



Safety Of Preschools: Physical, Psychological And Sanitary Characteristics¹

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Abstract

The aim of the current study is to investigate the physical, psychological and sanitary characteristics of preschools. Quantitative method with descriptive statistics was employed for the research model. 30 private and state preschools in Istanbul/Turkey made up the sample of the study. The data was collected in 2015-2016 by using "Safety Checklist for Preschool Environment", which was developed by the researchers. The checklist, which has 36 items rated on a 3-point likert scale, is divided into physical, psychological and sanitary safety. The checklist was filled out based on the school and classroom observations as well as the interviews with the teachers, principals and other staff. Inter-rater reliability was high (.85). The participating schools met %49, %53 and %45 of the physical, psychological and sanitary criteria, respectively, suggesting that they are moderately safe.

Keywords

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Introduction

With the scientific and technological developments, early childhood education is now more than a combination of family and preschools as it incorporates alternative sources, such as toy companies, digital games and social media channels that play an important part in both children's and parents' lives. Providing children with high-quality education in a properly designed, structured and organized environment is of critical importance for an optimum start (Güleş and Erişen, 2013). A well-designed building with a garden, a context and teacher providing children with rich experiences, school-family partnership and a peaceful, sanitary and safe environment are the essentials for high-quality education (Burchinal et al., 2015; Early, et al. 2007; Lin and Magnuson, 2018; Mashburn et al., 2008; NAEYC, 2018).

Before moving on to the definition of school safety, it would be better to touch on safety as a concept. Safety is defined as the state of living in a safe from danger and fear and being able to sustain legal order in a society (Mwom et al., 2018; Turkish Language Institution, 2018). "Safety" is a broad term as the issues it covers range from the protection of individuals, groups, state or country to the prevention of accidents. Personal safety is the protection of an individual from any attacks, threats and potential accidents (Pektaş, 2003 as cited in Kaypak, 2012). Being and feeling safe is a basic need of human beings, which ranks second in Maslow's hierarchy following the physiological needs. As people want to feel safe, order, discipline and safety is necessary for society (Kaypak, 2012). Therefore, the schools should meet the physical (the quality of the materials, accidents and dangers, the design of the physical areas), sanitary (nutrition, hygiene and toxic elements) and psychological (social and emotional relationships and interactions, and emotional support) criteria to be safe as they are the places where parents leave their children during most of the day (Guo et al., 2010; Mwoma et al., 2018; NAEYC, 2018).

A safe school is a place where children express themselves freely, get help from teachers and other staff while learning something and feel themselves safe from dangers and fears. So, a safe school should be a place where everyone, from teachers and students to parents and other staff have physical, psychological, sanitary and emotional freedom (Dönmez and Güven, 2003; Early et al. 2007; Mwoma et al., 2018).

According to the regulations for preschool and primary education in Turkey (Official Journal, 2014), making sure that students are safe in the school is the primary responsibility of principals and vice-principals. The regulation asserts that classrooms, dining halls, kitchens and bathrooms should conform to the rules for hygiene, organization, air-conditioning, lighting and heating. In addition, proper tableware, potable water, first aid kit must be provided and precautions for fire must be taken. All the necessary training, orientation and guidance should be provided to make schools safe places. Communication systems and cameras should also be used where necessary to protect students and staff from physical and psychological violence (Official Journal, 2014).

Physical safety is about the location, the indoor and outdoor features, architecture of the building, classroom organization and the materials used. Physical environment or school might have positive or negative impacts on an individual's health, emotions and performances. So, the layout, the number of students, color match, heating and lighting, hygiene, security, quietness and aesthetic concerns should be taken into account in schools (Vural, 2004; Çelik and Kök, 2007; Özkubat, 2013) as physical arrangements in educational environments may result in accidents. Mistakes in designs and misuse of outdoor play and indoor learning areas may seriously harm students (Mugo, 2009; Mwoma et al., 2018). Therefore, some standards have been set to ensure quality in physical conditions of schools (OECD, 2018).

Preschool education standards in Turkey concerning educational management, teaching-learning processes, support services (security, hygiene, nutrition and healthcare) and tacid standards have been established by the Ministry of Education and Unicef (Ministry of Education, 2015). The physical safety involves the physical features of the school building, school surroundings, precautions for emergency cases, school buses and dormitories. Standards for handrails, the height of stairs, child-safe socket outlets, indoor directions and lighting, the surrounding buildings and their ideal distance to the school building have also been set. Security in school entrances, traffic management around

schools and the maintenance of school garden and equipment is also regulated (Ministry of Education, 2018).

