing nations, therefore the items become irrelevant. Furthermore, the ITERS-R and the ECERS-R lack a kind of flexibility that can show innovativeness. They don’t answer the questions “what are the practitioners doing with the limited resources they have?” “Are there other ways of creating meaningful experiences for the young children they care for?”

RATIONALE

In my first year in the Bank Street College Infancy Program, I was enrolled in a Music and Movement class, where a young Nepalese teacher stopped in to join us for the evening. I had the opportunity to speak with her and learn that she had been hired as a kindergarten teacher in a progressive school called Ullens, in Nepal. When I inquired further, she explained that Bank Street is in a partnership to develop the Ullens School, which applies the Developmental-interaction approach to quality education in Nepal.

This simple introduction to an international teacher, guided my interest in international education and environment evaluations. I wanted to learn more about the quality and assessment of programs for young children across the globe, and most importantly I wanted a first hand account. I saw myself immersed in another culture, finding the parallels and variations between educating children across the world, and back home. As part of the first year of Bank Street's Summer Teach Abroad Program, two years later I was given the opportunity to travel to South Africa to conduct some inquiry of my own.

The focus of my study emerged from the work Professor Casper had already begun in South Africa 2010. She and her colleague Dr. Faith Lamb-Parker had spent significant time in South Africa developing a scale so that practitioners themselves could rate the quality of early childhood development (ECD) centers available to children birth-to-three. They called the tool the Global Ratings of Environments (GROE). To ensure the GROE's cultural relevance, the two authors gathered local practitioners, and community members to collaboratively develop the items on the scale in the effort to incorporate the issues and realities they face on a daily basis. Creating space to

acknowledge innovativeness in practice, and the inventive use of resources was a high priority goal of the tool as well. A working draft was piloted with intensive half-day observation sessions in 22 rural infant and toddler crèches (Casper and Lamb-Parker, 2012). Extensive notes were recorded for review.

As an infancy student my goal was to spend my time visiting centers for children 0-3 years. I wanted to take the GROE back into South Africa and conduct the tool in ECD centers in Middelburg, in the province of Mpumalanga and surrounding areas including centers in the province of Limpopo. Since its first piloting, the tool's scoring system had been revised and my task was to use the most recent tool with an eye to making recommendations about which items were now redundant, repetitive, and/or which need further explanation.

LITERATURE REVIEW

The social and economic inequalities within South Africa's past and present have negatively impacted its young children across the country. Apartheid, instituted by the National Party in 1948, created laws to segregate its people based on the grounds of race. After the first democratic elections in 1994, the government made necessary changes to its constitution claiming, "The Constitution not only recognizes the injustices of the past, but also depicts the new South Africa as an open and democratic society based on human dignity, equality and freedom." It still has a long way to go to have these ideals reflected within its actual society. Designing new governmental policies after such catastrophic injustice is a substantial task, and assuring those new policies are being followed and continuously monitored is another incredible challenge.

In 2008 there were nearly 5 million children under the age of 5 living in South Africa, and about 66% of those children were living in poverty (Streak, 2008). This age group has little or no access to health care, education, social services, or quality nutrition despite the 1995 creation of the Convention on the Rights of the Child, which guarantees these rights. The government has acknowledged the issues by creating public initiatives to address these needs. Initiatives include free health care for children under 5, as well as pregnant women, and those who are lactating. Another initiative addresses social assistance in the form of a child support grant to those who qualify on the basis of income. This is a cash grant, which is accessed by over 80% of eligible young children.

In terms of education, research has shown that only 22.6% of children 0-4 attended an educational facility in 2008, however 58.4% of 5-year-olds-attended. This is up from 22.8% in 2001 (Streak, 2008). There is a steady but slow incline of children entering early childhood programs, especially with the initiative to phase in the Reception Year (Grade R) as the first year of schooling for 5 year olds across the country. (Beirsteker, 2010).

It is clear that one of the major changes South Africa needs, can begin with their youngest citizens, as they are the country's future. The United National Millennial Goals (United Nations, 2013) has shifted its focus from just school access, to quality education. In South African (ECD) centers, quality is defined by the government as “a comprehensive approach to policies and programmes for children from birth to 9 years of age, with the active participation of their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical

potential” (Department of Education, 2004). Presently, resources for centers are unevenly dispersed based on province, community, type of center, as well as the age of the child.

Education Policy and Grade R

It is the responsibility of the Departments of Social Development, Education, and Health to create and implement policies supporting ECD. The document known as White Paper 5 on Early Childhood Development (Biersteker, 2001) was South Africa’s first policy attempt to take steps to ensure the care and education of its young. The document acknowledged that, “children raised in poor families are most at risk of infant death, low birth-weight, stunted growth, poor adjustment to school, increased repetition and school dropout” (Department of Education, 2001). The key element of the White Paper 5 includes a poverty-targeted approach, with grants in aid to primary schools and community-based centers. The South African government identified the need to begin schooling earlier, and had made provisions to have all children enrolled in the Reception Year (Grade R ages 5-6) by 2010. While enrollment rates increased exponentially, the government did underestimate the amount of children it needed to reach. The initiative past its deadline, extending to 2014 and has still yet to be completed.

Because of the pressure of this policy, funding and aid (though meant to be poverty targeted) has been distributed disproportionately, giving established primary schools more resources than registered center-based programs that offer, or are trying to offer Grade R within their center. In doing so, children in areas where primary schools have been accessible are benefiting from this addition, while those who are not, are being

divided further with a radical difference in program quality and resources (Hall, Sambu and Berry, 2012). Unfortunately, it is those children the government initially set out to help, that are at greater risk of not receiving it.

Children 0-4

With the focus so clearly on Grade R, children 0-4 have remained in the shadows. An interdepartmental initiative called the National Integrated Plan (NIP) for children 0-4, combines the work of the three key departments of Social Development, Education, and Health who are responsible for ECD. The goal of NIP is to provide a comprehensive package of services including birth registration, mother and child health services, nutrition, referrals for social services, including early learning and stimulation (Biersteker, 2010). These services are to be delivered to a range of sites including ECD centers and in homes, with a focus on the children who are most vulnerable. The NIP optimistically hopes to provide these services to nearly 3 million children at multiple delivery sites, assuming that all government departments will be able to work together in a way that “facilitates reaching their individual as well as collective departmental mandated goals” (Department of Education, 2007). Expecting the departments to integrate nationally, as well as on the local level may be a naïve plan for getting ECD where it needs to go, but creating a common goal is a step in the right direction.

Currently, it is the job of the Department of Social Development to provide subsidies to qualifying children and centers. In order to gain these subsidies, centers must be registered, and enrolled in the monitoring system, proving they meet minimum standards. The departments lean far too heavily on NPOs, NGOs, and private funders to

assist with this work, relaying on them to reach out to communities and un-registered centers that need the most help. As it stands, it's not enough. With little or no money being provided to areas in dire need, community-based centers are struggling to offer appropriate care for children, therefore centers continue to lack in quality.

Types of Centers in South Africa

Currently there are three types of centers that are providing early education and care; primary (public) schools offering grade R (like western kindergarten), registered community-based/home-based programs, and unregistered community-based centers/home-based care. Many community-based and home-based centers offer programs for infants and toddlers (ages 0-3), pre-school (ages 3-5) and grade R (ages 5-6) under the larger umbrella of the center. These options exist across South Africa to grant choices to meet the needs of parents and caregivers. ECD centers operate with no specific model in place, as each province and each community differ in their own ways.

Public primary schools are chiefly funded by the South African government. For many years primary schools began with grade 1, but as of the White Paper 5 initiative, these types of schools began to offer ECD for children 5 years of age attending grade R. Many schools have chosen to implement this change because the government provided supplemental funding for the addition.

The most traditional form of ECD schooling can be found in registered community-based centers. Under this umbrella fall center-based programs as well as home-based care for children 0-6 years. Center-based programs are held in an independent building dedicated to providing ECD services to its children. They

[theoretically] have trained ECD practitioners as well as meet the necessary standards and guidelines for an approved and registered facility. Home-based care can be the conversion of an ECD practitioner's home, to supply educational needs and care to children in the area.

Community members who are untrained, but have found the need for ECD services for their young, tend to be the creators of programs that have not or cannot be registered. Many of these centers do not follow South African registration guidelines, which are outlined in the following sections.

CHALLENGES FACING THE QUALITY OF ECD CENTERS

The term "quality" is being used as the focal point of current international research regarding ECD centers. Governments want to provide *quality*, centers strive to improve *quality*, and environments are rated to test for *quality*. So, what is quality in regards to ECD? One broad definition states, "Quality is the critical ingredient of programs linked with child outcome; a dynamic, flexible and adaptable construct that contours itself across cultures, settings, time and types of intervention" (Boller, Britto and Yoshikawa, 2011). From the global perspective of the Association for Childhood Education International [ACEI] there are 5 basic elements that add up to quality, which are as follows: 1. Attention to environmental features and resources. 2. Developmentally and culturally appropriate curriculum. 3. Well educated early childhood staff. 4. Meaningful parent/community involvement, and 5. Attention to the needs of diverse young children, including those with disabilities. (ACEI and OMEP, 1999).

For me, I've needed to scale back what I know in the western world, and think about the basics. What is the foundation on which we can build quality? As stated initially, in South Africa, the majority of children are impoverished. Their basic needs for food, shelter, and healthcare are not being fulfilled. Center-based programs are created to supply communities with an environment that can meet those needs, and there is a push to include ways for practitioners to be creative with the resources they have and learn to read the cues of the young children for whom they care.

