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Preparation of Daycare Children for School Enrolment and Schooling in Kiambu County, Kenya

By

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Abstract

This study investigated challenges faced in preparing children in daycare centers for formal education in Kiambu County. The study employed cross sectional research design to collect data. The study targeted daycare centres, caregivers, parents and early childhood development education (ECDE) officials. A sample size of 282 respondents from 39 daycare centres took part in the study. These comprised 195 parents who were randomly sampled, nine (9) early childhood education officers who were purposively sampled and 78 caregivers sampled through simple random sampling technique. Validity and reliability of the research instruments was tested by piloting the instruments in 10 daycare centres that did not participate in the actual study. Questionnaires, interview guides and checklists were used to collect quantitative and qualitative data concurrently. Statistical Package for Social Sciences (SPSS) version 21 software was used to analyze quantitative data. Qualitative interviews were transcribed, coded, categorized and analyzed thematically. Both qualitative and quantitative data were compared for interpretation and presented using frequency tables, pie charts, bar graphs, narratives and direct quotations. The findings showed that daycare centers lacked adequate facilities and play resources, had unqualified caregivers and did not meet the expected hygiene standards. Further, the failure by parents to pay fees and provide meals for their children affected the running of the daycare centers. The study recommends that the government, through relevant ministries, should regulate the activities of daycare centers to ensure that they hire qualified caregivers, have adequate facilities and play resources and maintaining high hygiene standards.

Key words: Challenges, daycare centres, formal education, preparation, Kenya, Kiambu County

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Introduction

Discourses around the value and quality of services offered in daycare centers have dominated early childhood development (ECD) research over the past two decades. Simon and Rebecca (2017) assert that taking children to daycare centers is one such way of assisting them to grow. Mav (2016) argues that a high quality child care is generally understood to have broad learning and development of goals for children which go beyond the narrow academic aims like early literacy and numeracy to cultural, emotional artistic, social, emotional and physical goals. In the same vein, early experiences shape how a child's brain develops. The United Nations Convention on the Rights of the Child (November 1989) underscores the basic rights of every child as the right: to survival; to develop to the fullest; to get protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. As such, every educator should give the best to enable children to develop holistically. However, arrangements for fulfilling these basic rights have evolved over time and remain varied across cultures, often reflecting family and community structures as well as the social and economic roles of women and men. These arrangements, whether formal or informal, aim at helping the child grow up holistically and become a successful member of the society (Bennet, 2011). Murunga (2015) posits that a child who goes through early childhood development (ECD) successfully has higher chances of going through primary and secondary education.

The foregoing underscores the importance of childcare to the child's eventual growth and development. Childcare is the action or skill of looking after children by a day-care center, nannies, babysitters, teachers or other care providers. This is a broad topic that covers a wide spectrum of professionals, institutions, contexts, activities, social and cultural conventions. Early childcare is an equally important and often overlooked area of child development. Providers of childcare serve as children's first teachers through play which is an integral role in early child's education. Quality care from a young age can have a substantial impact on the future successes of the child. The main focus of childcare is on the holistic development of the child; mentally, socially and psychologically (Melhuish, 2017).

This requires the services of a professional caregiver who Belsky (2011) explains that give their services in center-based care or in homes. Indeed, a majority of childcare institutions require childcare providers to have extensive training in first aid and be certified. In addition, background checks, drug testing at all centers, and reference verification are normally a requirement. In many cases the appropriate childcare provider is a teacher or person with educational background in child development, which requires a more focused training aside from the common core skills typical of a child caregiver. Daycare should however be differentiated from babysitting since a lot more is expected from a childcare facility including more interactive activities. Childcare can consist of advanced learning environments that include early childhood education or elementary education.

