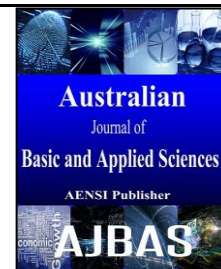




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The Level of Quality Management Practices in Childcare Centers By Using a Quality Improvements and Accreditation System (QIAS) Model

Siti Noor Ismail and Zahyah Hanafi

Universiti Utara Malaysia, School of Education & Modern Languages, College of Arts and Sciences, 06010 Sintok, Kedah, Malaysia

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ABSTRACT

Background: The study was conducted in childcare centers that covered three states in the northern part of Malaysia. Thus, the Quality Improvements and Accreditation System (QIAS) instrument was used for this purpose. This is reflected in the seven (7) proportion quality areas in the QIAS, which are; staff relationships with children and peers; partnerships with families; programming and evaluation; children’s experiences and learning; protective care and safety; health, nutrition and wellbeing; and managing to support quality. **Objective:** The objective of this paper is to disseminate findings and share best practices of early childcare operators, providers, principals, and teachers that handled children from birth to 6 years. It aimed to identify the level of quality management practices in childcare centers in Malaysia. **Results:** Data collected through the questionnaire depict a slightly different picture where the childcare providers and teachers reported that their practices were moderate in terms of staff relationships with children and peers, partnerships with families, programming and evaluation, children’s experiences and learning, and managing to support quality except protective care and safety which was high. **Conclusion:** This QIAS instrument is able to serve as a guidelines to the childcare center on what is needed and required to be look into and take into consideration in order to ensure the quality of childcare centers.

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INTRODUCTION

Currently, there have been issues raised concerning quality at the childcare centers. The issues cover management, teaching and learning, nutrition, health and safety. The Taska Act 1984 and the Child Act 2001 have laid the procedure and implementation of the childcare centers. All childcare providers and childcare minders have to undergo proper courses to ensure they are trained in early childcare. This includes short courses that enhance participants on the various developmental stages of the child, the rights of the child (CRC) and personal aspects of the providers. The objective of these courses is to ensure the childcare centers are properly run by qualified staff and most importantly the children in the centers are nurture to their fullest potential. In order to ensure the centers are providing the best practices, it is vital that an examination is conducted to gauge the level of quality at the centers. One of the best approaches to quality performance is to use the Quality Improvements and Accreditation System (QIAS). QIAS with a multiple strategy, techniques and tools is the best management approach in order to

implement the quality management in the early childcare centers.

Problem statement:

In Malaysia, for the past few years we have been witnessing abuse cases among young children. The Ministry of Health (MOH) report on cases reported by location between July – December 2011 were as follows: home (211), school/kindergarten (12), nuseries/care centres (5), baby sitter’s home (12). During the same period, MOH also revealed reports on suspected perpetrator: own parent/s (56), step parent/s (8), relative (17), other siblings (4), child minder (10), boy/girl friend (2), employer (1), others known (11), others unknown (unknown). Similarly in 2011 the Welfare Department under the Ministry of Women, Family, and Community reported the abusers on cases of violence on children: mother (872), father (648), teenagers lovers (394), child minder (60), relatives (147), others (1,307), a total of 3,428 reported cases. These reports reflect our children are exposed to unsafe surroundings and being handled by irresponsible adults.

Corresponding Author: Siti Noor Ismail. Universiti Utara Malaysia, School of Education & Modern Languages, College of Arts and Sciences, 06010 Sintok, Kedah, Malaysia.
Tel: 109-0139831248. E-mail: Siti.noor@uum.edu.my

Today, most mothers worked to earn an extra family income to help with the family finances. In Malaysia women comprised 47.3% of the workforce and the government intends to increase it to 55.0% this year. These women are mothers, single mothers and fresh graduates. In 2000 it was estimated that there were 3.4 million children aged 0-6 years in Malaysia (Report of Statistics & EPU, 2000). With such a high influx of women in the job market, there is a demand by mothers to place their young children in affordable and good childcare centres. The question now is, are our childcare centres equipped with the facilities and environment that will ensure a healthy and stable growth? Are the children being handled by trained childcare providers who have the best practices to develop children according to their age and level of development? Therefore, this study is conducted to know what is the level of quality management practices in these three categories of childcare centers.

