

## REGULATING CHILD CARE CENTRES IN MALAYSIA: IS THERE A BRIGHT FUTURE?

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### ABSTRACT

*This paper discusses the features which are predictive of child care quality in improving laws and policies of child care protection in Malaysia. Firstly, this paper explores previous studies which prove the importance of high quality child care towards the children development. The discussion will further explore various views and paradigms on the concept of quality in child care especially on the important traits of quality child care. Referring to the wide practice of experts in child care, the common categorization of quality aspects which are process quality and structural qualities is also discussed further. Next, the determinants of quality child care from structural features are examined. This discussion will, later on, engage on arguing that accreditation too shall be a vital indicator in ensuring all the quality elements of high quality child care centres are adequately observed by child care providers. This will later bring the discussion on the instruments which are compatible in measuring child care quality. Later on, this paper touches on the relationship of regulation and quality exploring on how structural aspects may be translated into regulations with the aim to enhance child care quality. This chapter concludes by identifying the main features of high quality child care to be scrutinised in Malaysia child care landscape looking from previous studies done across the globe including studies from Malaysia itself.*

Keywords: Child care centres, quality, regulations

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### 1.0 Introduction

The cases of children maltreatments happening around the country are alarming. A recent case involves a child who was severely burnt due to the negligence of the child care provider. The victim was awarded RM 403 018.74 as compensation (Wahid, 2016). In another case, an infant suffered serious injury causing bleeding in the brain and eyes after been violently shook. The child care operator was sentenced to five years imprisonment and ordered to pay RM 40 000 to the victim as compensation (Astro Awani, 2015). These are just a few instances of the cases which were reported. It is believed that there are more cases that go unreported due to various reasons. It is presumed that this phenomenon may due to the inadequacy of the laws and policies in Malaysia child care centres currently. Therefore, there is an urgent need to review the current legislation in the effort to upgrade the services offered by child care centres. In doing so, the main features of quality shall be first examined in order to focus on the important aspects that should be given extra attention. This paper thus discusses on the features of high quality child care centres based on the studies and literatures done in various parts of the world.

Firstly, the previous studies on the importance of having high quality child care in ensuring the good growth of the children is discussed. The views and perspectives of the concept of quality itself is explored in order to perceive the important features of high quality child care centres that should be inserted in the legislation. The common categorization of process and structural quality is also been touched at the later stage. Next, the paper goes through the determinants of high quality child care in terms of structural quality ranging from the aspect of adult to child ratio, group size, education and training of child care providers, wages, health and safety and physical aspect of child care centres. This discussion later on touches on the argument that that accreditation shall also be an instrument in ensuring all the quality elements of high quality child care centres are well observed by child care providers. Later on, this paper touches on the relationship of regulation and quality. This chapter concludes by identifying the main features of high quality child care to be scrutinised in Malaysia looking from previous studies done across the globe including studies from Malaysia itself.

### 2.0 The Importance Of Quality Child Care To The Children Development

In ensuring children grow up in a conducive environment, studies on quality of child care centre is vital to the practitioners and policy makers (Hanafi, 2015). United States of America (USA) has pioneered the research on quality of early childhood education and care since the 1970s (Hujala, Fonsén, & Elo, 2012). Vast numbers of literature indicate that quality child care has a significant positive impact towards high cognitive and social skills of a child (Slot, Leseman, Verhagen, & Mulder, 2015) and executive function skills (Barros et al., 2016). On top of that, it is claimed that it is fairly conclusive that early childhood education and care is vital to children's development in terms of their cognitive, social-emotional development, health outcomes, positive academic and behavioural outcomes (Connors & Morris, 2015). Therefore, it is well established that the experiences of the children during their childhood are central to their good growth in future (Broekhuizen, 2015).

Taking the USA as an example, the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care and Youth Development (SECCYD) which was conducted in four phases from 1991 until 2007 indicated that lower quality child care may result to lower academic and cognitive quality. In addition, the National Child Care Staffing Study conducted in the USA in 1988 revealed that children who experienced low quality care will face social difficulties in kindergarten and preschool. A similar result can be seen in the Cost Quality and Child Outcomes Study conducted in 1999 with regard to the influence of child care towards social development of a child (Whiteford, 2015). However, it is asserted that the effect of high quality child care on socio-emotional does not show constant effect, either not providing any impact or only small effect and to the worst producing negative outcomes to the quantity of child care (Broekhuizen, 2015; Connors & Morris, 2015).