Physical Space

UNICEF, in collaboration with the Department of Social Development, created minimum standards to register ECD centers in South Africa that are in line with the Convention on the Rights of the Child.

These standards are as follows:

The space must be clean and safe. All precautions must be taken to remove hazards, to protect children and staff from physical or emotional harm. The space must be big enough to accommodate each child providing 1.5m of indoor space, and 2m of outdoor space. The building must be accessible to the disabled. The space should provide shelter from the elements, and be well ventilated. Food must be prepared in a separate area, and also provide a sanitary toileting facility that both faculty and children can access. (UNICEF, 2006).

While these standards may seem reasonable, there are active centers that do not meet these requirements. Instead, they remain unregistered and without aid from the Department of Social Development.

Nutrition

Nutrition is an urgent issue that requires great support. While the social assistance initiative reaches many eligible children, hunger, malnutrition, and poor water quality is prevalent across South Africa's poor communities and can be detrimental to a child's growth and cognitive development.

Children who are hungry lose the ability to concentrate and follow through with tasks. Those who are malnourished can experience cognitive delays, and impaired motor skills. In extreme cases it can cause mental and physical retardation (Dugan and Watkins, 2008). According to UNICEF, malnutrition is the underlying cause of death in 64% of children under the age of 5 (2006). A quality ECD center in South Africa needs to regularly provide balanced meals and snacks to ensure healthy development.

Practitioners

It is those who are interacting with young children in the centers that, in concert with the above variables, affect its quality the most. Teachers, or practitioners as they are called in South Africa, present one of the biggest challenges in providing quality education. A practitioner that understands the needs of the children, and can facilitate a safe and nurturing environment for healthy development, can perhaps offset some of the disadvantages children face. Many of South Africa's children are born into poverty, surrounded by poor living conditions, violence and even neglect. Practitioners can play a major role in helping children to form healthy attachments to adults that care for them in ECD centers. For many children this is where they spend the majority of their time. Mary Ainsworth, has done extensive research on attachment, finding that young children

will form quality attachments to those who respond accurately to their signals. These relationships are vital to a child's successful social and emotional development, and have implications for future behavior (Ainsworth, 1985). "The ideal teacher not only provides the child with a language-rich, cognitive learning environment, but also through her caregiving and socialization roles, helps the child form trusting relationships with extrafamilial adults and enjoy positive interactions with peers (Sroufe, 1983).

In its guidelines for ensuring the quality of ECD centers, the Department of Social Development states "all practitioners must be trained and must receive ongoing training in early childhood development and the management of programmes and facilities for young children" (UNICEF, 2006). Training can be obtained through further education and training colleges, private universities, as well as ECD non-profit organizations. Unfortunately, most practitioners hired to work in ECD facilities are insufficiently trained for various reasons. In poor communities there is little access to gain this type of education, whether they lack the funds, or distance to the training is too far to travel. Non-profit organizations do their best to bring trainings to areas that are in need, but when their resources run out, trainings halt and take time to pick up again. Also, becoming a practitioner (trained or not) isn't always the most attractive occupation as the pay is very low.

Furthering practitioner challenges are the large class sizes they are faced with. Many centers accept any child that is in need of care, therefore classroom size swells making it more difficult for practitioners to give significant individualized attention to her students. She becomes responsible for many tasks, lessening the quality of practitioner/child interactions. Also, compensating for more children means fewer

resources over time. For example, many practitioners don't have the materials to allow for each child to create artwork, or have a meaningful learning experience. Furthermore, Ubuntu, a cultural idea meaning, "I am who I am because of who we all are" celebrates the spirit of the collective community. Practitioners may be reluctant to split up a large group because of this belief.

An extension of the problem occurs when there is no follow up professional development, or support to see if the practitioner learning is being implemented in the centers. Ntataise, an NGO, does this with many of its ECD programmes but is not yet common with Birth-to-Three professional development. Like in any educational undertaking, there are no guarantees once a practitioner goes through the courses, that they will be able to provide their students with nurturing guidance and developmentally and culturally meaningful activities to ensure healthy growth.

Funding

All facilities, no matter how large or small, whomever they house within its walls, need money to keep it all running. Funding is a key factor in association with the quality of ECD centers. As discussed, most of the government funding for ECD facilities comes from the Department of Social Development. Less funding comes from the Department of Education. All other funding comes from parent fees, NGO's, NPO's and private sectors. It is important to remember that funding fluctuates widely from province to province across the country. It is through these avenues ECD centers gain funds to provide the infrastructure, nutritional foods, professional development for teachers, as

well as educational materials (furniture, books, blocks, puzzles, paint etc.) for their children.

Monitoring

Data concerning ECD programs can be obtained through the General Household Survey, to track the amount of children attending center-based programs, though this excludes un-registered centers, and does not comment on the quality of programming. While standards and guidelines use strict language and rigid rules, there are too few people going out and making sure anyone is continuously following them. Without supervision and support, standards slip and the children pay for a program's shortcomings. There is limited research available telling the South African government what is actually going on in centers presently, especially those that are unregistered. It is safe to say that there needs to be trained professionals entering centers and using appropriate tools to evaluate and gain a full scope of the strengths and weaknesses of individual centers, as well as communities as a whole. By placing professionals in this role, government officials would have sound research to update policies, and redistribute funds in ways that will help improve quality in the places that need it most.

METHODOLOGY

Conducting an environmental assessment within an early childhood setting, can fairly and accurately measure both the strengths and weaknesses of a given program. "In this context, quality is defined in terms of relevant and measurable features and

interactions that affect children's outcomes" (Siraj- Blatchford and Wong, 1999). These features can include evaluations in health and safety, materials, space, program, approaches to learning and practitioner/child interaction. Choosing a flexible tool to gain information about an education system is vital to analyzing the outcomes we find. In other words, in choosing a tool for a specific country such as South Africa, a western evaluator needs to acknowledge that this is a developing country with its own set of socioeconomic issues, and cultural values. The tool therefore should have the flexibility to explain culturally meaningful occurrences, and ask questions directly relevant to the region/country it is assessing.

Tools such as the Caregiver Interaction Scale (CIS), The Infant and Toddler Environment Rating Scale (ITERS-R), The Early Childhood Environmental Rating Scale (ECERS-R) and the Classroom Assessment and Scoring System (CLASS), have been used to rate ECD environments in developing countries, though they have limitations, which will be described in the following sections. Other tools specifically created for international use (ACEI Global Guidelines and the Global Rating of Environments) can gain a better overall understanding of quality in relation to the developing world.

Caregiver Interaction Scale

The attachments children form in their earliest years have a long lasting impact on later learning and development. Research on brain development, has shown that "the infant's transactions with the early socio-emotional environment indelibly influence the evolution of brain structures responsible for the individual's socio-emotional functioning

for the rest of the life span” (Schoore, 2001). Secure attachments formed in the first years of life can pave the way for later positive emotional and behavioral outcomes. As discussed earlier, quality in ECD is not only about the environment, but also about the quality of caregiver interactions in the center/classroom/home-based care setting etc. The Caregiver Interaction Scale (CIS) is a tool used to measure such interactions (Arnett 1989). Like its name implies, CIS is a series of 26 items used to assess interactions between child and caregiver. Items measure areas such as harshness, sensitivity, detachment, and responsiveness on a scale of 1 – 4 (1 being “not true at all”, and 4 being “very much true”). The tool utilizes an instruction and scoring sheet for use, and furthermore provides clarifications for certain items that can be construed as difficult to answer. Clarifications further secure the reliability of the scale as all evaluators are asked to follow the same guidelines in their report. Also, the scale encourages writing down observations and examples that support answers, so when the tool is scored at a later time there is a reference as to why it was scored that way.

The tool however has limitations. The CIS scale was created by Jeffery Arnett in the United States in 1989, using research from as far back as 1976. Times have certainly changed. The need for childcare has become greater, more research on early childhood development has been divulged and a greater emphasis has been put on children with special needs. Also high on the list of importance is the consideration of cultural norms. Using a scale such as this does not leave room for considering that supervision in the United States may mean something different in South Africa, Russia or Bangladesh.

The Classroom Assessment and Scoring System

The Classroom Assessment and Scoring System (CLASS Pre-k: Harmes, Goffin, and Pianta, 2005) is also a tool used to measure the process of teacher-child interactions. The CLASS evaluates such interactions in 3 substantial ways, including emotional support, classroom management and instructional support. While this tool incorporates necessary items having to do with physical environment and materials, its focus is to assess how teachers are using what they have to interact with children. The CLASS is administered in 1 of 4 age brackets: infant, toddler, pre-kindergarten, or kindergarten-grade 3, requiring 30 minute observations, repeated up to 6 times in a 3 hour period. Supervisors, principals, program directors or researchers can administer the tool. The goal of the CLASS is to provide both an assessment of teacher-child interactions, and a set of resources for professional development to improve and enhance those interactions.

Infant Toddler Environment Rating Scale

The environment is a critical element in a quality ECD center. Because of the wide-range of developmental needs across ages 0-6, environmental rating scales have been adapted to assess in more specific age bands. For example, the Infant and Toddler Environment Rating Scale [ITERS-R] (Harms, Clifford and Cryer, 2003) is used only with children ages 0-30 months. This makes sense of course, because a child at 1 year old will need a drastically different environment to thrive, than that of a 5 year.