For sanitary safety, schools should be hygienic and equipped with the necessary materials and a place for emergencies where a health professional works. School health services are services to improve the health, psychological and social well-being of school aged children, which includes the evaluation and promotion of both students' and school staff's health to raise awareness in society (Özcebe, 2009). So, the lighting, heating and ventilation of play areas, the nutritive quality and hygiene of the food and drinks, the purity of water, the hygiene in dining halls, bathrooms, dormitories, dressing rooms and the use of non-toxic materials are the main concerns of sanitary safety in schools (California Childcare Health Program, 2018; Midcentral Public Health Service, 2014).

The school health services in Turkey includes the nutrition services, detection, correction and prevention of diseases, treatment of injuries that require first aid and medical counselling. Therefore, the tracking of children's growth and development, nutrition, oral and dental health can be made and their problem behaviours, learning difficulties, social problems, morbid habits, contagious and chronic diseases can be detected and prevented. For this purpose, the standards have been set to train school staff in nutrition, hygiene and sanitation, to determine the frequency of cleaning in bathrooms, to control meal plans and share them with families requiring hygiene certificates for the places where those meals are prepared (Ministry of Education, 2018; Ministry of Education, 2015).

Psychologically safe classrooms, on the other hand, are the places where students feel free to express their individuality (thoughts, opinions, beliefs, experiences and creativity) and to take risks (Barrett, 2010). Feeling psychologically safe helps people stay away from violence in interpersonal communications, trust others, have a sense of belonging and meet their communication needs, thus contributing to their psychological well-being (Baeva and Bordovskaia, 2015). Psychologically safe environments promote active engagement while the positive environment helps individuals optimize the circumstances during the day (Wanless, 2016).

Children should be provided with guidance and counselling, psychosocial support to prevent violence and abuse (Ministry of Education, 2015). In order to prevent psychological violence, aggressiveness and bullying, it is necessary to identify the risk factors and take precautions (Ministry of Education, 2018). The psycho-social qualities of schools are an indicator of their democratic and organizational climate. In this sense, it is of utmost importance to create an environment or context in which adults respect children and diversity and children have the right to decide, play, express themselves and which promotes positive child-child and child-adult interactions, self-management skills and the strengths of disadvantaged children (MEB, 2015).

Safety, one of the basic needs of human beings, plays an important role in children's development and protection of psychological well-being (Baeva and Bordovskaia, 2015). Being in a psychologically insecure environment will inhibit children from engaging in activities that will promote their development (Wanless, 2016). Similarly, a safe learning environment can be created by adults with a positive classroom climate (Saltmars et al., 2009). Safe environments are required to carry out educational activities as it is impossible for both teachers and students to teach and learn efficiently without feeling secure at school (Çalık et al., 2011; Mwoma et al., 2018). Unsafe schools not only cause children feel scared and anxious but also hinder learning process (Hernandez and Seem, 2004) and influence children's behavior and quality of education with their indoor and outdoor designs (Özkubat, 2013). If students are worried about their safety, it will be hard for them to focus on the learning targets as violence has a negative effect on the learning environment. Thus, a secure school environment is a prerequisite of students' learning (Çalık et al., 2011).

There are many projects around the world to make schools safe places. In some countries, there are supervisors who inspect schools' safety and detect the deficiencies while researchers try to elaborate on "safe schools" (Astor et al., 2004; Fein et al., 2002; Hernández and Seem, 2004; Morrison, 2007; UNICEF, 2009; Vossekuil et al., 2002). In Turkey, Safe School Project has been implemented by the Ministry of Education in cooperation with the Ministry of Family and Social Policies, police departments, Ministry of Healthcare and Ministry of Justice which aims to protect

students from violence, aggression, alcohol, drugs and abuse and take the necessary precautions for traffic accidents, fire, flood and earthquake (Safe School Project, 2017).

Although there are many studies and projects focusing on safe schools, the number of studies investigating the physical, psychological and sanitary characteristics of schools with respect to safety seems quite inadequate. The aim of the current study is to investigate the physical, psychological and sanitary characteristics of preschools. This study will therefore the following research questions:

1. Do the participating preschools have physical safety?
2. Do the participating preschools have sanitary safety?
3. Do the participating preschools have psychological safety?

Method

The research questions and problems were developed, the units of analysis were arranged, the participants were recruited, the data was collected, analyzed and interpreted in line with its quantitative design (Glesne, 2015; Yıldırım and Şimşek, 2013).