Therefore, it can be seen that there are studies that suggest that quality child care is not an important factor in children's development (Vandell & Wolfe, 2000). These negative outcomes may due to the nature of child care itself which is different between individual's backgrounds (Broekhuizen, 2015). However, it is argued that the methods used in these research are less reliable such as observing the quality child care in a specified time and using reports from mothers on the training of child minders (Vandell & Wolfe, 2000).

Studies on the effects of quality child care towards children development in Malaysia are yet to be found. However, there are researches conducted in exploring the core dimensions that affect child care quality in Malaysia. An overall view of child care in Malaysia was done through National Child Care Survey 1982 by Malaya University with the co-operation of Ministry of Social Welfare and The United Nations Children's Emergency Fund (UNICEF). The overall evaluation was that the child care services in Malaysia were far from satisfactory and many efforts need to be done in remedying the situation (Yusof, Wong, Ooi, & Hamid-Don, 1987). Other than the National Child Care Survey 1982, there is no comprehensive research studying the quality of child care centres in Malaysia.

There is a recent study which focused on identifying the determinants of quality child care centres ranging from the relationship of workers in child care centres with the children and their colleagues, daily experiences and learning of the children, care and safety, nutrition and well-being and management of the child care centres (Hanafi, 2015). This study was done through a case study of a selected child care centre using questionnaire from Quality Improvement Accreditation System (QIAS) model and interviews. The overall findings from the study revealed that the studied child care centre has high quality practices. However, the researcher suggested for improvements to be made by the management of the child care centre in the quality area of programming and evaluation which was averagely rated (Hanafi, 2015). This study although illustrate the positive performance of child care centre in Malaysia may not represent child care system in Malaysia as a whole as only one child care centre studied in this research.

There is also a study conducted evaluating how the working parents anticipate the quality of child care service. This study focuses on eight child care centres in Bandar Tun Abdul Razak, Jengka (Ab. Halim, Hasan, Syed Marzuki, & Jais, 2014). The study used the SERVPERF scale in assessing how far the working parents were satisfied with the services provided by the selected child care centres. The result from the study illustrated that the services provided were up to the expectation of the parents and they were well satisfied with the services. Although positive findings can be seen in the study, this may not portray the whole situation of child care services in Malaysia. The study was done in a specific area which may not represent the whole country. Besides that, it is presumed that parents in Malaysia are not well informed on quality aspects of child care which will give impact towards their children development. This may be due to lack of awareness or limited of choices and accessibility of child care centres in their localities.

Another study also touched on service quality by examining the associations between service quality and perceived value, satisfaction and behavioural intention in a child care centre in Malaysia (Omar, Abu, Sapuan, & Aziz, 2010). The findings of the study reveal that service quality may positively affect perceived value. The study also found that service quality and perceived value may influence parents' satisfaction. This means that when the service quality and value are highly perceived by parents, parents will be more satisfied with the child care centre and they shall be loyal to use the service for the extended period of time. This study also has a similar limitation as it only studied limited number of child care centres in the limited geographical area of Malaysia.

### **3.0 What Constitutes Quality In Child Care?**

In determining what shall constitute quality in child care, a persistent examination is required as it is a complex concept (Whiteford, 2015). There are various views and paradigms in defining the concept of quality child care (Hujala et al., 2012).

Organisation for Economic Co-operation and Development (OECD) summarised quality evaluation in seven aspects of quality namely, orientation quality, structural quality, educational concept and practice, interaction or process quality, operational

quality, child outcome quality or performance standards, and standards pertaining to parent/community outreach and involvement (Moloney, 2011). Features of quality are also underlined to include five main points namely, quality on staff to child ratios, group size, wages of the staff, and child care settings' management practices (Barbour, Barbour, & Scully, 2008).

Furthermore, it is asserted that quality of child care depends on the locality concerned. Therefore, standards of quality of child care may differ from one country to another as there are no standardised criteria of child care quality internationally. In order to examine the quality of child care in a country, a research on the country itself is needed as to produce the overview of quality of the country concerned (Whiteford, 2015). This is what current research is working on. The quality of child care in Malaysia is scrutinised in order to propose improvements in the future.