The ITERS-R is used to assess the overall quality of a specific childcare center. The scale consists of 39 items within 7 subscales including: space and furnishings,

personal care routines, listening and talking, activities, interaction, program structure, parents and staff. In order to develop this scale, research was derived from health, development, and education professionals, to put forth what is viewed as best practice, and what is best for children of this vulnerable age group. The ITERS, originally created in 1990, was revised (ITERS-R) to reflect changes in the needs of families for outside of the home care, as well as other revisions that include more specific items to gain a deeper understanding of quality.

The Early Childhood Environmental Rating Scale

The Early Childhood Environmental Rating Scale [ECERS-R] was initially created in 1980 (Harms and Clifford), which laid the foundation for the ITERS. The ECERS-R (revised in 1998) measures early childhood environments for children ages 2-5. The total scale consists of 43 items, using the same 7 subscales as that of the ITERS-R, and provides the same purpose of assessing quality within a given setting by protecting their health and safety, building positive relationships, as well as creating opportunities for stimulation and learning by experience. The difference in the scales of course is the items of the ECERS-R are more specific to pre-school and school aged children.

The tools discussed above (CIS, CLASS, ITERS-R and ECERS-R) have been used in major research studies across the United States, and Europe proving its reliability and validity in assessing Early Childhood Centers. Though revisions have been made to make the scale more culturally sensitive when it has been used in non-western countries, it is still very much a tool grounded in the western theory of “best practice.” These tools

are best suited to evaluate environments in western nations, as they were not originally created for use in developing countries. Even with adaptations for international use, the items will not always translate to fit the cultural context of a particular country. Because of this difference, scores in developing countries will likely be extremely low and lack variability, and recommendations for improvement become what could seem like an insurmountable task. The western views of quality aren't completely conducive to the very poor centers that have different values, culture and resources than western centers.

ACEI Global Guidelines Assessment

The ACEI Global Guidelines Assessment [GGA] was originally created in 2003 to provide a method of observing and assessing the quality of early childhood education programs across the world. The foundation of this assessment tool was built on the ideals that “all children are entitled to basic human rights, and the opportunity to develop within a safe and secure environment that values and respects individual differences” as stated by the Global Guidelines for the Education and Care of Young Children in the 21st Century (1999).

The GGA has since been revised in 2006, as well as 2011. The 3rd and most current edition is made up of 76 items, within 5 subscales including: 1. Environment and physical space 2. Curriculum content and pedagogy 3. Early childhood educators and caregivers 4. Partnerships with Families and communities and 5. Young Children with Special Needs. The ultimate goal of the GGA is to assist early childhood professionals in assessing the quality of their programs, and using this information to make improvements that will allow them to reach the highest standards.

Global Ratings of Environments

Professors Virginia Casper, and Faith Lamb-Parker began to create their own environmental rating scale to amend the lack of culturally relevant materials in diverse and developing countries. They named the tool the Global Ratings of Environments [GROE]. The strategies used to develop the GROE, sets itself apart from those previously discussed. Instead of only consulting experts, and past research done on small samples of children, Casper and Lamb-Parker collaborated with local educators and community members for whom the tool will serve. Participation in the process of creating the GROE ensures that it will reflect the realities practitioners and caregivers face within their centers and that they will want to use it for improvement.

Unlike the CIS, ITERS-R and ECERS-R, the tool is strength based, and leaves room to assess innovativeness, and creativity to acknowledge what the program is doing well when resources can be scarce. Along with these questions are the essential items focused on health, nutrition, safety, children with special needs, parents and practitioners, all specific to that country. Ultimately the purpose of the GROE is for the practitioners themselves to use the tool as a form of professional development to improve the quality of care.

Organization of the GROE

The first page of the GROE asks for program information. It reads as follows:

Program name
Class
Date of observation
Name of observer

Age of children in the class (including mixed-ages)
 How many children enrolled in classroom?
 How many children present at the time of observation?
 How many teachers hired for the classroom?
 How many teachers present during observation?
 How many years has the ECD child-centered program been in operation?

Data is gathered through observations and are scored on a 1-5 numbered scale.

1 (the lowest score)
 2 (in between)
 3 (middle-range score)
 4 (in between)
 5 (the highest score)

There are two subsections titled Essential Care, and Development and Learning.

Essential Care section is 17 items broken down into 3 categories –

Nutrition – CN1 – CN3 (3 questions)
 Safety – CS4 – CS10 (7 questions)
 Health – CH11 – CH17 (7 questions)

Development and Learning section is 87 items broken down into 5 sections

Space – DS1 – DS17 (17 questions)
 Materials – DM18 – DM39 (22 questions)
 Program - DP40 – DP51 (12 questions)
 Approaches to Learning – DA52 – DA64 (13 questions)
 Interaction – DI65 –DI87 (23 questions)

The last section is named the “Practitioner Questionnaire” covering the questions below:

- i. Children with Special Needs: When you identify children with developmental delays and challenges
- ii. Communication with families: On average how often do you have conversations with family members about their children?

Are there ways in while you involve families in the program? Yes No

If Yes, How?

If you invite families to visit and participate in the program when they are able, what do they do with you and/or the children?

- iii. Professional Development: Have you participated in any professional development activities in the past 2 years? Yes No

Previous Work on the GROE

The initial work on the GROE began in July of 2010 for children under 3-years-old in Mangaung, which is a large township in the Free State Province in South Africa. Data was coded and collected from 22 infant/toddler programs (Casper, Lamb-Parker, 2012). Findings proved the need for a tool such as this, and sparked a revised version for children ages 2 to 5 years old. In May 2012, in Liberia, a revised GROE based on cultural relevance to this country was field tested in 12 ECD centers by 12 trained Liberian ECD professionals. The GROE has also been adapted for centers in Bangladesh.

MY PILOT

Using the GROE tool, I observed 6 ECD centers in the provinces of Mpumalanga, and Limpopo, South Africa in July of 2014. In preparation for research I studied the GROE, and organized binders of the tool, which I divided for each school I planned to visit. I kept observations and extensive notes on the centers with additional comments on what worked for me as an evaluator in a center I had never visited before. My plan was to revisit the centers a second time to compare the validity of my findings, however the centers became closed for winter holiday.

Home base for me in South Africa was the Sithutukile Trust, an NGO whose vision is to provide quality ECD facilities for children living in disadvantaged rural and urban Mpumalanga and the surrounding areas (Sithutukile, 2014). The trust raises funds to provide accessible training, classroom materials, and curriculum support to center-based, home-based and informal-based settings. I spent many days in their offices

working with practitioner trainers, gaining their insights on ECD and helping to carry out their daily work. This included collecting, purchasing, and creating classroom materials for the centers the trust works with, and reviewing the work of students who participate in the practitioner-training program.

When I went out to visit centers to conduct my assessments, I was very fortunate to be escorted by the women I had been working with at Sithuthukile. They introduced me to each principal, program director, and practitioner helping me to explain my purpose for visiting South Africa, and more importantly for visiting their program. When entering a new classroom, I would let practitioners know that I was there to make some observations for a graduate school project, and they welcomed me in. Some wanted to know more about what I was doing, where I came from, and how I enjoy South Africa. Others left me to sit quietly only speaking when I pardoned myself to ask a question.

SUMMARY of CENTERS VISITED

1. Senzukulhe

Senzukulhe is a home-based care facility used as both an ECD center as well as a community center for orphans and families affected by HIV/AIDS. The small building stands in the area of Thabana, near the larger town of Siyabuswa. I observed the ECD center on July 9 2014. The program is open at 7:30am and departs after lunch at 12:30pm. 36 children were enrolled in the class and 22 were present the day of observation. The ages of the children range from 1.5 to 3 years. 2 practitioners were hired for the classroom, though only 1 was present at the time. The second practitioner

was attending a training meeting given by Sithuthukile who helped gather materials and furniture for the centers use.

Members of the kitchen and garden staff at Senzukulhe are young women who continuously entered the classroom to provide assistance. At the time of observation, the program had only been open for 1 week.

ESSENTIAL CARE: NUTRITION

I arrived at Senzukulhe midmorning on July 9. Though I did not see breakfast being served, I was told that all children were given something to eat between the hour of 7:30 and 8:30am (when the children were dropped off. Snacks were not provided, but lunch was served in the form of rice and a small piece of chicken. Mats from indoors were brought outside to the cement outdoor space. Children sat while waiting to be served and while eating.

ESSENTIAL CARE: SAFETY

The indoor space is safe and free of any hazards. The outside space provided is also safe and clean. The entire area is fenced in so the children did not have access to the street. There is an adult nearby at all times, if not in the room then just outside the door. When an adult leaves the room, nothing is said to the children and they do not react. It appears to be a cultural norm for adults to walk in and out of the classroom. Naptime is not provided at this center as school ends shortly after lunch.

ESSENTIAL CARE: HEALTH

In the matter of disease prevention, some children come to school with a washcloth only to be used for that individual. The practitioner made an effort to use these clothes when children experienced a runny nose and needed assistance. For those

who did not appear to have a washcloth, the practitioner kept a roll of toilet paper available to use as tissues. While many children were experiencing coughs and sneezes, the practitioner did not make an effort to remind the children to protect their mouths and noses. The inside area was clean and organized. The floors had been swept, all excess furniture was removed, and the toys were kept in their designated areas (at least to start). The outside space was hosed down after the children were dismissed for home.