Literature review:

The earliest years of a child's life is the key to predicting ultimate success in children's developmental outcomes (Love, Harrison, Sagi Schwartz, Ross & Raikes, 2003), (NICHD, 2005), (Sylva, Melhuish, Sammons, Siraj-Blatchford, & Taggart, 2004). Recent research findings points to the importance of the first three years in brain development and this has serious implications for children's education (Campbell, 2005). These early learning experiences are crucial determining factors for emotional and intellectual development and will ultimately affect how well a child will perform later in life.

Early childhood education programs, including childcare and kindergarten, have an opportunity to help children develop to their full potential. Children who attend programs that meet high quality standards are more likely to provide lasting benefits. According to Groark (2008), for instance, children who receive warm and sensitive care are more likely to trust people, to enter school ready and eager to learn, and to *get along* well with other children.

Early childhood care and education (ECCE) in Malaysia is divided into two age groups, which is 0-4 years and 4-6 years old. The first group (0-4 years), comes under the Ministry of Women, Family and Community Development (MWFC) which coordinates national programmes on the growth and development of children. Through its Department of Social Welfare, MWFC keeps a register of all childcare centers (also known as TASKA) in the country. Pre-school education for the second group (4-6 years) comes under three ministries/agencies, i.e. the Ministry of Education, the Ministry of Rural and Regional Development, and the National Unity Department. The Malaysian government places a strong emphasis on ECCE and has formulated the National Policy for Early Childhood Education.

Under this policy, programmes have been introduced to meet the diverse needs of the crucial early years of newborns till the age of six. The government's involvement in ECCE is evident from its numerous initiatives to make early childhood programmes more accessible especially for less fortunate children and those in rural areas. A significant amount of funds is also allocated for ECCE every year. ECCE programmes in Malaysia are offered by two types of institutions, namely:

- Childcare centers or nurseries or TASKA
- Preschools or kindergartens or TADIKAN

Children deserve to get off to a good start in life. Their early experiences in the home, the neighborhood, in child care, and in early education programs such as pre-kindergarten and kindergarten all affect how successful they will be later in life. Research findings indicate that the better the quality of ECEC the child receives the higher the short and long-term positive influence on the child's development. In developing a child's potential, we are in reality developing the human capital of the child and of the nation. In carrying out this task, we are enabling the child to grow holistically so that the child is equipped with abilities, knowledge and skills to become a productive member of the nation (Mohd Najib, 2009).

Research addressing quality childcare center is in demand from practitioners and policy-makers, in terms of improved early childhood provision for the future (Sylva, Siraj, Taggart, Sammons, Melhuish, Elliot, & Totsika, 2006). Much of this revolves around the argument that childcare quality center enhances children's cognitive and social development (Burchinal & Cryer, 2003). When discussing on quality, it is generally referred to as having two dimensions – structural quality (e.g. curriculum, environment, teacher education) and process quality (e.g. staff – child interaction). Strength in one dimension is regarded as insufficient to foster children's overall development. In addition, quality childcare centers not only benefit children overall but more so for children from low-income families as studies have reported that children from this background benefit more from quality child care compared to others (Sylva, Melhuish, Sammons, Siraj & Taggart, 2004).

The QIAS has embedded the two dimensions as mentioned above; the structural and process quality. It focus on the development of the holistic child and is thus closely linked to the quality of the relationships experienced with others, as stated in the quality areas and principles in the QIAS Quality Practices Guide. This is reflected in the seven (7) proportion quality areas in the QIAS;

Quality Area 1: Staff Relationships with Children and Peers

Quality Area 2: Partnerships with Families

Quality Area 3: Programming and Evaluation

Quality Area 4: Children's Experiences and Learning

Quality Area 5: Protective Care and Safety

Quality Area 6: Health, Nutrition and Wellbeing

Quality Area 7: Managing to Support Quality

The Australia Quality Improvement and Accreditation System (QIAS) has been reported to have a higher standard of quality in formal childcare services compared to those reported for US and UK (Harrison, 2008). Therefore, this instruments will be used to identify the level of quality management practices and finally to develop quality assurance measurement in childcare centers in Malaysia.

Objective and research question of the study:

This study aims to identify the level of quality management practices in childcare centers under investigation.

Thus, this study seeks to answer the research questions; What is the level of quality management practices in childcare centers?