From the standpoint of professional, quality is founded on the knowledge of professionals, study, and theory in early education. Good practices of child care can be developed from the information taken from the theory and research which eventually will produce a basis for high quality child care (Hujala et al., 2012). On the other hand, the inclusionary viewpoint highlights that quality should include objectives of child care, the opinions of the experts, cultural setting, and subjectivity of quality. Therefore, stakeholders' opinions and experiences would always carry weight in this approach especially the viewpoints of the children themselves (Hujala et al., 2012). Furthermore, it was suggested that quality of child care should not be confined just to 'child care outcomes' definitions which are prevalent among professionals and researchers (Ceglowski & Bacigalupa, 2002). Katz's model came with the four perspectives on child care quality that should be taken into account which includes perspectives of parents, children, child care staff and professional and researcher on child care quality. It was suggested that more studies should be made analysing the perspectives of the concerned stakeholders besides of the professionals and researchers i.e parents, children and child care staff to broaden the understanding of child care quality. It is asserted that a broader understanding of child care quality shall enhance how policies are drafted (Ceglowski & Bacigalupa, 2002).

With regards to policies and regulations, attentions should be given more to the research done by professionals and researchers as policies and regulations should be in a general form that suits various walk of people with different background. Taking the example given by Ceglowski and Bacigalupa (2002) on the Somali family which prefers child care providers who can serve *halal* meals and can speak Somali, policies and regulations could not highlight the details up to this matter. Therefore, the regulations should be made general such as healthy meals which include halal meals and good communication and interactions between child minders and children as well as families.

Moreover, in ascertaining what the core features of quality child care are, it is claimed that there is significant consensus on certain aspects which create high quality child care. Amongst them are child care settings which stress on safety measures and healthy practices, spaces that can encourage learning and education, good relationship between child care providers and children, and the environment which encourages children's emotional growth and interactions between peers i.e other children (Vermeer, van IJendoorn, Cárcamo, & Harrison, 2016). On the contrary, as mentioned above, it is asserted that there is no standardised criterion of child care quality internationally and it depends on localities (Whiteford, 2015). Nevertheless, the former also views that knowledge on the level of child care quality across countries is limited. Therefore, cross-country comparison on respective regulatory systems may be helpful in determining the core dimension of quality child care (Vermeer et al., 2016).

Therefore, in determining the determinants of quality child care that suits the locality of Malaysia, the study may involve comparative studies between regulatory systems between Malaysia and other countries. The standards of quality from other countries are taken as a benchmark in examining the level of child care quality in Malaysia. Improvements then may be proposed in upgrading the level of quality child care in Malaysia by looking to the determinants of quality child care found through the cross-country comparisons.

### 3.1 Process and structural aspect of quality

Quality child care may be assessed through examination of process and structural aspect of quality (Barros et al., 2016; Connors & Morris, 2015; Moloney, 2011; Slot et al., 2015). It is even asserted that this classification of quality is prevalent amongst researchers on quality child care (Barros et al., 2016). Therefore, this research too in defining and measuring quality categorizes quality into the process and structural aspects.

Process elements refer to daily experiences that the children undergo in child care centres. This includes the interactions, relationships between child care providers and children, the interactions of children with their peers, the programmes and activities conducted in child care centres and materials used in the child care centres (Barros et al., 2016). Meanwhile, the structural aspect of quality covers certain aspects such as child: adult ratio, group class size, qualification of the child minders, training undergone by the child minders and health and safety features. Structural qualities are the features of child care settings which are often translated into regulatory form and policies (Cryer, Tietze, Burchinal, Leal, & Palacios, 1999; Phillipsen, Burchinal, Howes, & Cryer, 1997) due to its quantitative feature (Phillips, Mekos, Scarr, McCartney, & Abbott-Shim, 2000; Victorian Government Department of Human Services, 2007). It is claimed that, strong structural features may produce the positive outcome of process quality (Zaslow & Tout, 2010). The common aspects ascribed as structural quality are the adult to child ratio, group size and child care provider's education and training which often known as 'iron triangle'. A recent research, however, added the element of continuous in-service professional development and the use of the educational programme to this traditional 'iron triangle' features of structural qualities (Slot et al., 2015). It is asserted that, between process aspect and structural aspect, process aspect is more predictive compared to structural aspect towards child development when they are concurrently assessed (Barros et al., 2016; Broekhuizen, 2015; Connors & Morris, 2015; Vermeer et al., 2016).

### 3.2 Adult to Child Ratio

Studies in early childhood education, particularly in preschools, have proven that lower ratios will result in higher quality and vice versa. However, most of the studies did not involve infants and thus need future research on this. Nevertheless, there is a suggestion that there is a positive relation between ratios and child care quality involving infants (Whiteford, 2015).