DEVELOPMENT AND LEARNING: SPACE

The indoor space, was large enough to accommodate the children who were present that day, and if all 36 children were attended. The temperature in Thabana is fairly warm in the winter (somewhere between 65-75 degrees) though mornings and evenings tend to be much cooler. In the spring, summer and fall, temperatures are much higher. Because of the weather, I think the coolness in the center's space is conducive to supporting the children.

There is no electricity inside the room, just the natural light from the windows and the open door. The floor is almost completely exposed aside from the 8 mats (made of tied plastic bags) provided for seated activities. The room echo's very loudly. While there was a conscious effort to separate and label the space into sections including areas for art, blocks, make-believe, books, puzzles, and construction, all areas end up become very noisy, leaving no area for a child to rest quietly. The room is supplied with 2-dozen child-sized tables, but no chairs. By the end of the day, the toys are mixed together and scattered over the floor. There has not yet been a cleanup ritual taught to the young students, but once it is learned, the room is labeled with words and pictures to where everyday toy storage promotes self-help.

The door that is left open leads to the outdoor space laid with concrete. There is no play structure for climbing or swinging, instead it is a smooth open area. Here, the children go out to sing songs, play games, and eat lunch (weather permitting). The center has their own garden next to this space, which provides most of the food for the center, and the community as a whole.

DEVELOPMENT AND LEARNING: MATERIALS

The walls of the space are lined with colorful schedules and posters. In addition to the areas being labeled with words and pictures, there is a number and alphabet chart, calendar, days of the week, months, seasons, and a color chart. In another section of the room, the vision for the community center and mission statement hang, along with project procedures and meeting times. All posters (excluding the mission statement etc.) are at the child's eye level. The opposite wall is lined with the names of the children for artwork to be displayed underneath. There is one caregiver poster placed far from the door, mixed in with the children's educational posters.

Free play materials are present, though not in high quantity. The puzzle area has exactly one puzzle. The book area has about 4 books: 2 in Sutu, and 2 in English. Construction materials are made from cardboard toilet paper holders, and some plastic connectors. Sithuthukile also provided this center with a set of wooden blocks (enough for 1-3 children to build at a time. The center has some paints, and crayons as well. The "make-believe" area has a "Whinnie the Pooh" doll, Vaseline, a mirror, and a doll bed with a blanket and pillow. These toys/props are familiar and culturally relevant to the children the center serves. All toys are accessible to the children as they are on the floor and all have their own place within the classroom.

DEVELOPMENT AND LEARNING: PROGRAM

The program follows a schedule, which is also hanging for display on the classroom wall. There are set times for meals, playtime, toileting, and outdoor play, though there is flexibility. During my observation, “Morning Ring” or “Circle Time” was conducted by one of the garden staff. She did not gain their attention, or ask for their cooperation to sitting together. Instead, she began to repeat the days of the week in English, and wherever the children were standing, she that they repeat them back to her. She also did this kind of call and response learning with the months of the year.

Since there is a small quantity of materials, the children are instructed to an area in small groups to start, and then they are free to explore the room. Transitions to meals and toileting are done as a whole group. There are two out-house/porter potty like toilets with a sink that at the time of observation was not working. The children however, do not use these toilets. Instead they go freely in the same general area. Supervision during this time is only given to the youngest children, and hand washing is forgone.

Songs were sung on the concrete outdoor space as a whole group. This was also lead by one of the women in the garden staff. Most songs required physical movements and participation. When a child did not want to participate, they were asked once to join in, then they were left to wonder or sit down.

DEVELOPMENT AND LEARNING: APPROACHES

The approach to learning at Senzukulhe is play based. There is not a lot of structure, and the teachers support the children’s independence. It seems the practitioner is monitoring his students and not yet really playing with them. The only instance I observed where the practitioner lit up with interest, was when he modeled using a block

as a telephone, which made 2 other children pick up their telephones to carry out a conversation.

The program is minimally practitioner directed, except for the case of “morning ring” and outdoor songs. There is not much modeling or scaffolding in play. I saw no evidence of the practitioner asking questions to his students to further ideas, or to help them make connections with the world around them. The practitioner did however notice and tend to individual needs of the children concerning runny noses or injuries.

DEVELOPMENT OF LEARNING: INTERACTION

The practitioner is a warm, and gentle person. He is soft spoken and genuinely enjoys the children, especially the youngest ones. He is generally responsive and sensitive to child cues allowing the youngest children to stay near him, though he did disappear from the classroom, often for several minutes at a time. He did not often spend time with the children during play. As mentioned previously he monitored from standing up high, and never got down to the children’s level. The practitioner did not ignore children’s comments though he did not spend time clarifying and communicating. There was no evidence of giving positive attention for good behavior, or facilitating positive peer interactions.

This practitioner had not yet been through an ECD training program, though he was to attend in the coming months. With that, he will hopefully grasp a better understanding of what the children can gain from using the materials in his classroom, and how he can be the facilitator of that knowledge through meaningful interactions he has with his students.

2. Rise and Shine

Rise and Shine is located in the township of Mhluzi, Middelburg. I observed the Lion class on July 21, 2014. This class consisted of 23 2-year-olds on that day, though 24 are enrolled in the class. There is 1 teacher assigned to the room, and only she was present throughout the day. This program has been running for over 15 years, and has a very good reputation for the area it is located in.

ESSENTIAL CARE: NUTRITION

Breakfast is provided onsite. The children sit together on the rug and feed themselves porridge with a spoon. One or two children need help, and the practitioner accommodates them. A mid-morning snack is given in the form of a half slice of bread. Lunch is given at the center as well. Often the meal is porridge and sausage or chicken. Last, a mid-afternoon snack is provided before dismissal that is either orange slices or half a banana.

ESSENTIAL CARE: SAFETY

There are no obvious hazards inside the classroom, other than a large metal practitioner's desk that is placed in the center of the room. It's corners are sharp and at head height for the students in the class. Outside, all hazardous materials are gathered together and moved to the side away from tires and equipment used for play. The practitioner was always in the classroom, unless she needed to collect meals from the kitchen, or use the bathroom. She does not warn the children that she is leaving, but they do not seem to react once she left, or re-entered.

Outdoors, two classrooms use the space at one time so there are at least 2 practitioners supervising play. Naptime is offered. Children lay on soft rest mats

covered with blankets. The teacher prepares snack in the classroom at this time, while overlooking the children. She is immediately available when the children wake up.

ESSENTIAL CARE: HEALTH

The practitioner is very health conscious. She explained to me that she places the children head to toe to prevent the spread of disease while they nap. After meals she uses new clean baby wipes for each child's face, then rubs on Vaseline. Tissues are used, and then discarded for individual children. Wash clothes hang in the classroom labeled with the children's names, and are used to dry hands after washing in the classroom's washing bowl. The children washed hands after lunch, and after toileting. The practitioner keeps the room tidy. She sweeps the rug after each meal and neatly stores material.

DEVELOPMENT AND LEARNING: SPACE

The size of the room is large enough to accommodate the amount of children attending. It however does get crowded when the practitioner decides to use one half of the room at a time. For example, all children are on the rug or all children are in the dramatic play area.

Rise and Shine has electricity with florescent lights hanging from the ceiling, though at the time of observation, these lights remained off and the room was fairly dark. The only light used was natural coming in from the windows. There are no blinds hanging to adjust the sun in the children's faces, but the windows open and close to adjust temperature. Outside there are several play-structures for children to climb, swing, and slide on without a long wait time. Tires are also used as play materials.

At naptime, children lay body-to-body, head-to-toe on soft mats covered with blankets. Some children sleep on 3 blankets piled up because there are not enough mats

for all. The practitioner supervises, and is available to move children who have falling asleep and rolled onto other children. If more mats were provided, the children would have more space to rest.

There is limited child-sized furniture in the classroom. In total there are 2 plastic tables with 8 plastic chairs in the art area and one round wooden table with 3 wooden chairs in the dramatic play area. There is a rug provided for “ring” time as well as another placed in dramatic play. Unlabeled cubbies line the back wall. They are large enough to accommodate a small backpack and a sweater for each child.

Most play materials are combined in a toy chest kept in dramatic play. Other materials are kept high up and organized for the practitioner to decide when they can be used.

The furniture is only taken out when needed, and stacked when it is not. There is a separate “cozy” area with 2 beanbags and books near the window. While there is no water/sand table located inside the classroom, there is a large covered sand area in the outdoor space.

DEVELOPMENT AND LEARNING: MATERIALS

On the wall near the “morning ring” rug is a series of somewhat cluttered posters and photos. The schedule is found on this wall, as well as the days of the week, months of the year, shapes, colors, seasons, and numbers. While the posters are mostly at child level, labeled areas including “art,” “kitchen,” “make-believe” and “books” are all midway up the wall. Children’s creative work is organized, labeled and displayed all over the walls. While there are many charts/posters present, there is no display of “life-skills” such as hand-washing, dressing, sweeping etc.

There are some free play materials including plastic blocks for building and counting. There are enough to allow 2 or 3 children to have a meaningful experience when using them. Other free play materials include plastic cups, plates, pans, pots, rolling pins, and a keyboard all combined in the same toy chest. Soft toys include a teddy bear, babies (all white in skin color), a monkey, soft blocks and Mini Mouse. There are 4 books in the book area. Most of the pages have been ripped out of them. The characters in one book are not culturally relevant, nor is the content developmentally meaningful for 2-year-olds. All other books are about shapes and colors. The art materials available are crayons, markers, and paints.