Methodology:

This study is a quantitative approach by using questionnaires. Population of the study means a group of individuals who represent the same criteria with the aim of the study. On the other hand, samples is a subgroup of a target population and the findings on a sample represent the entire population. The survey has been conducted from the government, private and workplace childcare centres in the 3 states of north Malaysia, which are; Perlis, Kedah and Penang. Analysis using Statistical Package for the Social Science (SPSS) version 18 will be used to obtain the mean descriptive for the level of quality management practices in each childcare center involved.

The instrument used in this research is Quality Improvement and Accreditation System (QIAS). This instrument is used to assess the quality process

of children's experiences during their stay at the center. The items will cover the following quality areas:

1. Staff relationships with children and peers
2. Partnerships with parents
3. Programming and evaluation
4. Children's experiences and learning
5. Protective care and safety
6. Health, nutrition and well-being, and
7. Managing to support quality

QIAS is used to gauge childcare centers in Australia and it has been reported that the Australia Quality Improvement and Accreditation System (QIAS) has a higher standard of quality in formal childcare services than those reported for US and UK (Harrison, 2008). QIAS ratings for each quality area ranged from a score of 1 (unsatisfactory), 2 (satisfactory), 3 (good quality), 4 (high quality). Quality area scores will be combined to form an average QIAS score for each quality area.

Findings:

The results of the present study demonstrate that all the center involved are in the moderate level, which means that in the satisfactory rating with a mean value around 3.00 to 3.57 for each dimensions, as showed in Table 4.1 below. From the Table 4.1, quality area 5 on protective care and safety was found to be the highest (M=3.59), followed by quality area 6 on health, nutrition and wellbeing (M=3.46), quality area 3 on programming and evaluation (M=3.32), quality area 1 on staff relationship with children and peers (M=3.28), quality area 4 on children's experiences and learning (M=3.27), quality area 7 on managing to support quality (M=3.25) and lastly quality area 2 on partnership with families (M=3.10). Therefore, this can be seen that the childcare centers regard protective care and safety of the children higher compared to the partnerships with families.

Table 4.1: Mean score for seven quality areas for all centers.

Quality Area	No. of Item	Mean Value
Quality Area 1 : Staff Relationships with Children and Peers	10	3.28
Quality Area 2 : Partnerships with Families	4	3.10
Quality Area 3 : Programming and Evaluation	4	3.32
Quality Area 4 : Children's Experiences and Learning	10	3.27
Quality Area 5 : Protective Care and Safety	6	3.59
Quality Area 6 : Health, Nutrition and Wellbeing	7	3.46
Quality Area 7 : Managing to Support Quality	5	3.25
Level of quality management practices		3.32

Referring to table 4.2, TASKA/TADIKa at workplace was found to score the highest in all seven quality areas (M=3.33). Quality area 5 on protective care and safety was found to be the highest (M=3.58), followed by quality area 6 on health, nutrition and wellbeing (M=3.47), quality area 3 on programming and evaluation (M=3.32), quality area 7 on managing to support quality (M=3.28), quality area 1 on staff relationship with children and peers

(M=3.27), quality area 4 on children's experiences and learning (M=3.27), and lastly quality area 2 on partnership with families (M=3.14).

Government TASKA/TADIKa was found to score the second highest in all seven quality areas (M=3.32). Quality area 5 on protective care and safety was found to be the highest (M=3.62), followed by quality area 7 on managing to support quality (M=3.47), quality area 3 on programming and

evaluation (M=3.36), quality area 1 on staff relationship with children and peers (M=3.32), quality area 4 on children’s experiences and learning (M=3.26), quality area 6 on health, nutrition and wellbeing (M=3.21) and lastly quality area 2 on partnership with families (M=2.98).

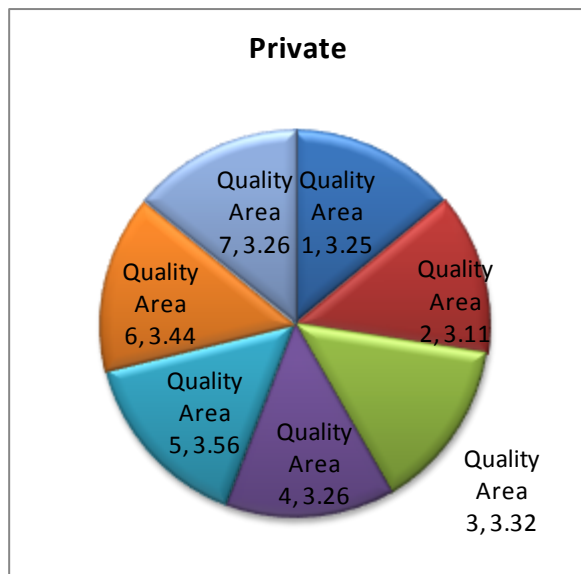
Private TASKA/TADIKa was found to score the lowest in all seven quality areas (M=3.31). Quality area 5 on protective care and safety was