Adult to child ratio is often regulated by the country's laws or policies. Taking the USA for instance, it is claimed that quality may be measured by looking on how far the regulations are well observed. In the USA, only a few states regulate adult to child ratio as recommended by professional organisations such as American Academy of Paediatrics and the American Public Health Association (Vandell & Wolfe, 2000). It was reported that Denmark marked the smallest ratio where an adult will take care of 3.3 children. Meanwhile, Netherlands and England practise one adult to take care of 4 children (Whiteford, 2015). Sweden although rated to have high quality child care (OECD, 2012) may not view ratio as a high determinant of quality. Sweden practises 5.3 children to be looked after by a child care provider. The USA although criticised to have more rooms for improvements in term of quality child care set low ratios for infants from 1:3 to 1:4. The various standard of ratios within and between countries may result in inconsistencies in the outcomes produced from child care centres across the world (Whiteford, 2015). In Australia, the ratio for children from birth until 24 months are still the same i.e 1:4 despite the change in the ratio for children above 24 months and preschools in certain states and territories starting from 1 January 2016 (ACECQA, 2016).

The determinants of ratio across the countries are fairly different. Some countries use the national approach where it is standardised throughout the countries such as in the case of Ireland, New Zealand, and France. As for the United Kingdom, although there are national standards of the adult to child ratio, these standards can be changed by regional authorities. This is also the case in Japan where nationally, minimum standards are determined. However, local authorities may set a higher standard. There are countries which put this under the jurisdiction of the local government with no national uniformed standard as in Germany, USA, Canada, Austria, Denmark and Sweden. The standardised ratio is not required in the two later Nordic countries as other features of quality child care are often met. For instance, the child minders are highly trained for at least 3 years for 18 levels. In addition, full political support where the government are willing to spend a significant amount in child care settings and solid democratic tradition are also factors contributing to this practice in these countries (Munton et al., 2002).

Looking to the experience of the countries across the world as an example in determining the standard suitable for Malaysia, many factors should be taken into account. Amongst the factors are the methods in calculating the ratios, the categorisation of children according to the different set of ages, and the divergences of child care philosophies adopted by the countries respectively. As far as regulations are concerned, age and special needs factors are often used in categorising adult to children ratio (Munton et al., 2002).

It is recommended by international professional the group size for children below 12 months is 6 children per group and adult to child ratio is 1:3 (Barros et al., 2016). Looking at this recommendation, Malaysia fulfils the recommendation for the adult to child ratio as enshrined in the Third Schedule of Child Care Regulations 2012. For children from birth until 1 year, the ratio is 1:3, for 2 to 3 years old the ratio is 1:5 and 3 to 4 years old, the ratio is 1:10. It is claimed that lower ratio may not be decisive in ensuring quality if the qualification of the staff is very poor. High numbers of unqualified child minders will not result in a significant development of a child (Whiteford, 2015). Therefore, other factors such as education and training, wages, and group size also have positive association towards adult to child ratio (Munton et al., 2002).

### **3.3 Group Size**

It is suggested that infants need a smaller group size compared to older children. Nevertheless, literature always associates group size with other aspects in ensuring the quality of child care. Therefore, it is not conclusive that group size has a high impact on quality when it stands alone and not combined with other aspects of quality. Notwithstanding the dependency of this feature to other aspects, the importance of group size is asserted in many studies and should not be left out in analysing quality of child care (Whiteford, 2015).

As far as good behaviours of care providers are concerned, research shows in ensuring good development of children, the child care providers should have positive characteristics. These positive characteristics are associated with the group size they have to take care of. Therefore, it is concluded that child care providers may perform better in smaller group size of children. Nevertheless, group size may not be the conclusive factor influencing the characteristics of child care provider as other aspects such as adult to child ratio and child care providers' training also carry weight in determining quality child care (Munton et al., 2002). The importance of small group size was reflected in the study by Barros (2016) where higher numbers of child care providers within a larger group size classroom will not give the same positive effect on good interactions between child care providers and infants when compared to small size group classroom with lesser care providers. Taking the USA as an example, although not many states set standards for ratios and maximum group sizes, Pennsylvania for instance set that for 9 months old children, the maximum group size is 8 for the ratio of 1:4. Meanwhile, for 19 months old one care giver may look after 5 children for the maximum group size of 10, and the ratio for 3 years old is 1:6 and maximum group size is 20 (Munton et al., 2002).

As far as Malaysia is concerned, Child Care Centre 1984 and Child Care Centre Regulations 2012 are silent on the requirement of group size in child care centres. As Malaysia does not legislate on group size, these findings on group size are worth to be considered to be included in the regulation.

### **3.4 Relationship between Adult to Child Ratio, Group Size and Process Quality**

It is claimed that structural aspect may not stand alone in defining quality (Connors & Morris, 2015; Hanafi, 2015; Moloney, 2011) although it may be a strong basis in ensuring positive growth and development of children (Connors & Morris, 2015). The

findings from the NICHD Early Child Care Research Network illustrate that the structural quality may cause a significant impact on process quality aspects (Broekhuizen, 2015).