DEVELOPMENT AND LEARNING: PROGRAM

The schedule for the program is posted and followed consistently which is good, but may not leave much room for flexibility. Transitions happen often as a full group, though the children are separated into small groups to participate in art projects, puzzles and books as well. Toileting and naps appear to be consistent as the children follow this schedule without trouble.

“Morning Ring” is the time for movement and singing songs. Some songs are in Zulu, and others are in English. Outdoor time is approximately 25 minutes each day.

DEVELOPMENT AND LEARNING: APPROACHES TO LEARNING

The practitioner occasionally gets excited with the children. She uses a mix of free play and teacher directed activities through out the day. It is not often that she gives a child a choice between two activities such as “would you like to go to art, or puzzles?” Instead she directs their bodies toward the activity she wants them to do. Much of the practitioner directed teaching is repetition based (call and response), having the children

learn rote numbers, and days of the week. The practitioner never gets down to child level to listen to a comment, scaffold building, or model a dramatic play scenario. She manages the children from high up, and does not help to create a climate that supports cooperative play.

DEVELOPMENT AND LEARNING: INTERACTION

The practitioner was often sensitive to the children's cues, though she was not always respectful. For example some of the younger children need help feeding themselves. The practitioner takes great offense that she has to cut up food and feed 2 of the children, however she does not want the children to go hungry so she proceeds with feeding. She is very business-like throughout the day, going through the motions with limited energy or excitement with the exception of "morning ring." Here she dances, smiles and gives praise to children who answer correctly with a high-five or a gold sticker to wear on their forehead. There is little evidence that she is facilitating play, or positive interactions with peers. There is no evidence that she is helping them to understand each other better, or recognize the affect of their actions on another.

The practitioner in this classroom has completed up to Level 5 in the training program provided by Sithuthukile. She shared with me that her favorite/most helpful area studied and implemented in her class were the "transportation" section and "the food we eat."

3. Bonisa

Bonisa is an ECD center in Mhluzi, Middelburg. The group I observed on the morning of July 22, had 14 2-year-olds, and one 9-month-old who belonged to a

practitioner at the school. 19 children are registered to the class. The 2 practitioners hired, were both present during the time of my observations. Bonisa has been a running program for 8 years.

ESSENTIAL CARE: NUTRITION

Breakfast in the form of porridge is provided onsite. Bananas were given as a snack mid-morning. I did not observe lunch, though I was told it is served at 12:00.

ESSENTIAL CARE: SAFETY

There are no obvious hazards in the indoor classroom space, or outdoor play space. Precautions were made outside, by locking the fences and gates so children cannot leave the area. During snack, children were given bananas but not asked to sit. Instead children ran around with food in hands and mouth. Some children did not get snack, as they did not walk over to the teacher to get it. I did not witness naptime during this observation.

ESSENTIAL CARE: HEALTH

There was little hand washing at the time of my observation. Noses were rarely wiped though many children needed it, and they were not reminded to cover their mouths or noses during sneezes or coughing. The maintenance of both the indoor and outdoor space was sufficient.

DEVELOPMENT AND LEARNING: SPACE

The size of the room was very large, and easily accommodated the amount of children (14) present. Both natural and electric lighting was turned on and available. Space heaters were activated to keep the room warm. The outdoor space is large with many different structures to climb and play on including a covered area with a sand pit.

There is no furniture in the classroom. The floor is covered in 3 large rugs, leaving only a small portion of the floor exposed. A shelf high up on the wall holds the children's belongings in the form of backpacks, coats, and clothing. 1 box of toys is kept on another high shelf with no label, and not accessible to the children.

The room is not separated into areas possibly because there are no materials to fill those areas with.

There are posters and charts on one wall for the days of the week, months of the year, seasons, colors and numbers. The schedule is much too high up for the children to see implying it is only useful for adults. There are teddy bear pictures that line another wall with each child's name below them. There was no creative work displayed at this time.

DEVELOPMENT AND LEARNING: MATERIALS

Free play materials are kept in a box all together, then dumped out on the floor when used. The contents are as follows: 1 shape sorter, some Legos®, 1 plastic shovel, 2 balls, 3 egg shakes, puzzles without the pieces, 2 plastic cars, 2 steering wheels, some small baby blocks, 1 tambourine, some Legos too small for 2-year-olds (as they are a choking hazard), 2 soft toys in the form of a monkey and a frog are also included. There were no books and no art materials were visible.

DEVELOPMENT AND LEARNING: PROGRAM

There is a schedule on the wall, though during my observations it was not followed. Children often seem bored, or tired, as there are extremely limited materials, and no variety in activities. At least 1 hired practitioner was present at all times, though

it was rare that both were present.

Teacher directed, active physical play happened briefly during “morning ring.” “Head, shoulders, knees and toes was sung in both Zulu and English. A song about ducks was sung in both languages as well and the children participated in the movements and sang along. This lasted about 5 minutes or less.

DEVELOPMENT AND LEARNING: APPROACHES TO LEARNING

Practitioners seem to be present for toileting and making sure the children are considerably safe. Teaching, however does not seem to be a part of this program. There is hardly any interaction or communication with the children other than bringing them together for group transitions (toileting, outdoor play, morning ring etc.).

DEVELOPMENT AND LEARNING: INTRACTION

Practitioners sometimes notice cues when it comes to health, or toileting. A child fell and cried loudly. No one responded to her. When I asked the practitioner if she thought the child was okay, the response was “I don’t know, she’s never cried before.” There is some rough talk by the practitioners to the children during child conflict (pushing). During what little play I saw, there was no interaction between practitioner and child other than the 9-month-old who stayed on a practitioner’s lap for the entirety of my observation.

Neither practitioner has been trained at any level in ECD, though one practitioner had been employed at Bonisa for 3 years, and the other had been employed for 2. Neither practitioner spoke of plans to attend a training course in the future.

4. I.K. Makuse

I observed at I.K. Makuse on July 22 in the afternoon. 29 2-3 year old were present during the time of observation. 33 are registered to the class with 1 practitioner... At the time of observation, there was also a volunteer supporting the hired teacher. I.K. Makuse is located in Malope Village. The program has been running for 18 years.

ESSENTIAL CARE: NUTRITION

During my observation I was not present for breakfast, though I was told it is provided on site. Snack was in the form of half a banana per child. For lunch, pasta was served with meat and pumpkin.

ESSENTIAL CARE: SAFETY

Indoor hazards were not found, though outside, the gate to the street was open and unlocked. The teacher was almost always present and would check in with the volunteer or myself before leaving to collect meals from the kitchen, or change the water pots. Children nap on soft mats and blankets very close together. When children are given food they eat while sitting comfortably on the rug or at a table with chairs.

ESSENTIAL CARE: HEALTH

It appeared to me the children had their own washcloth near the water pot outside the classroom door. They used these after washing hands before meals and after toileting. After lunch, the volunteer washed faces with baby wipes, using the same cloth for 1 or two children, then applied Vaseline. The indoor and outdoor space was kept tidy, and clean. Toys and teacher materials were put away in their designated areas, and the floors were swept after meals.

DEVELOPMENT AND LEARNING: SPACE

The room is too small for 33 children to have meaningful experiences each day size? Both natural and electric lights were available in the classroom. Also a space heater was kept in the corner of the room for warmth. While the classroom was quite cramped, the outdoor space was able to accommodate all the children to run, climb and play with little wait time. There was also an area that was covered designed to protect from the elements. Mats were shared for naptime, though each child had a soft space to lie down.

Child sized tables and chairs are available for every child to sit and eat, or to participate in an art activity. Furniture is easily stackable and out of the way when these activities are not taking place. A large rug covers the majority of the floor in the center of the room. Backpacks and personal belongings are placed in a pile in one area of the classroom that is not labeled.

There is no private space in the classroom, though there is a book area with a separate rug, which encourages independent use.

DEVELOPMENT AND LEARNING: MATERIALS

Visual murals and posters are over stimulating in the classroom. Almost every inch of the walls are covered. Some are at the children's eye level, and others (including the daily schedule) are too high up for the children to reach. Children's work is displayed around the perimeter. Posters are meaningful to children as they depict children of their race, foods they eat, life skills, and pre-literacy skills.

There are some materials in each category of play. 10-12 books are on a shelf in a separate book area. Block play materials include wooden blocks, duplos and Legos.

There are some sets of fine motor materials; enough for each child to have a meaningful math experience. Since I did not observe free play or art, I am unsure of what other materials are available to the children.

DEVELOPMENT AND LEARNING: PROGRAM

The schedule of the day is generally followed as there are many children in the class, and one hired practitioner. I am unsure of program variety, as I did not spend a full day in this classroom. Group transitions are led by the practitioner and followed without delay by the children. Children are supervised during toileting as well as meals and nap.

DEVELOPMENT AND LEARNING: APPROACHES TO LEARNING

Because I did not spend a significant amount of time in this classroom, I cannot say for sure what the practitioners approach to learning was, as I did not observe important learning moments in the day.