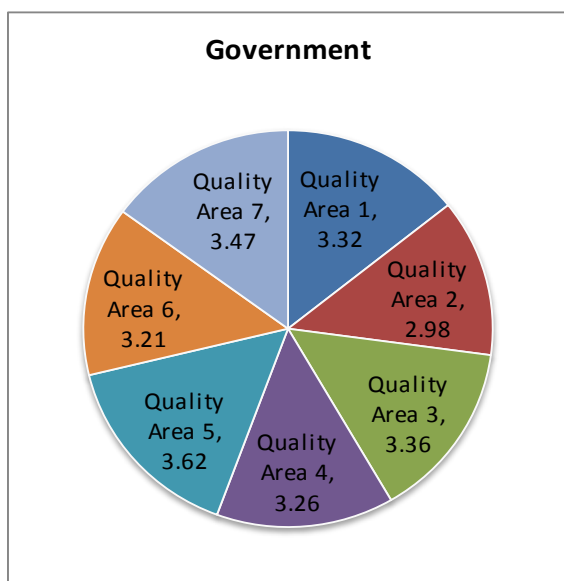
found to be the highest (M=3.56), followed by quality area 6 on health, nutrition and wellbeing (M=3.44), quality area 3 on programming and evaluation (M=3.32), quality area 4 on children’s experiences and learning (M=3.26), quality area 7 on managing to support quality (M=3.26), quality area 1 on staff relationship with children and peers (M=3.25) and lastly quality area 2 on partnership with families (M=3.11).

Table 4.2: Mean score for seven quality areas for each types of childcare centers.

	Workplace	Government	Private
Quality Area 1: Staff Relationships with Children and Peers	3.27	3.32	3.25
Quality Area 2: Partnerships with Families	3.14	2.98	3.11
Quality Area 3: Programming and Evaluation	3.32	3.36	3.32
Quality Area 4: Children’s Experiences and Learning	3.27	3.26	3.26
Quality Area 5: Protective Care and Safety	3.58	3.62	3.56
Quality Area 6: Health, Nutrition and Wellbeing	3.47	3.21	3.44
Quality Area 7: Managing to Support Quality	3.28	3.47	3.26
Level of quality management practices	3.33	3.32	3.31

The level of quality management for every childcare center also be shown in pie chart as below;





In summary, this can be seen from the results that TASKA/TADIKAs in Malaysia focus more on quality area 5 which is protective care and safety and less on quality area 2 which is partnership with families. In order to increase the quality level of the childcare centers, the childcare provider needs to take note on the partnership with families.

Recommendation and conclusions:

Generally the childcare center in Malaysia was found to be in the satisfactory category referring to the results. From the findings as a whole, it was found that the quality area 5 on protection, care and safety was found to be the highest, followed by quality area 6 on health, nutrition and wellbeing, quality area 3 on programming and evaluation, quality area 1 on staff relationship with children and peers, quality area 4 on children's experiences and learning, quality area 7 on managing to support quality and lastly quality area 2 on partnership with families. Therefore, this can be seen that the childcare centers regard protective care and safety of the children higher compared to the partnerships with families.

Childcare centers have to ensure their quality is being maintained so that the childcare providers are able to ensure the children's development process to establish in proper manner in order to bring out what is the best for the children and further improve their development skills in order to create future potential leaders for the country. Thus, recommendations will be made wherever possible towards the setting up of these centers as Quality Childcare Centers. Referring to the QIAS model, there are seven quality areas that need to be highlighted in order to create a quality childcare center to ensure the

children are brought up in a proper manner and able to assist in their development, which are:
Quality Area 1 : Staff relationships with children and peers

Quality Area 2 : Partnerships with families

Quality Area 3 : Programming and evaluation

Quality Area 4 : Children's experiences and learning

Quality Area 5 : Protective care and safety

Quality Area 6 : Health, nutrition and wellbeing

Quality Area 7 : Managing to support quality

This QIAS instrument is able to serve as a guideline to the childcare center on what is needed and required to be looked into and taken into consideration in order to ensure the quality of childcare centers.

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