For instance, when the child care centre has a low adult to child, children will enjoy the activities more as the child care providers will have ample time to spend with them by offering more interesting and stimulating activities rather than spending time managing the classrooms (Vandell & Wolfe, 2000). Another example can be seen when the child care providers are well equipped with training, they are more responsive and able to conduct higher quality activities with the children. The safety of the children will be more safeguarded if the high quality environment is prepared in child care centre. Thus, a better health and safety practices may be the controlling factor in avoiding infections, injuries and other health issues (Vandell & Wolfe, 2000). In other words, the lesser number of children to be catered by a child care provider, smaller group size and well-educated child care providers may encourage better learning atmosphere for the children (Phillipsen et al., 1997).

Nonetheless, the associations of structural qualities and process qualities are not conclusive (Barros et al., 2016; Slot et al., 2015). This means that there are mixed findings. There are studies which show a good relationship, but there are studies that resulted in weak relations or no relations at all. The good relationship here means that lower adult to child ratio and smaller group size resulted in better characteristics of child care provider and their interactions with the children (Phillipsen et al., 2000; Phillipsen et al., 1997).

The recent studies of Dutch child care showed that there was no significant association between adult to child ratio, group size and process quality (Slot et al., 2015) which were contrary to some previous Dutch studies. The contrary results from Slot et al. (2015) may due to the stricter regulations in Dutch by the introduction of new legislation in 2005 and 2010 which decrease the variance and resulted to the weak relationship. The enforcement force too may be the cause as there is the establishment of co-operation between Municipal Health Authorities and the Inspectorate Education (Slot et al., 2015). Another recent study using the data from the findings of Environment Rating Scales (ERS) child care quality taken from 72 studies involving 23 countries from five international geographic regions also produced mixed findings with regard to the relation of the adult to child ratio and group size to process quality. Group size was found not to affect the process quality while higher process quality was recorded when adult to child ratio is lower (Vermeer et al., 2016). On top of that, cross-country studies conducted by Cryer et al. (1999) found different results in different countries. There was a significant relationship between adult to child ratio and process quality in Germany and USA but the results were not the same in Portugal and Spain. In addition, an overall evaluation of process quality in Spain revealed that group size was not significant in producing process quality but the result was vice versa in Germany.

Hence, although there are inconsistencies with regard to the association between adult to child ratio and group size to process quality, this may due to external factors such as the change of regulations and limited variable used in the research. The importance of ratio and group size, therefore, shall not be nullified as there are studies which reported positive outcomes of quality from low ratio and small group size. Besides that, the inexistence of significant relationship does not always mean negative impact. Notwithstanding the negative economic implication on child care industry, as a lower ratio and smaller group size may lead to higher cost of child care services, it is believed that the positive outcomes outweigh the negative impacts. It is worth therefore to include ratio and group size as determinants of quality which will later create better child care settings for the children, especially in Malaysia.

### **3.5 Child Care Provider's Training and Education**

Multiple kinds of literature affirm the importance of training and education of child minders in determining the quality of child care settings (Munton et al., 2002). Overall evaluation of the child care quality show significant association between quality and formal education of child care providers (Barros et al., 2016; Cryer et al., 1999; Phillipsen et al., 1997). It is asserted that stimulating, warm and supportive child care provider may be found from those who have undergone formal education or/and specialised training (Cryer et al., 1999)

Mixed findings were reported where there was different effect between teachers who have qualification above bachelor level and those who qualified with bachelor or below. Those who have above bachelor degree tended to perform better compared to those with bachelor or below. Nevertheless, no difference reported when comparing bachelor holders and below-bachelor holders (Slot et al., 2015). A study moreover has suggested that child care provider's qualification is a stronger predictor of quality rather than group size and it is claimed that this is the best indicator of quality assurance in child care settings (Whiteford, 2015). However, NICHD Study of Early Child Care at 15, 24, and 36 months highlighted that for process quality for infants, group size and ratio play a bigger role compared to child minder's education and training unlike for pre-schoolers, highly educated and well-trained staff is a stronger criteria in ensuring quality of child care settings (Vandell & Wolfe, 2000). Furthermore, highly qualified child care providers also tend to be more systematic in arranging suitable activities according to appropriate age (Barros et al., 2016). This may due to the knowledge on the children progress in terms of their cognitive and social development. Learning through playing and stimulating activities using age appropriate toys or materials may be included in the daily planning.