DEVELOPMENT AND LEARNING: INTRACTION

Practitioner seems to enjoy her job, and does not appear frustrated or disgruntled. She gives adequate attention to those who require it, for example feeding those who cannot feed themselves, or helping children who have trouble sitting in their chairs. The children appear to be used to waiting for long periods of time, as there are a large number of children in the class. The practitioner does some listening and responding to children, and makes some attempt to understand them. Because of my limited time at this location, I have marked the rest of this section DK.

The practitioner in this classroom has been at I.K Makuse for 5 years, and has had no practitioner training.

5. Ithuseng

Ithuseng is an ECD center in Witbank, Emalahleni. I observed a classroom of young toddlers ages 1.6 – 2-years-old on July 23. 13 children are enrolled in the class, but 11 were in attendance. Two practitioners were hired for the room, and both were present during the time of observation. I am unsure how long this center has been operating.

ESSENTIAL CARE: NUTRITION

Ithuseng provides children with breakfast, mid-morning snack, lunch, and mid-afternoon snack. Breakfast is in the form of porridge, mid-morning/mid afternoon snack is a banana or orange slices, and lunch is porridge and sausage or chicken.

ESSENTIAL CARE: SAFETY

All precautions were made to assure the safety and wellbeing of the children within the classroom and outside environments. For example, this classroom had a small kitchen. A wooden wall was built and secured around this area so the children do not have access to it unsupervised. Also, the bathing/toileting area is separate, and the door can be closed and locked to avoid incidents.

ESSENTIAL CARE: HEALTH

Children are provided with their own mat and blanket for rest time. Hands are washed before meals. Children are expected to sit together and eat. I did not observe the children or practitioners needing to wipe noses, or cover face when coughing or sneezing. The room is swept often, and kept tidy by 1 practitioner in particular.

DEVELOPMENT AND LEARNING: SPACE

The room the children spend most of their day in is spacious and clean. There is both natural light from the windows as well as electric light sources. The room is equipped with space heaters to regulate the temperature of the room, also windows can be opened or closed. The outdoor space provided is large with many structures to climb and slide on, however there is no area that is protected from the elements (if the weather is too hot, there is no shade to shield from the sun).

There are small tables and chairs for each child. When they are not in use, they are stacked and put to the side to maximize space. The majority of the floor is covered with a large rug giving every child a soft place to sit. There is a designated area for children's belongings near the door.

Toys are stored neatly and organized on the child's level to promote easy access, and self help during play and cleaning up. There is a small book area that is not entirely separate. One child pushed the play refrigerator away from the wall and sat behind to create a private space.

DEVELOPMENT AND LEARNING: MATERIALS

There are many visual displays including days of the week, months of the year, colors, shapes, and numbers. It could be construed as over-stimulating, though much of the information is developmentally appropriate and culturally relevant to these children. Their names are displayed with artwork hanging underneath. Carrots and squash sit on a table with a chart above depicting "healthy foods." Most posters are at the children's eye level.

All toys are accessible to the children. Some are in groups (i.e. kitchen items: cups, bowls and pots), and babies (white in skin color) are with baby clothes and a small

crib. Other toys were randomly put together with soft bears, cars, shape sorters, and Legos. There are some art supplies including paint, crayons, and paper. The book area has some books in Zulu and in English. There is also a Ronald McDonald height chart in the room, where the children's names are written. There are some musical instruments in the form of egg shakers. Cereal boxes are used as blocks in the block area, as well as Legos. Small cars are for use in block play.

DEVELOPMENT AND LEARNING: PROGRAM

The program has a daily schedule, which is followed for meals, nap, diapering/toileting and outdoor play. Practitioner A shows flexibility in her lessons, as she reads child cues to understand if they can sustain attention or are getting tired. There are minimal group transitions, as Practitioner A will send half the children to get diapered while the others play, and then switch them to avoid a long wait time.

Practitioner A gets the children moving through song and dance for “morning ring” and again before lunch. She sings in both English and in Zulu.

DEVELOPMENT AND LEARNING: APPROACH

Practitioner A is soft-spoken and continuously smiles. She seems to genuinely enjoy her job and the children. When a child is using a pretend phone, she happily answers and speaks into her hand to promote conversation. She is flexible when a child looks tired, or is not participating she asks them to join once, then allows them to rest or play elsewhere. For group activities, she plans a short lesson (i.e. healthy foods), and can recognize when they can no longer sustain attention. She does the same for a story by gaging when to stop based on their cues. Neither practitioner gets down to child level to

scaffold building or further play. For activities such as art, the practitioners only give the children a few minutes to draw, and then rush them up without asking if they are finished.

DEVELOPMENT AND LEARNING: INTERACTION

Practitioner A manages the children well in a respectful way, promoting cooperation by not allowing others to grab or hit. A “tidy up” song prompted the children to work together to put the toys away for the next transition. Practitioner A spreads positive attention over the children when they behave well, and she tends to their needs as necessary.

Practitioner B feels more like an assistant. She does less of the teaching and more of the diapering/fetching meals etc. Her tone is more harsh, and business-like. Her daughter is a member of the class, and she treats this child with animosity, yelling at her and leaving her to cry until Practitioner A scoops her up and bounces her on her knee.

There is an overall contentment in the classroom, as Practitioner A seems to make them all feel safe, and taken care of despite the harshness of Practitioner B.

6. Isobonelo

I observed at Isobonelo Nursery on July 24. The center accommodates over 500 children from infancy through Grade R. I observed a classroom of 2-year-olds, which had 57 children enrolled, though only 40 were present on the day of observation. Two practitioners were hired for the classroom, and two teachers were present.

ESSENTIAL CARE: NUTRITION

Breakfast and lunch are provided at Isobonelo in the center cafeteria, a free standing building a few feet away from the classroom. Inside this space are many child-

sized tables and chairs, enough to accommodate at least 100 children. Breakfast consists of porridge, and lunch was rice and chicken. Snacks are provided inside the classroom in the form of orange slices.

ESSENTIAL CARE: SAFETY

There are no obvious hazards in the indoor or outdoor spaces. I was not present for nap time, therefore I am unaware of the conditions in which the children rest.

ESSENTIAL CARE: HEALTH

A separate piece of toilet paper was used a tissue for children who had runny noses. I did not observe the practitioner reminding children to cover their mouths while sneezing or coughing, nor did I observe the practitioner doing this herself. There is a sink located in the classroom with a step stool leading up to it so the smaller children have access. I did not however observe any of the children utilizing this sink during my visit. Each child has his/her own washcloth near the doorway (opposite area of the sink). The classroom itself is kept tidy and clean. The outdoor space is also free from dangerous hazards.

DEVELOPMENT AND LEARNING: SPACE

The size of the room is far too small to accommodate the amount of children in the class. They all sit on the rugs cramped and on top of each other. Natural light is available through 4 large windows (2 in the front, and 2 in the back) as well as the door, which is left open to circulate air, and regulate the temperature. The outdoor space is extremely large with over 10 structures to play on, as this is accommodating at least 100 children at a time. 1 table is set up to allow 4 children at a time to create an art project. There is 1 rug covering $\frac{1}{4}$ of the floor. It is too small for all of the children to have a

comfortable seat. There is a small cubby for every child's possessions, with children's work is organized in individualized cereal boxes on top. The toys are mixed into 2 containers and stored under the practitioner's desk, therefore the children do not have access unless the teacher takes them out and dumps them out onto the floor. There is a fairly large open space for play, divided by a dramatic play area consisting of a play dresser, and play kitchen.

DEVELOPMENT AND LEARNING: MATERIALS

Many of the walls in the classroom are dedicated to displaying children's artwork. This covers a large amount of space as there are 57 children enrolled. Posters and charts cover another wall from ceiling to floor, over-stimulating, and cluttered with content such as numbers, letters, shapes, weather, days of the week and seasons. Also included are the rights of the child "I have the right to a name, I have the right to a safe home, I have the right to health and health care, I have the right to grow up with love and security etc." On the wall opposite of dramatic play, life skills are displayed with colorful depictions of sweeping, cooking, household furniture and food, which are all culturally relevant to the children attending this class.

There is no separate cozy area, though 2 mats are placed against the wall in dramatic play where children can opt to lay down if they are tired and in need of rest. One child was asleep in this area during my time of observation. Areas are designated (construction, block, make believe, etc.) throughout the room, though there are no materials on the shelves. Toys are dumped out from containers and include: 3 babies with the appropriate skin color, some kitchen toys, some baby clothes, and some Legos (many of them chewed), if a child gathers enough Legos they may be able to create a

meaningful learning experience. Most children grabbed two Legos and used them to bang on the floor or to fit together and take apart. There were no books present during the time of observation.

Art materials include paint and crayons, which only a small portion of the children can participate in at the same time.

DEVELOPMENT AND LEARNING: PROGRAM

The program appears inflexible. The amount of children makes it difficult for teachers to follow child led inquiries. Instead, they need to focus on all children using the toilet, getting to work on 1 art project, and gathering them to transition to the cafeteria. There is time allotted “morning ring” and for free-play within the schedule, but most instruction is practitioner directed. During free play, the practitioners divide the children into different sections of the room, as to not crowd one area.

DEVELOPMENT AND LEARNING: APPROACHES TO LEARNING

During my observations the teachers conducted their work as managers, and did not get down on the floor to play with the children. They did however occasionally bend down, to model putting the Legos together, or brushing hair and teeth in the dramatic play area. Some children are bored, as they have no toys to play with. Others are crying, and are tended to by a practitioner.