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UNICEF (2012) describes daycare centres as the most common means by which societies prepare their young for the future. The report explains that daycare centers may be established in permanent or temporary buildings, in tents or under trees. It further highlights that such places do not always give a positive experience for children. It can mean shivering in cold, unheated buildings or sweltering in hot, airless ones. It can mean being forced to stand in unfurnished rooms, being hungry, thirsty or unwell; it can also mean being frightened by the threat of punishment, humiliation, bullying or even violence at the hands of caregivers or teachers and fellow children. According to this report, these conditions thwart growth and learning. The situation gets worse when children are without competent adults to guide them or if the resources are of inferior quality. Growth learning is further stymied when the daycare centres lack adequate facilities.

Statement of the Problem

Daycare services are very common in developed countries Naudeau, Kataoka, Valerio, Neuman and Elder (2011), however, this type of care for children has spread to the developing countries as well. Services related to daycare are offered for children between 0 – 3 years of age. In Kenya for example, care centres have mushroomed in almost all the urban centres. While in developed nations there are clear policies and regulations that guide the running of this sector, in Kenya this age category is not catered for in the Early Childhood Development Education curriculum because early childhood is for children from 3 years to 5 years old (Ministry of Education and Early Childhood Education in Kenya, 2018).

Scholars who have investigated what takes place in daycare centres in big towns like Nairobi, Mombasa, Naivasha and others display an uncontrolled business sector which anyone interested can venture in. Of concern here is that these centres are in pathetic conditions, a sign of neglected area by educators and human rights departments. A study by Wright (2015) with Oxford University team of pediatrics to investigate the style and quality of feeding and care provided in child day-care centres in slum areas in Nairobi established these daycare centres posed a risk to children's health. Under nutrition and lack of hand washing was found in all the centers before the meal was eaten, most children are less than half of their meal served.

Poor hygiene in combination with non-responsive care practices in the centers was a threat to children's health, growth and preparation for schooling. In Kiambu County as well, a Member of County Assembly made sentiments while speaking at Maria-ini ECDE centre on 18th March 2018 and exclaimed that many centres that took care of children in his ward lacked basic facilities for use by the young learners. He cited poorly built learning rooms that were not even cemented. Others had old roofs that leaked when it rained. Orenge and Obegi (2014) in their case study of Thika sub-County warned that some of untrained child minders and peers may pass on errant behaviour to the young children at the daycare centres due to the attachment children give to their handlers at that tender age. Children at this age are young learners and when exposed to hostile conditions, they form a negative perception towards education. Such sentiments therefore call for attention of all stakeholders especially in education sector, hence, a need that led this study to be conducted.

Theoretical Framework

The study was guided by the Vygotsky's socio-cultural theory of human learning. The theory, developed in 1962, is premised on the theme that social interaction plays a fundamental role in cognition development. Vygotsky believed that individuals learn through

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interaction with others, and then being integrated into the mental structure of the individual (Vygotsky, 1978). Each role in the cultural development of the child appears twice: first, on the social level (interpsychological), and then on the individual level (intra-psychological). A second aspect of Vygotsky's theory is the idea that the cognitive development potential is limited to a "proximal development zone" (ZPD). This "zone" is the area of exploration for which the child is cognitively prepared, but requires full development aid and social interaction (Briner, 1999). A caregiver or teacher, or more experienced peer, can provide "scaffolding" for the learner to support the child's evolving understanding of knowledge domains or complex skills development. Collaborative learning, debate, modeling and scaffolding are strategies which support learners' intellectual knowledge and skills and encourage deliberate learning.

Vygotsky's socio-cultural perspective focuses on the whole child (Gordon & Browne, 2011). According to Vygotsky, the society in which the child develops plays a central role in the holistic growth of the child, notably, cognitive development. The interaction between the developing child and other members of the society helps to facilitate the learning process. Therefore, it is through social interaction that the child learns the values, skills, customs and beliefs of the cultural community. These form part of the child's daily life (Gordon & Browne, 2011). Throughout the learning process, the child is not a passive recipient of information but plays an active role in the acquisition and information processing. Hence, in Vygotsky's perspective "learning is active and constructed" (p.123).