In addition, initial training, continuous training, training-and-coaching and other career development effort service may also be helpful in producing high quality child care (Zaslow & Tout, 2010). Besides of positive behaviours of child care providers and increasing skills of arranging materials, child care areas and activities, training may also expose them to knowledge on theories regarding infants' development. This is one of the reasons Barros et al., (2016) proposed for initial training to be included in the Portugal regulation as currently there is no requirement for formal education up to the graduate level for the main teacher of infant classrooms. A stricter regulation on child care providers' education and training were suggested to improve the current state of Portugal child care quality. It is mentioned that trained teachers who managed multiple classrooms were able to produce

the better outcome of quality rather than teachers who was responsible for taking care of one classroom but have not undergone formal training (Barros et al., 2016). However, problems may occur with regard to a variety of child care qualifications exist as the case in Australia. In evaluating ratings across states and territories, it is difficult to measure this aspect and it is asserted that under current child care system in Australia, the level of child minder's training and education is hard to be analysed (Whiteford, 2015). Furthermore, the variations of qualifications amongst child care providers for an infant are greater than toddlers until it was reported that in Portugal, child care provider may only have primary school qualification as no requirement of explicit qualification exist (Barros et al., 2016).

As for Malaysia, as enshrined in Child Care Regulations 2012, operators, managers, supervisors and child care providers are required to undergo PERMATA Early Child Care Education Course. Legally speaking, formal qualification such as a diploma or bachelor in early childhood and education is not a requirement under the laws. Nevertheless, there are positive moves in increasing the numbers of certificate, diploma and bachelor's degree holder of early childhood development programmes. There are several public and private higher educational institutions in Malaysia which currently offer early childhood development courses such as Universiti Pendidikan Sultan Idris which offers early childhood education and early childhood development courses until PhD level (Schools of Malaysia, 2009).

Furthermore, dealing with children involves meticulous process and hence need proper training. The 1992 Council Recommendation of Child Care which is adopted by all European Union members highlights that there is a need for continuous training apart from the basic and initial ones. It is asserted by research evidence that continuous training is associated with quality characteristics of child minders. Those who undergo 20 hours of training per year have significant improvement in their child care practices (Munton et al., 2002).

Moreover, the diverse standards used in different countries or even in states in a country may result in inconsistencies in evaluating child care quality. Malaysia can be seen to be similar to the United Kingdom where there is no requirement for child minders to have formal qualifications except for the required training or courses. This is always the case for countries which practise maximum private responsibility. The USA of America too did not oblige child minders to be formally educated but encouraged for child minders to have qualifications. It is argued however, it cannot simply conclude that child minders with low qualification shall produce low quality child care. This is because it appears that countries with maximum private responsibility have being rated to have high quality child care too despite no mandatory requirement for child minders to have a high qualification (Whiteford, 2015).

### **3.6 Child Care Provider's Wages**

Wages given to the child minders may contribute to the process quality of child care settings. In studies conducted in the USA, the results indicate that the wages may be the single best predictor of quality of child care compared to adult to child ratio (Phillipsen et al., 1997). Higher qualified teachers may receive higher wages. However, other factors may also contribute to higher wages for teachers. High possibility of turnover may also be a factor. Therefore, the ideal solution is for the child care to hire well-educated teachers who will not quit their jobs easily. Higher wages, therefore, may be a method in enticing highly qualified and committed teachers. It is proposed by Phillipsen et al. (1997) for the child care centres to rearrange the child care budget instead of increasing the budget. This could be done by increasing the portion of teachers' salary and decreasing budgets on other sectors (Phillipsen et al., 2000; Vandell & Wolfe, 2000).

As far as research in Malaysia is concerned, Sulaiman, Othman, Perumal, & Hussin (2013) did touch on wages influence on the commitment of the child care providers. This study aims to identify what are the effects of internal market orientation (IMO) on the employee organisational commitment (EOC). IMO is important in order to produce highly committed employees and a qualified employee who will remain to be loyal to the employer and ultimately increase the employee organisational commitment towards their employer. The results of the study reveal that, response to intelligence (RTI) was significant to all features of EOC. This means that employee would be more committed towards employers who are responsive towards employees' needs such as on the issue of benefits, reward systems, performance reviews, the flexibility of working hours and others. Therefore it reveals that when child care providers satisfy with the benefits offered such as salary that they receive, they will in return perform well in their job by giving full commitment towards their work. It is worth to note that, this study managed to cover a large geographical area of Malaysia when it involved employees from child care centres in 12 states in Peninsular Malaysia namely Kedah, Perlis, Penang, Perak, Selangor, Kuala Lumpur, Negeri Sembilan, Johor, Malacca, Kelantan, Terengganu and Pahang.