DEVELOPMENT AND LEARNING: INTERACTION

I took note of one child in the class that had trouble sitting still. A practitioner took his hand to stand up, and spoke to him in Sotho. He began to laugh and jump and she stood with him smiling. She looks at me and told me “he needs to jump,” which gave me insight into the teachers ability to understand individual needs of the children,

and how to accommodate them. The practitioners are often responsive to the cues of the children. They get involved during child conflict, and calm the children who are crying. Practitioners rarely raise their voices, and mostly speak to the children in a matter-of-fact way. During my observation I did not see praise for good behavior.

CONCLUSION

My observations reveal the clear variations between ECD centers across communities and provinces. Though only a small number of educational facilities were visited, it was found that centers even a few miles from each other show great disparities in the resources provided, and the quality of the staff. Bonisa's twos classroom for example, only possessed 1 box of random toys. I noticed a puzzle with all the pieces missing. When I inquired to the practitioner about this, she explained that the children steal the pieces, hiding them in their jackets, and nappies (diapers). She told me they do not respect the toys. I nodded in response, realizing my opinion was not welcome in the matter. I wanted to remind her that respect is a concept that needs to be taught. It is a practice that needs to be discussed and witnessed. If the teachers dump all the toys into a box together, clearly the toys are not respected. In the case of this classroom, neither practitioner had attended any early childhood training, and only one expressed interest in obtaining a practitioner certification.

On the other end of the spectrum, I found a practitioner at Ithuseng who had nearly completed Level 5 (the highest level) in her training program with Ntataise. This woman led the 1.6-2 year old class with warmth, energy, and spirit. While resources were not abundant, they were organized and placed in specific areas where the children

could access them, as well as participate in cleaning up. It was clear to me that she had planned her day in accordance with activities that were appropriate for the age group she was addressing. She read a story in English, and explained it in Sotho, labeling and requesting the children repeat new words in both languages. When she arrived at the middle of the book, she noticed the children were losing focus and decided that she would stop and read more later. This practitioner attended to crying children, happy children, and tired children in ways that I rarely witnessed in my time in South African ECD centers.

Was the difference in these centers based on class size? No. Bonisa had 14 children present during the observation, and Ithuseng had 11. At Bonisa, practitioners sat in chairs, while children sat bored on the rug. At Ithuseng, the children were encouraged to explore, participate in singing songs, and comment on books. While class size was not an issue in these two particular centers, I saw numbers rise to as many as 57 enrolled to one room with two teachers. Even with professional development, it is incredibly difficult to emotionally support and guide the learning of that many young children on a daily basis. In a center that accepts a large number of children, I heard a statement that stuck with me for the entirety of my South African experience. A practitioner told me, “We teach our black children to be independent.” This comment encompassed so much of what I saw in each center, especially those who are addressing such high numbers of children. Children must learn to be independent at very young age. They find out quickly that if they don’t want to potty train, their nappy won’t get changed for a considerable amount of time. If they fall, they need to cry and get over it, as there may not be an adult to wipe away tears and bandage the wounds. This is not meant to be

harsh or cruel in anyway, instead it is the reality these children are faced with.

Independence is not only valued, it is expected.

During my observations and scoring the sections called “approaches to learning” and “interaction,” I thought about independence and the cultural value associated with it for South Africans. Center after center, I marked low scores finding that practitioners do not play with children on the floor, they do not facilitate peer interactions and they are not always sensitive to child cues. I struggled with these sections wondering if the items are even worth putting into the GROE. I thought to myself, if it is a cultural norm to expect independence in young children, why waste time scoring “1” over and over again? I concluded however, that the GROE was developed not only for research, but more importantly for practitioners and program directors to use within their own centers. Practitioner-child interactions are significant exchanges that facilitate positive development and learning outcomes. Discovering the importance of practitioner-child interactions through these items, may in fact pave the way for improvement, and ultimately higher quality ECD.

In the matter of safety most centers made considerable efforts to keep the children they care for out of harms way, by removing unused or broken toys, and locking gates that lead to busy roadways. I found that each center provided breakfast and lunch onsite as part of their daily program, and many also supplement these meals with healthy snacks. Health continues to be an issue across the majority of the centers observed. Children use the toilet and do not wash hands, nor are hands regularly washed before meals. Children are not often reminded to cover their nose and mouth while sneezing, and adults do not do well to model this behavior. One practitioner however, strategically placed the

children head to toe for naptime, calling this “disease prevention.” She figured there was less of a chance of catching sickness because the children were not breathing into each other’s faces. I found this innovative and worth noting.

South Africa, though it has made large steps towards improving the well-being and education of its young, it still has many milestones to reach in terms of providing quality care to all. Policy needs to be updated with the help of researchers entering ECD centers on the ground floor. Because of the wide contrast between facilities from province to province, research should be conducted in as many areas as possible. Using appropriate tools such as the GROE, can provide a reliable and valid account of what is presently occurring in ECD centers across the country. Furthermore, the GROE can be used as a professional development tool as well as provide insight into individual center strengths and shortcomings. Improving the quality of ECD in South Africa should remain a national priority.

REVISIONS AND SUGGESTIONS FOR THE GROE

Page 6

- CN3 (reword) Lunch provided on site?

Page 7

- CS8 (reword) If program offers nap, is an adult present? If nap is not offered, check N/A:
- CS9 (reword) Is there a designated area for sleeping? If nap is not offered, check N/A:

- Between CS10 and CS11 a heading is needed with blue bold background.

ESSENTIAL CARE – Health

Page 10

- Heading at top of page should be in order. Space, Materials, Program, Approaches to Learning and Interaction

Page 11

- DS5 the item is missing

Page 12

- DS12 (reword/more concise) Everyday toy storage promotes self-help, e.g. low open shelves for easy toy access:

Page 13

- DM20 (reword) Creative work done by *practitioner* displayed?

Page 14

- DM25 unnecessary question. Materials are broken down in later items
- The line above DM27 that reads “Books: If none, score N/A for all and answer questions below” is unnecessary because N/A is a choice in the items following

Page 15

- DM28 (reword) the item reads awkwardly. “If books are present, are they meaningful for the children’s development?”
- Before DM30, the headline “Development and Learning – Materials” is already used on the previous page. This should be deleted.

Page 16

- DQ8 – Should be highlighted and starred. Also, previous DQ is 5, therefore this one should be DQ6

Page 17

- DP42 is this a necessary item? While I see its importance, the evaluation is meant to be done in one day therefore it may be hard to distinguish.
- DP42 and DP43 should be switched. Items referring to schedule should stay together. Perhaps DP41 and DP43 can be combined.

Page 18

- DP47 “1” should not be “no scheduled rest time.” If nap is not offered it should be marked NA. “1” should read “inconsistent rest time” to avoid confusion.

Page 19

- Heading at the top of the page “Development and Learning – Program” is on page 17. This should be deleted.

Page 20

- Under headline the section should read “Initiative and Curiosity *of Practitioner*”
- DA55 (reword/too long) “Models flexible behaviors concerning individual and group needs in relation to the overall daily program.”
- DA56 (typo) there is a hyphen between “Never-shows.” This needs to be deleted.

Page 21

- DA61 and DA62 need to be reworked for children 0-3.

Page 24

- DI70 (typo) and/or and – the second “and” needs to be deleted.

- The heading “Development and Learning – Interaction” is already used on page 23
- The line “Frequency and Content of Practitioner Talk with Children, Contd.” Is unnecessary and should be deleted.

Page 25

- DI77 “1” and “3” should be switched.

Page 26

- Heading “Development and Learning – Interaction” is already written on page 24. This needs to be deleted.
- Under the heading the line “Interaction During Specific Activities, Contd” is unnecessary and should be deleted.
- DI85 is repetitive and answers the same questions as DI82 and DI83
- DI86 (reword) Storytelling: Score N/A if storytelling was not observed.

Other

- CS9 and DS7 – (repetitive) can be combined.
- Consolidate items about books (DS16 and DM27,28,29).
- CS4, CS5, CS6 about indoor/outdoor hazards and supervision are too similar. Consolidate into one item.
- DS4 should specify indoor/outdoor space *separate* from the classroom
- DS6 outdoor open space should be considered as “sufficient” for active play, though this item emphasizes the appearance of play structures. Scores should be reconsidered.