Vygotsky believed that young children are interested and actively engaged in their own learning and new understanding/schema exploration and development. Significant learning by the child occurs, according to Vygotsky (1978), by social contact with a professional tutor (caregiver). The caregiver should model behaviour, and/or provide the child with verbal instructions, what Vygotsky refers to as a collective or mutual dialogue. The child seeks to understand the actions or instructions that the tutor (often the parent, caregiver or teacher) provides, internalizes the information and uses it to guide or regulate his/her own performance.

In criticizing the theory, Ormrod (2012) argues that it focuses more upon the process through which the children develop rather than the characteristics children of particular ages are likely to demonstrate. The author says that reasoning skills of children do not necessarily appear at the same ages in different cultures. The theory however has a lot of significance in its application to daycare service provision since it allows the staff in a daycare centre to find the Zone of Proximal Development (ZPD), the zone in which a child can perform successfully with appropriate assistance by participating in developmental activities with the help and guidance of someone else (caregiver). Vygotsky's theory has found wide applications in the field of education. For instance, the theory has been applied to explain the principles of learning and instruction (Moll, 1990; Rogoff, 1990). For example, adult modeling and coaching processes on how to learn something that replaces teacher-driven instruction; scaffolding the learning environment, on setting up instructional environments that allow learners to excel as they advance to higher levels of understanding; and working within the "proximal development region" of the student. In addition, borrowing from the tenets of the theory, learning and instruction settings are considered in terms of social interactions to support realistic or "authentic" settings, and in terms of student opportunities to explore, direct their own learning, and work with each other under the teacher's support and guidance. Therefore, the theory provides a solid foundation for examining how children learn before they enter school and how this knowledge relates to concepts learnt at school.

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Review of Related Literature

An analysis by Das et al. (2017) of the school readiness aspects on early childhood development (ECD) in Deepa, India, Bangladesh, Pakistan and Nepal proposed strategies for strengthening ECD in terms of access, quality and implementation. According to the study, school readiness programs targets in most cases 3-6 years age group and are designed to provide all necessary care and education for children's physical, cognitive, linguistic, social and emotional growth. The study established that only 26% of the preprimary age children in the region had access to school readiness programs. Analysis further revealed that in most countries where ECD and school readiness had received low priority, there were not many educators with technical expertise in this area. A basic understanding of child development, their needs and characteristics, how children learn, develop and grow were some essential components which needed to be addressed in training programs besides creating higher motivational levels and change in attitudes. The existing child daycare services were not geared to addressing the issues of emphasizing on developing children's understanding of their world and supporting the confidence, communication skills and flexibility they needed to interact effectively with the world.

A study by Frood, Rooyen and Ricks (2018) explored the experiences of primary health care nurses, social workers and psychologists caring for and supporting children who were AIDS orphans living in township communities in South Africa. The study involved 10 primary health care nurses and 8 social workers as their participants. The social workers were selected using criterion-based purposive sampling and snowball sampling was used to select six psychologists. The study employed a descriptive phenomenology research design. Data were collected through in-depth interviews. The findings showed the childcare centers exposed children to many risks ranging from health, emotionally related, as well as redundancy risks due to the kind of environments where the children were placed. Some of the centres too small for the big number of children; some rooms had no ventilation while the number washrooms were few compared to the number of children. This posed hygiene related challenges for the people living in the centre as well.

Taiwo and Olusola (2014) sought to identify different kinds and combinations of childcare arrangements and empirically examined parents' perception on various childcare arrangements in Ekiti State in Nigeria. The study also determined if the childcare arrangements had adequate facilities to offer quality services to children. Data were collected by use of structured questionnaires as the main tools tagged "Assessment of Parental Child Care Arrangement (APCA)." These were administered on a sample of working parents within the categories of Parent-Teacher Association (PTA), members of preschool children, community primary health care centres workers and parents working in public and private institutions in Ado Ekiti, the capital city of Ekiti State. The data showed that the standard of pre-primary education fell short of the expectation that childcare arrangements would help Nigeria to attain the desired position among nations of the world.