### **3.7 Health and Safety Indicators of Quality**

Health and safety may be predictors of quality which are also often listed as criteria evaluated in measuring quality. This criterion if well taken care of will lead to lower rates of infectious diseases, respiratory illnesses and playground injuries among children (Vandell & Wolfe, 2000). Amongst the hygienic and safe practices are proper hands washing after changing diapers, cleanliness in preparing food, and others.

With regards to Malaysia, a study on health and safety indicators of quality in child care centres is conducted in 2015 and the result is still pending as the duration of the study is two years (Nabiha, Hayati, & Hejar, 2015). The study aims to examine the factors which predict safety practices in preventing injury in child care centres in Selangor and Putrajaya. The hypothesis was that socio-demographic of care providers, behaviours of children, job aspects of care providers have a significant relationship to care providers' information on safety in preventing injury in child care centres.

### **3.8 Physical Environment Quality of Child Care Centres**

Physical environment also plays a role in maintaining quality child care. It is claimed that child care settings must always ensure the high quality of health and safety aspect besides of other supplementary criteria such as space allocated for each child and the availability of toys and materials which suit the age of the children and so on (Ceglowski & Bacigalupa, 2002).

As far as Malaysia is concerned, it is asserted that the legislations, policies and guidelines on early childhood care and education give more priority to cognitive, social and emotional development rather than the physically designed environment in child care centres. The existing guidelines on the physical environment of child care centres in Malaysia are inadequate as they are not described in detail. Therefore it is suggested that more research on the physical environment should be conducted (Azhari, Qamaruzaman, Bajunid, & Hassan, 2015).

### **4.0 Accreditation**

One of the methods in pacing the steps towards quality improvements is by quality evaluation. This can be done through the accreditation process. Quality measurement will be helpful to locate the lacuna in the existing policies. From this point, improvement strategies may be drafted and resources towards the improvements process can be prepared. On top of measuring the current child care settings, the quality improvements initiatives which were taken to enhance the child care system may also be measured (Zaslow & Tout, 2010).

For centres to gain accreditation, many elements of high quality are required (Philips et al., 2000). Within the accreditation process, areas such as management, resources, health and safety aspects as well as teaching practices are taken into consideration. With regards to research using accreditation data, accreditation requirements vary by states and by the agency, making it important to understand underlying measures for accreditation before generalising findings. As accreditation often takes into account separate indicators of quality to ensure a centre is providing high quality care, it is deemed an umbrella method of checking the quality of care settings and is often drawn upon to inform large, national studies. Therefore results based upon accreditation data must be interpreted with caution (Whiteford, 2015). Taking Australia as an example, the country practices universal quality assurance. Child care centres, therefore, must fulfil certain accreditation and quality enhancement. This is to qualify them to obtain parent subsidies. This measure in addition to subsidy arrangement, will result in more uniform regulatory standards and eventually raise the minimum standard in Australia (Vermeer et al., 2016).

Malaysia has just introduced PERMATA-Q in assessing qualities in child care centres (PERMATA, 2016). This instrument was created referring to international standards quality such as Singapore Preschool Accreditation Framework (SPARK) Singapore, National Association for the Education of Young Children (NAEYC) USA, Early Childhood Environment Rating Scale (ECERS) USA, Quality Improvement and Accreditation System (QIAS) Australia and Framework for the Early Years Foundation Stage (EYFS) United Kingdom.

There are six standards measured in the instruments encompassing on the aspect of curriculum, health, safety, interactions between care providers and children, professional development and learning, the collaboration of parents and community and child care centres' management. This instrument has been tested in several child care centres in few agencies namely Pusat Anak PERMATA Negara (PAPN), KEMAS under Department of Social Welfare, child care centres under Universiti Putra Malaysia National Child Development Research Centre, Department of National Unity and Integration, and TASKA Sri Sejahtera which is a workplace child care centres. Through feedbacks received, this instrument is upgraded and improvised by local and international experts.