- DS11 reword to simplify. Many centers have a very small amount of toys, possibly not enough to warrant containers. Also, centers might just line up toys against the walls if they do not have containers/shelves.
- DS14 and DS15 perhaps combine cozy area and private space. Often these are the same space within the classroom. If not, it can be otherwise specified.
- Perhaps add a section after DM34 called *DQ6 “Types of dramatic play materials, e.g. babies, blankets, pillows etc.
- DP49 and DP50 for young children these two items often look the same. Combine.
- DP51 is vague. What is meant by small groups? Is this beyond, separating children for the sake of not crowding areas in the room?
- DA60 more for pre-k or school aged children.
- D175 reword “Naming and labeling of objects”

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Program Name	Senzukulhe	Rise and Shine
Date of Observation	9-Jul-14	21-Jul-14
Age of Children in Classroom	1.5 - 3.5 years	2-2.5 years
Number Children Enrolled in the Classroom	36	24
Number of Children Present at Observation	22	23
Number of Teachers Hired for Classroom	2	1
Number of Teachers Present at Observation	1	1
Years the ECD Program Has Been in Operation	15 +	

ESSENTIAL CARE - NUTRITION

CN1 - Breakfast provided on site?	D/K	3
CN2 - Do the Children get a snack?	1	3
CN3 - Lunch on site?	3	3

ESSENTIAL CARE - SAFETY

CS4 - Indoor and outdoor hazards		4	5
CS5 - Furniture and equipment hazards		4	4
CS6 - Indoor and outdoor preventive supervision		5	5
CS7 - Supervision during meals		5	3
CS8 - If program offers naptime, adult present (no nap - N/A)	N/A		5
CS9 - Healthy sleeping practices (no nap - N/A)	N/A		4
CS10 - Healthy eating practices		5	5

ESSENTIAL CARE - HEALTH

CH11 - Infectious disease prevention		2	4
CH12 - Hand washing		1	4
CH13 - Handling of nose wiping		4	5
CH14 - Practitioner protects mouth and nose sneezing or coughing		3 DK	
CH15 - Reminding children to protect mouth and nose when sneezing or coughing		1 DK	

Program Name	Senzukulhe	Rise and Shine
CH16 - Cleaning and maintenance of inside space and furnishings	5	5
CH17 - Cleaning and maintenance of outside space and equipment	5	4

DEVELOPMENT AND LEARNING - SPACE

DS1 - Size of room is large enough for number of people who use it without crowding	5	4
DS2 - Presence of light and ability to adjust	3	4
DS3 - Temperature and air control	3	4
DS4 - Outdoor/indoor space for active play	3	5
DS5 - --- no item/question Furniture and Equipment		
DS6 - Outdoor equipment for active physical play - no long periods of waiting	1	5
DS7 - Nap Furnishings	N/A	3
DS8 - Child-sized furniture	2	3
DS9 - Soft Furnitionings for children at play	3	5
DS10 - Individual storage of children's possessions	1	5
DS11 - Everyday storage of play materials	5	5
DS12 - Everyday toy storage that promotes self-help	4	3
Funitire Arrangment and Interest Areas		
DS13 - Indoor space - arragment and crowding	3	5
DS14 - Separate cozy area	3	5
DS15 - Private space	1	
DS16 - Book Area		5
DS17 - Sand/water area (indoor or outdoor)	4	5

DEVELOPMENT AND LEARNING - MATERIALS

DM18 - Visual displays (mural, photo, poster)	5	4
DM19 - Visual displays at children's eye level	5	3
DM20 - Creative work hanging from ceiling/walls	3	4

Program Name	Senzukulhe	Rise and Shine	
DM21 - Artwork done by children displayed		3	5
DM22 - Content meaningful for predominant age group		5	4
DM23 - Cultural relevance of art displayed		3	5
Free Play Materials			
DM24 - Free play materials - quantity		3	3
DM25 - Free play materials - types		4	3
DM26 - Toys and Materials are accessible to children		5	4
Active Physical Play Materials			
DM27 - Books - quantity		3	2
DM28 - Books - developmentally appropriate		3	2
DM29 - Books - culturally relevant		3	2
DM30 - Musical or sound making instruments	D/K	D/K	
DM31 - "Block" type play materials		5	4
DM32 - "Block play" quantity		1	3
DM33 - Dramatic play materials and props		5	3
DM34 - Dramatic play materials and props that are familiar to children		5	4
DM35 - Fine motor materials - quantity		3	3
DM36 - Fine motor materials - level of difficulty		2	3
DM37 - Soft toys - quantity		3	5
DM38 - Art materials - quantity		5	5
DM39 - Art materials - variety		3	3

DEVELOPMENT AND LEARNING - PROGRAM

DP40 - Flexibility of program		5	2
DP41 - Program organization		4	5
DP42 - Program variety	D/K	DK	
DP43 - Schedule		5	5
DP44 - Group transitions		5	3
Individual Needs			
DP45 - Supervision during toileting		2	3

Program Name	Senzukulhe	Rise and Shine
DP46 - Toileting	3	5
DP47 - Nap	1	4
DP48 - Activities and participation - flexibility	3	4
DP49 - Active learning "active physical play" through physical games	3	4
DP50 - Active learning through music/singing	4	5
DP51 - Small groups, with or without teacher	5	5
DEVELOPMENT AND LEARNING - APPROACHES		
Initiative and Curiosity		
DA52 - Fosters an interest in activities and a desire to learn	3	3
DA53 - Supports independence in learning	5	3
DA54 - Models and fosters creativity, imagination and inventiveness in approaching tasks	2	2
DA55 - Models flexible behaviors	4	3
DA56 - Models lifelong learning in relationship to the world	1	1
DA57 - Asks questions of children to learn their prior knowledge	1	1
Persistence and Attentiveness		
DA58 - Scaffolds children's persistence and attention	1	1
DA59 - Takes time to encourage children's work to completion	1	1
DA60 - Models and supports goal setting	1	1
DA61 - Helps children through frustration	2	1
Cooperation		
DA62 - Fosters children's interest and engagement	3	3
DA63 - Organizes opportunities for children to initiate, plan, learn and clean up w/ peers	1	5
DA64 - Helps create a classroom where coop- erative play is valued	1	1

Program Name	Senzukulhe	Rise and Shine
DEVELOPMENT AND LEARNING - INTERACTION		
D165 - Practitioner sensitivity to child cues	3	4
D166 - Practitioner responsive to behaviors/needs	3	4
D167 - Practitioner speards pos. energy over all	2	5
Frequency and Content of Practitioner Talk w/ Children		
D168 - Practitioner's verbal tone with children	4	3
D169 - Practitioner's use of physical/veral discipline	5	5
D170 - Frequency with which practitioner talks with children throughout the day	3	3
D171 - Listening to children	2	3
D172 - Responses to child attempts to communicate	3	3
D173 - Skill at understanding child communications	2	1
D174 - Using simple language	3	3
D175 - Naming - call and response	3	3
Behavior and Socialization		
D176 - Handling of peer conflict	1	3
D177 - Helping children adjust to preschool culture	1	4
D178 - Helping children communicate to solve prob	1	1
D179 - Helping children understand the effects of th actions on others	1	1
D180 - Positive attetion when child is behaving well	1	3
D181 - Facilitating positive peer attention	1	3
Interaction During Specific Activities		
D182 - Interacts physically at child level during play	2	2
D183 - Interacts with children during free play	2	3
D184 - Dramatic play interaction	1	1
Interaction During Specific Activities Con't		
D185 - Interaction w/ children when using materials	3	3
D186 - Storytelling	D/K	3
D187 - Apparent contentment of practitioners and children in environment, within cultural norms	5	5

Bonisa	I.K Masuke	Ithuseng	Isibonelo
22-Jul-14	22-Jul-14	23-Jul-14	24-Jul-14
9 months - 2 years	2-3 years	1.6-2 years	2 years
19	33	13	57
14	29	11	40
2	1	2	2
2	1	2	2
3	3	3	3
3	4	5	3
3	5	3	3
5	4	5	5
5	5	5	5
5	4	5	3
DK	4	5	4
DK	3	5 DK	
DK	4	5 DK	
DK	5	5	5
3	3 DK		2
1	5	3	1
2	5	5	3
DK	3 DK		3
1	1 DK		1

Bonisa

I.K Masuke

Ithuseng

Isibonelo Nursery

5 5 5 3

5 5 4 5

5 1 5 1

5 5 5 3

5 5 5 3

5 5 4 5

5 5 5 5

NA

4 5 DK

1 5 5 3

5 5 5 3

4 3 3 5

3 5 5 5

1 5 5 1

5 5 5 3

1 2 3 3

1 1 2 1

1 5 3 1

1 1 DK 5

5 2 4 4

2 3 5 5

1 3 3 5

Bonisa**I.K Masuke****Ithuseng****Isibonelo Nursery**

1	3	3	5
4	5	4	5
4	5	5	5
1	3	3	3
1	3	3	3
1	3	5	1
1	4	3 NA	
1	3	3 NA	
1	3	3 NA	
3	1	3	1
4	5	5	3
1	1	3	1
1	5	5	5
1	5	5	5
3	3	3	2
3 DK		3	1
3 DK		3	1
1 DK		3	3
1 DK		3	3
1	2	5	1
3	5	5	3
1 DK		5	2
3	5	5	4
5	5	5	3
5	4	5 DK	

Bonisa**I.K Masuke****Ithuseng****Isibonelo Nursery**

DK

5

5

5 DK

3

4 DK

1 DK

4

1

1 DK

5

3

3

3

3

5

3

1 DK

DK

1 DK

4

3

2 DK

3

2

1 DK

2

2

1 DK

5

1

1 DK

3

1

1 DK

3 NA

1 DK

2

1

1 DK

1

1

1 DK

4

3

1 DK

1

1

3 DK

3

1

1 DK

3

1

1 DK

2

1

Bonisa

I.K Masuke

Ithuseng

Isibonelo Nursery

3	4	5	3
3	4	4	3
1	3	3	1
3	5	5	3
4	3	4	4
1	3	5	3
1	3	3	2
1	2	2	3
1	2	2	1
1	3	4	3
1 DK		5	3
1 DK		3	3
1 DK		5	1
1 DK		3	1
1 DK		2	1
1 DK		3	2
1 DK		3	1
1 DK		1	1
1 DK		3	3
NA		1	3
1 DK		3	3
1	5	5 DK	
1	3	5	3