A study by Mwaura and Sylva (2008) evaluated the madrasa preschool program in three madrasa pre-schools in Africa (one each in Kenya, Zanzibar, and Uganda). Three hundred and twenty one children (153 for non-intervention and 168 for intervention) participated in across-sequential study over three time-points during preschool. To the intervention school, highly qualified staff were taken to help children gain cognitive, affective and psychomotor skills. Their interest was to establish whether there was any difference in the intervention and the control schools on children readiness for school. Their findings suggested that children in the intervention school with highly qualified personnel

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performed better than those in the control school and that quality pre-school education offered a range of benefits to children as well as to their families and their communities. This was an indication that without quality caregivers and resources, preparing children for formal education can pose a big challenge in transition of these children to the next level of growth. The specialists suggested that children learn the most when educational and instructional activities make up a small segment of their days which daycare centres should emphasize on.

Chebii (2012) carried out a survey to establish the role of children homes in provision of care to vulnerable children in Bamburi division, Mombasa County in Kenya. The study sampled seven children homes. Questionnaires were used as data collection tools and the study established that provision of care was undertaken independently. There was lack of standardized measure of quality index in provision of basic needs. Provision of security both physical and psychological was not guaranteed in the centres. Some of the homes had congested the children in the limited facilities posing danger to the health of the vulnerable children. The compounds in most of the homes were small for the number of children to play around and the stay rooms allowed for very minimal interaction. According to this study, there seemed not to be any good reason as to why these children homes most of them accommodating children below 3 years of age, were allowed to operate because they denied the children their basic rights. The said study highlights challenges that face daycare centres. These unfavorable conditions might be the same in other parts of Kenya including Kiambu County.

An exploratory cross-sectional pilot survey by Wright (2015) with Oxford University team of pediatrics to investigate the style and quality of feeding and care provided in child day-care centres in slum areas purposively sampled five daycare centres in Nairobi, Kenya. Anthropometric measures were collected among 33 children aged 6-24 months. Mealtime interactions were also observed in 11 children from four centres, as well as actions of children such as mood, interest in food, level of distraction, and caregiver actions such as encouragement to eat. Attendance ranged from 10 to 30 children in those centres. On average, one caregiver took care of 10 kids.

The children at the care center shared rest rooms with neighbour's of the daycare center that posed a risk to health. Under nutrition, hand washing was found in all the centers before the meal was eaten, caregivers were frequently distracted and children were never allowed to feed, with most kids eating less than half of their meal served. Poor hygiene in combination with non-responsive care practices in the centers was a threat to children's health, growth and preparation for formal education. The said study though conducted in Kenya was located in a different county from the current study. Further, whereas the Oxford study investigated the style and quality of feeding and care provided in child daycare centres in slum areas, the current study focused on the overall quality of the facilities in daycare centres in Kiambu County.

Pike, Muthuri, Njeri, Kabiru and Clark (2016) carried out a study in Korogocho slum in Kenya. The study examined how women in Korogocho slum made sure that their children were well cared for, so that they can attend to the business of work. Information was derived from an inventory survey carried out in 2015 of 51 daycare centres. The centers were established through an initial fast sampling and a subsequent longitudinal survey of women with young children, who were asked whether and where they brought their child to daycare. The study sampled mothers aged 15 to 49 years who had at least one child aged 1 to 4 years. This study found the average ratio of caregivers to kids was 1:22. More than half of daycare centers. Fifty nine (59%) required caregivers to have at least a high school education, and

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23% required early childhood education certificates. A majority of the centers (67%) did not have a safe play area reserved for children and only three centers said they take children out on walks. The study further revealed that children slept on mattresses, their desks, mats or sacks. It is evident that most of these centres lacked adequate facilities to give quality child care services.