### **5.0 Regulations And Quality**

Regulations may be moulded from the studies conducted especially on the quality of child care (Ceglowski & Bacigalupa, 2002). Although most of the discussion on quality will involve events in the classroom, other aspects beyond the classroom are also important in influencing the quality of child care including a regulatory framework that set an adequate standard of quality for child care centres (Phillips et al., 2000). It is asserted that quality and community confidence may be promoted through regulations (Victorian Government Department of Human Services, 2007). Studies indicated that stricter regulations may result in higher quality care especially in terms of an adult to child ratio and training of child minders. This is also the case with regard to the activities conducted, communication between adult and child, and staff wages. The more stringent regulation shall produce a better quality of the abovementioned aspects (Phillips et al., 2000). In the USA for instance, states with stricter regulations have been recorded to have higher quality compared to those states which have loose regulations (Cryer et al., 1999).

As quality may be assessed through structural and process aspects, the structural aspects are more appropriate to be regulated due to their quantitative features (Victorian Government Department of Human Services, 2007). Evidence has portrayed that higher quality child care settings can be set up when ratios are well regulated. The US National Child Care Staffing Study suggests that the child care centres have better quality when the regulations on ratios, group size and training in the Federal Interagency Day Care Requirements are well observed (Munton et al., 2002). Discussion on regulating stricter regulations on structural aspects such as adult to child ratio, for instance, will be intense in countries where the child market is dominated by the private sector. The higher ratio set means that the child care providers need higher cost which eventually will give impact in providing affordable child care centres (Munton et al., 2002).

In addition, regulations may not just be augmented through enforcement. Regulations may also take part in encouraging best practice in promoting the constant progress of the quality of the centres although this may not produce a big impact. Therefore, through regulations, parents may be aware of the good practices and the child care settings may be well guided with best practice guideline (Victorian Government Department of Human Services, 2007).

## 6.0 Concluding Remarks

In the process of quality improvement, regards should be given towards various angles of structural features and not just one or two features. Although significant results were found when one or two structural features were examined, this does not mean that focusing on these features only will result in comprehensive quality improvement. Therefore, other predictors or variable should also be taken into consideration. Changes and reforms need to be done simultaneously encompassing various relevant structural features (Cryer et al., 1999). Changes in adult to child ratio may enhance the quality, but it is believed the result would be greater if the group size is given the same attention in the quality enhancement process.

In determining the core elements of quality child care, overall findings from (Kreader, Ferguson, & Lawrence, 2005) revealed that quality infant classrooms should have lower adult to child ratio, smaller group size, higher qualification of child care provider, extensive training for child care provider, higher staff salaries, experience of child care provider, and loyal staff who will remain with the centre for extended period of time.

Adult to child ratio has proven to be a significant predictor of process quality. Therefore, it was suggested by Phillipsen et al. (1997) for the regulations in the USA on an adult to child ratio to be stricter. Group size is also a good determinant of quality. These two aspects i.e ratio and group size shall be taken as the factors in increasing quality of child care services because on top of the fact that they are strong predictors of quality, they are also measurable to be included in comparison studies across countries (Vermeer et al., 2016). As far as Malaysia is concerned, the stipulated adult to child ratio is quite low compared to other countries. However, the problem lies as to the implementation and adherence to the regulations. As for group size, Malaysia regulation is silent on this, thus the probability to insert this feature in the legislation need to be scrutinised. As far as child care provider's education and training are concerned, It appears that that the finding from the study in Portugal underline the significance of teachers' education and group size towards process quality in Portuguese child care landscape. The authors, therefore, highlighted the importance of the requirement of teachers' education and training to be included in the blueprint of quality improvement strategies (Barros et al., 2016).

Staff wages also carries weight in determining quality child care. It was found to be the strongest predictor of process quality. Although the child care providers' wages may not be regulated, other aspects that directly associated with wages can be regulated such as the qualification of the care provider. It is worth to note that, unlike the USA, Germany and Australia government have power control over child care providers salaries besides of the wages of public school teachers (Phillipsen et al., 1997). In Malaysia landscape, as most of the child care centres are dominated by the private market, the minimum wages may be set by the government in order for the child care providers to be given a considerable amount of salary according to their qualification. Child care providers in Malaysia are often seen as a just custodial carer who may not warrant for high payment.

Therefore, as far as quality improvements in child care Malaysia is concerned, it is believed that there still rooms for improvement in terms of laws and polies specifically. This study proposes that in the process of reform, several aspects of structural features should be reviewed by the legislator and policy dafter. The features which are known as the 'iron triangle' components i.e adult to child ratio, group size and child care providers' education and training should be given weight in the process of strengthening the laws and policies on child care in Malaysia. Staff wages, health and safety measures, and physical environment should also be the complimenting aspects in paving towards higher quality child care. The study nevertheless is limited to theoretical aspect and need to depend on other countries' practices. This is due to the scarcity of the research done in Malaysia involving high quality child care centres.

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