Participants

30 private and state preschools in Kartal, Tuzla, Pendik, Kadıköy, Ataşehir, Üsküdar, Esenler, Küçükçekmece, Zeytinburnu, Şişli, Maltepe and Fatih Districts in İstanbul made up the sample of the study and the data was collected in 2015 and 2016. A total of 12 districts in İstanbul (40 districts), 6 districts in Europe and 6 districts in Asia, were selected based on convenience sampling method. The lists of the schools (state/private preschools and state/private kindergartens) in the selected districts were obtained from District Directorates of National Education and the participating schools were selected randomly. The 30 schools that volunteered to participate made up the sample of the study (Table 1). Table 1 shows that %66,66 of the participating schools were state kindergartens while %23,33 were state preschools. Only %10 of the schools were private kindergartens.

Table 1. Types of the participating schools

Types of Schools	f	%
State Kindergartens	20	66.66
State Preschools	7	23.33
Private Kindergartens	3	10
Total	30	100

Instrumentation

“The Safety Checklist for Preschool Environment”, which was developed by the researchers, was used. The checklist, which has 36 items rated on a 3-point Likert Scale, is divided into Physical (17 items), Psychological (11 items) and Sanitary Safety (8 items). The items were created based on the related literature and the legislations (Official Journal, 2014; Official Journal, 2015; Official Journal, 2017; ME, 2015; ME, 2018). The checklist was filled out based on the school and classroom observations as well as the interviews with the teachers, principals and other staff as “Completely Available, Partially Available or Not Available”. Expert opinion was received for the content validity and the final version of the checklist was administered to the sample.

Procedure

Two researchers holding Ph.D. degrees in early childhood education observed the schools at the same time. The observation at a time lasted about three hours (about two hours in classrooms and an hour in other parts of the schools). Researchers observed the schools once a week for three weeks. During the last week, school administration and teachers were interviewed, which took about 15 minutes for each person. They rated the item 15 in physical characteristics and items 1, 4 and 7 in sanitary characteristics.

The data collected from the school observations and interviews with the school administration and teachers were discussed, compared and evaluated by the researchers. The level of reliability between the raters was calculated by the “percentage of agreement” equation described by Miles and

Huberman (1994). Percent Fit Formula [$P = (Na / Na + Nd) \times 100$] (P: Percent Fit, Na: Fit Amount, Nd: Amendment Amount). The interrater consistency was 85% for their evaluations of five schools. When the percentage of consistency in the reliability calculation among the raters is 70%, the reliability percentage is accepted to be reached (Yıldırım & Şimşek, 2006). In this case 85% can be expressed as a high value. The other 25 school evaluations were made based on the common ground that the researchers shared with respect to the school observations and interviews with the school administration and teachers.

Data Analysis

Frequency distributions and percentages for the participating schools with mean and total scores were tabulated. The evaluations indicated the mean score for only the study sample and they do not have a true zero point. The findings were interpreted with respect to the related regulations and legislations.

Findings

The data was analysed with frequency distributions and percentages for physical, sanitary and psychological safety levels, which are presented in tables for each. The findings for the physical safety characteristics are presented in Table 2.

Table 2. Distribution of the participating school by physical characteristics

Physical Characteristics	Completely Available		Partially Available		Not available		Total	
	f	%	f	%	f	%	f	%
1. All closets, doors, windows, tables, desks, etc. have corner protectors.	6	20	9	30	15	50	30	100
2. All the power outlets in the classroom have protection caps on them.	8	26,6	6	20	16	53,3	30	100
3. All the door hinges in the classroom have finger guards.	3	10	6	20	21	70	30	100
4. The stairs have stair rail nets for children's safety.	22	73,3	6	20	2	6,6	30	100
5. The bathrooms, washbasins and sinks are fixed and child-sized.	24	80	5	16	1	3,3	30	100
6. All the furniture, closets, cabinets, cabinet doors, shelves, boards and other stuff in the classrooms are fixed to the walls.	5	16,6	23	76,6	2	6,6	30	100
7. The classrooms, halls, bathrooms, etc. have enough lighting.	25	83,3	5	16,6	0	0	30	100
8. The schools does not have central heating problems.	24	80	6	20,0	0	0	30	100
9. The classrooms have appropriate and enough ventilation.	19	63,3	11	36,6	0	0	30	100
10. The flooring does not pose a risk for children's safety (constructed with solid and non-toxic materials).	16	53,3	11	36,6	3	10	30	100
11. The classrooms are arranged for children with special needs (Wheelchair ramps, tactile paving for visually impaired children, etc.)	5	16,6	8	26,6	17	56,6	30	100
12. The stairs allow children climb up comfortably in line with their developmental level.	17	56,6	10	33,3	3	10,0	30	100
13. There are no open pits, slopes, and weights that can fall over children in the school garden.	19	63,3	9	30,0	2	6,6	30	100
14. The school has a visible and updated emergency plan on the walls.	13	43,3	2	6,6	15	50,0	30	100
15. The children are informed of the emergency plan and they do emergency drills.	10	33,3	13	43,3	7	23,3	30	100
16. The precautions for traffic have been taken (traffic lights, children and pedestrian crossings, etc.)	22	73,3	6	20,0	2	6,6	30	100
17. There are no constructs around the school that put children at risk (uncontrolled constructions, road constructions without safety measures, entertainment venues with loud music, etc.)	13	43,3	16	53,3	1	3,3	30	100
Total	251	49,2	152	29,8	107	20,9	510	100