Methodology

This study adopted mixed methods approach, in particular the convergent parallel design that combined quantitative and qualitative data collection methods. Cross-sectional survey and phenomenology designs were used to collect the two types of data. The study targeted 12 sub Counties in Kiambu County, 300 caregivers, 750 parents/guardians as well as 12 County Early Childhood Education officers. A sample size of 282 participants was arrived at using Krejcie and Morgan (1970) formula. A total of 39 daycare centres sampled out of which, 78 caregivers were sampled by use of convenience sampling, 195 parents were randomly sampled and 9 ECDE officers were purposively sampled. Data were collected using open and closed-ended questionnaires, checklists and interview guides. Both types of data were collected concurrently.

Validity was carried out by subjecting the instruments to experts in early childhood development. Reliability of the questionnaire was tested using Cronbach Alpha coefficient. Caregivers' questionnaire had a reliability coefficient of 0.818 while that for parents had an alpha value of 0.715. Cronbach alpha level for the items in the checklist was 0.709. Quantitative data collected were cleaned before being analyzed. The data were then coded by grouping and assigning values to responses from the survey. Descriptive statistics were used for quantitative data obtained from questionnaires (closed-ended items) and checklists. The Statistical Package for Social Sciences (SPSS) software version 21 was used to analyze quantitative data. Qualitative data were coded by identifying broad themes on concepts, behaviours and phrases used, which were interpreted. The findings of quantitative data were reported in form of percentages and frequencies while those from qualitative data were presented in form of narratives and direct quotations.

Findings and Discussion

The challenges identified by the caregivers are presented in Table 1.

Table 1: Challenges Experienced by Caregivers

Challenges Faced	n = 78	
	f	%
Parents fail to pay	66	88.6
Some children are difficulty to handle	52	66.7
Many children are overwhelming	61	78.2
Parents sometimes fail to provide food for children	41	52.6
Lack of resources due to high cost involved	12	15.4

Source: Data by Researcher, 2020

From the information in Table 1, 66 (88%) of caregivers indicated that parents sometimes failed to pay for the care services given to their children. A majority (78.2%) of the caregivers stated that the large number of children in the centers was overwhelming while 66.7 percent stated that some children were difficult to handle. The findings from 52.6

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percent of the caregivers revealed that parents failed to provide food or snacks for their children. However, a majority of the caregivers did not consider lack of resources as a challenge; only 15.4 percent felt that resources were a challenge due to their high cost of acquisition. These findings show that the challenges faced in the daycare centres were mostly parent and child related. This could mean either the caregivers were ignorant or not well trained in identifying what else could pose a challenge in a daycare centre. According to UNICEF (2006) poor care conditions thwart growth and learning in a daycare center and studies show that what takes place during the early years of a child affects the child's future life (Naudeau, 2011).

The challenges identified by the parents to the daycare center children are presented in Table 2.

Table 2: Challenges affecting Daycare Centers

Challenge faced	f	%
Small rooms	175	89.7
Lack of play resources	183	93.8
Unqualified caregiver	169	86.7
Taking cold food	96	49.2
Poor hygiene	119	61.0

Source: Field data, 2020

According to Table 2, 93.8 percent of the parents expressed that daycare centres lacked play resources for children. Another major challenge was the existence of small-sized rooms for childcare which was cited by 89.7percent of the parents. About 86.7 percent of the parents cited the challenge of untrained caregivers. Only 49.2 percent considered the provision of cold meals to children in the centers as a challenge. However, 61.0 percent of the parents mentioned poor hygiene in the daycare centers as a challenge.

Views from ECDE officers' responses during the interviews confirmed that most of the caregivers were not trained to give care to children. One of the ECDE Officers said:

Although we do not monitor what takes place in the daycare centres which most of them are in people's houses. The truth is that most of these women have no special training on caregiving. This is a private business mark you? This sector will only be well administered once we come up with clear guidelines and policies, which we are working on. In fact, most of these service providers do this secretly. They do it as an agreement between themselves and parents of those children. We are totally in darkness on what takes place out there (ECDE officer E, Interview, 13th March 2020).

Sentiments from education officer E indicate that it is not the mandate of ECDE officers to monitor and evaluate daycare centres. This might be because the Ministry of Education as not captured children under 3 years of age in their policy guidelines. ECDE in Kenya covers children of age 3 to 5 years (Ministry of Education and Early Childhood Education in Kenya, 2018). Moreover, there are no colleges specifically training nannies in Kenya. According to this officer, caregiving in Kiambu is dominated women proprietors. This might be an assumption that this service is similar to babysitting which is not the case.

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Parents on the other hand might not be aware that this age is children sets a foundation for their children for their success or failure in future. Lack of monitoring and ignorance of both the caregivers and parents might result to the failure of these children in life and the society as a whole since what takes place in the early years of a child determines the child's future (Ormrod, 2012).

Additional challenges were raised from the interviews with the ECDE officers. These were lack of quality standards and lack of clear policy. These were confirmed in the observation checklist's findings. It was observed that majority of the care centres were not licensed to handle children, were not accredited nor did they have any inspection report. Further, the centres had no timetables to show the days' programmes. However, the centres had contacts of parents/guardians to contact in case of an emergency.

These findings confirm those of Githuthwa (2011) which showed that in early learning institutions there was lack of adequate physical facilities and instructional material, lack of standardized teaching methods, insufficient funds, inadequate skilled personnel, parents' ignorance as well as poor nutrition and health practices. Similarly, Pike, Muthuri, Njeri, Kabiru and Clark (2016) observed that a majority of the care centers in Korokocho slum of Nairobi County did not have a designated secure play area for children and most of these centres lacked adequate facilities to give quality child care services. Moreover, the greater percentage of the care centres engaged caregivers with only an 'O' level certificate ignoring the fact that children at this age needed highly qualified personnel to handle them if at all the centre management cared about holistic preparation of children for formal education. Scholars have emphasized that people who operate daycare centre services need to be licensed.

Care centre facilities are licensed once they meet quality requirements in relation to staffing, facilities, conducive environment, security and others. From the interview findings from the ECDE officers, they had not come across government policies and guidelines on operations of daycare centres. This according to the research poses danger to the preparation of children placed under care of other caregivers apart from the parents.

The governments need to move fast and address these challenges since they portend dire consequences to the future of the children transiting to formal education. These findings confirm the findings of Wright (2015) which established that children in the care centres were sharing rest rooms with neighbours of the daycare centres which posed a security and health risk. As regards hygiene, Wright's study found out that care centres had poor hygiene coupled with non-responsive care practices which were a threat to child health, growth and preparation to join formal learning. This should be a concern for all stakeholders in education.

The checklist findings echoed the aforementioned challenges. In most of the daycare centres, there were only a handful of toys to be shared amongst several children. For most of these centres, no outdoor resources were observed. Majority of the care centres had no microwave stoves to warm children's food. Instead, they used ordinary charcoal stoves/*jikos* which could not warm meals at times when children wanted to feed. It was clear that the daycare centers were not equipped with facilities and resources to prepare children for school readiness. Resources enable caregivers to explain whatever concept they want to children to learn.

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Conclusion and Recommendations

The findings revealed that most of the daycare centres were run as private businesses, often operating in peoples' houses. The manner in which the services are offered was wanting. Most of them lacked essential resources that could assist these children to learn the basics in readiness for formal education. Although learning for this age of children is through play, most of the daycare facilities confined children in small rooms that neither allowed for free interaction nor active play. There were no playgrounds in most of the daycare centres and the caregivers had no relevant training.

Going forward, the study recommends that the government should take measures to ensure that daycare centres employ adequate and qualified caregivers, have adequate facilities and pay resources and adhere to policies and guidelines on children's health, hygiene and security. The government should put in place policies to regulate daycare services and monitor all facilities handling children.

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