Table 2 shows that %49,2 of the participating schools had all the physical characteristics for physical safety while %29,8 and %20,9 of the schools had some and none of them, respectively. Most

of the schools were found to have no problems with heating and lighting (f=25, f=24) while most of them have problems with door hinges, areas with special arrangements like ramps and power sockets (f=21, f=17, f=16) that are for the protection of children.

Table 3. Distribution of the participating school by sanitary characteristics

Sanitary Characteristics	Completely Available		Partially Available		Not available		Total	
	f	%	f	%	f	%	f	%
1. The staff have received first aid and emergency action training.	4	13,3	9	30,0	17	56,7	30	100
2. There is an infirmary that can give first aid treatment in case of accidents and injuries.	10	33,3	8	26,7	12	40,0	30	100
3. The schools cares about sanitation and hygiene in classrooms, bathrooms, dining hall, kitchen, etc.	23	76,7	7	23,3	0	00,0	30	100
4. Children know how to protect themselves from diseases.	16	53,3	13	43,3	1	3,3	30	100
5. Children know the basic hygiene rules like how to wash hands or sneeze properly using napkins.	16	53,3	14	46,7	0	00,0	30	100
6. Precautions for food safety are taken in kitchens (the food and drinks served are not expired, harmful and they are stored properly).	16	53,3	9	30,0	5	16,7	30	100
7. Food samples are taken and stored for surveillance every day.	16	53,3	7	23,3	7	23,3	30	100
8. The classrooms are arranged according to children with special needs.	8	26,7	12	40,0	10	33,3	30	100
Total	109	45,4	79	32,9	52	21,6	240	100

Table 3 shows that %45,4 of the participating schools had all the characteristics for sanitary safety while %32,9 and %21,6 of the schools had some and none of them, respectively. Most of the schools were found to have no problems with sanitation and hygiene (f=16) while most of them did not have an infirmary (f=12) and staff with first aid training (f=17).

Table 4. Distribution of the participating school by psychological characteristics

Psychological Characteristics	Completely Available		Partially Available		Not available		Total	
	f	%	f	%	f	%	f	%
1. Children do not harm of smash classroom properties and furniture.	13	43,4	16	53,3	1	3,3	30	100
2. Children do not use slang and offensive language.	12	40,0	15	50	3	10,0	30	100
3. Children do not make fun of others or call them names.	10	33,3	18	60	2	6,7	30	100
4. Children engage in collaborative work.	11	36,7	18	60	1	3,3	30	100
5. There are no symbols/visuals that can impair their sense of self or self-confidence.	21	70	9	30	0	0	30	100
6. Children are not criticized for their personalities in the school environment.	30	100	0	0	0	0	30	100
7. Children try to express their feelings in a positive manner.	17	56,7	12	40	1	3,3	30	100
8. Children try to resolve conflicts by talking instead of resorting to violence.	14	46,7	15	50	1	3,3	30	100
9. Children respect others' ideas and rights.	10	33,3	19	63,3	1	3,3	30	100
10. Teachers respect children's ideas.	14	46,7	16	53,3	0	0	30	100
11. Children are aware of their peers with special needs and they have positive attitudes towards them.	22	73,3	8	26,7	0	0	30	100
Total	174	52,7	146	44,2	10	3,0	330	100

Table 4 shows that %52,7 of the participating schools had all the characteristics for psychological safety while %44,2 and %3 of the schools had some and none of them, respectively. The most frequently observed characteristic for psychological safety is “There are no symbols/visuals that can impair their sense of self or self-confidence.” (f=30) as none of the schools did not let such a thing happen. Most of the schools were found to bear no symbols/visuals that can impair their sense of self or self-confidence (f=21) while most of the students were aware of their peers with special needs and they had positive attitudes towards them (f=22). On the other hand, children were observed to use slang and offensive language and made fun of others or called them names in most of the schools (f=3, f=2).

Discussion, Results and Suggestions

The results of the current study which aimed to investigate the characteristics of the schools with respect to physical, psychological and sanitary safety showed that the participating schools had moderate safety. The participating schools had 50% of the physical characteristics that are necessary for safety. The arrangements that aim to protect children (protection caps on power outlets, finger guards on door hinges, etc.) and the ones for children with special needs and for emergencies were lacking in most of the schools. The other studies indicate that schools that are physically safe have direct effects on the quality of education (Hannah, 2013; Fullerton and Guardino, 2010; Çelik and Kök, 2007; Uludağ and Odacı, 2002). So, the results of the previous and current research underline the fact that the physical characteristics of the schools should be revised and that the schools which do not meet these requirements should not be started or allowed to serve with respect to the current legislations (ME, 2015).

The results indicated that the participating schools had 45% of the sanitary characteristics that are required for safety. However, most of them lacked an infirmary and a health professional to do an intervention in addition to the arrangements for children with special needs. According to the

regulations, private nursery schools, day care centers and children's clubs may hire a nurse, a doctor and a nutritionist if they wish (Official Journal, 2015). Research shows that the presence of a nurse in a school is crucial to the treatment of emergencies to prevent losses as well as to keep health records of the children for early detection or prevention (Council of School Health, 2008; Baysal et al., 2005; Morrongiello and Kiriakou, 2004).

Another finding of the study suggested that the participating schools had 53% of the psychological characteristics. In some schools which were identified to have lower levels of psychological safety, children were observed to use slang and resort to violence to express their feelings and thoughts. Research emphasizes that although the characteristics of schools related to psychological safety are not the only factor in children's tendency towards slang and violence, they still play an important role when they coexist with other factors (Johnson, 2009; Meyer-Adams and Conner, 2008; Orpinas and Horne, 2006; Peterson and Skiba, 2001; Strøm et al., 2013). The violence in schools has been associated with poor relations between school staff and students, overcrowded schools, too strict rules, iron discipline, limited choice of programs, unfair practices and restriction of children's freedom (Miller, 1994 as cited in Yavuzer, 2011). In addition, there has been a relationship between schools' psychological characteristics and students' academic success (Johnson, 2009; Meyer-Adams and Conner, 2008; Orpinas and Horne, 2006; Peterson and Skiba, 2001; Strøm et al., 2013). The use of slang, bullying and violence beginning from the early years has been a common problem in schools. The studies indicating a close relationship between psychological insecurity that can effect children's personality, sense of self and social development and the factors that can influence academic success suggest that "well-being" should be a primary component of learning.

In sum, the participating schools in the current study were found to meet about half of the requirements and standards for physical, psychological and sanitary safety, which means that they were lacking "a safe learning environment" in all three sub dimensions. No matter how old children are, a safe environment will have a huge impact on their development and learning (Clapper, 2010; Gayle et al., 2013; Göksoy et al., 2013; Olley et al., 2010; Özdiñer-Arslan, and Savaşer, 2009; Shakeel and DeAngelis, 2018; Stanley et al., 2004). Therefore, the safety in preschools should be evaluated based on the standards and requirements of the Ministry of Education, their needs should be identified and met to support children's development and learning. For this purpose, teachers may be provided with training programs to prevent bullying and reduce use of slang among children to improve psychological safety.

The Ministry of Education might cooperate with healthcare and social services, police department, universities, unions and nongovernmental organizations in order to provide children with safe learning environments. The reasons why the decisions of the policymakers are not put into practice in schools should be investigated. Principals and teacher may be provided with periodical training in contemporary approaches and measures. A "Safe School Model" that can help practice the management processes might be developed and adopted. Further qualitative and quantitative research should be conducted to improve school safety. In order to keep up with the changing times and to improve physical, psychological and sanitary conditions, preschools should be updated and they can cooperate with persons, institutions and organizations. This should be a stakeholder democracy where children, teachers, principals, families, other staff, architects, psychologists, healthcare professionals, etc. state their opinions.

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