A Quality Improvement and Accreditation System (QIAS) Model: The Catalyst for Quality Childcare Center

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Abstract: The development of the holistic child is 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. By investigating the NCAC Quality Practice Guide, this study introduces the concept of the QIAS model more effectively. There are seven 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. As a 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.

Key words: Quality Improvements and Accreditation System (QIAS) model, accreditation system, childcare center, safety, health

INTRODUCTION

The family structure, career women and cost of living have dramatically changed for the past two decades. Such situations were seen in developed as well as developing countries throughout the world. Therefore as more mothers leave their homes to venture into the job market, there is a growing need to ensure they have a safe place to care for their children while they are working. Thus, child care is seen as a critical component of the work force. Today, early childcare centers mushroom throughout the country in the quest to fulfill the demand from working mothers. Therefore, there is a need to ensure these childcare centers are providing the best services that will enhance the holistic development of the child.

Despite the growing demand for childcare services and their critical role in development of children, childcare service providers have lagged far behind compared to most other service firms in applying marketing-oriented approaches to their businesses. Thus, the delivery and quality of this important consumer service has implications not only for direct customers of this service such as parents but also for users of the service (i.e., children) as well as the society as a whole.

The earliest years of a child's life is the key to predicting ultimate success in children's developmental outcomes (Love *et al.*, 2003; Sylva *et al.*, 2004). 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. Children who attend programs that meet high quality standards are more likely to provide lasting benefits. 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 (Burchinal and Cryer, 2003).

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 (Korjenevitch and Dunifon, 2010). Thus, there is a need to identify what constitutes high quality and what contributing factors support and sustain such high quality.

MATERIALS AND METHODS

Perspectives on child care quality: There are four perspectives on the quality of child care (Katz, 1993); the perspective of researchers and professionals in the field, the perspective of parents using child care, the perspective of child care staff and the perspective of the children in child care. Although, that all four perspectives must inform child care policy, the researchers and professionals perspective is considered far more often than are the other three.

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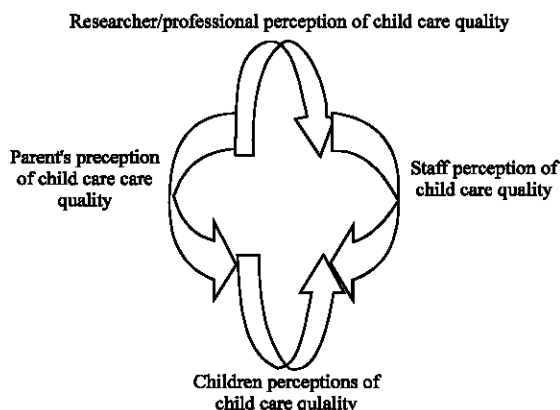
Fig. 1: Katz's model of four perspectives of childcare quality

The researchers and professionals perspective focuses on program attributes and consists of structural, global and process components. Structural quality includes group size, staff qualifications and levels of experience and child/teacher ratio. Global quality entails classroom practices and environments that promote children's growth and learning. Process quality entails adult responsiveness to and behavior with children.

The researchers and professionals perspective has been used in every major study of child care quality and dominates current views of child care quality. Of the remaining three perspectives, the parent perspective has been studied modestly and the staff and child perspectives have been studied minimally. Studies of parent perspectives focus on parent's perception of quality including program flexibility and staff responsiveness to family needs. Staff perceptions of quality might include administrative, collegial, parental and sponsor relationships. Child perceptions of quality would investigate quality from a child's perspective and might include information about children's comfort, level of acceptance and engagement in activities. Figure 1 presents Katz's model which view of "quality" in early childhood services.

Quality Improvements and Accreditation System (QIAS): Management is needed in every effective group to attain the desired goals with the least expenditure of time, energy and money. Whether the operation is an agency, school, business or family, whether it is operated for profit or as a nonprofit basis, management is needed. One approach to management of early childcare center that has gained increasing popularity in the united states recently is Total Quality Management (TQM). Research addressing childcare center quality is in demand from

practitioners and policy-makers in terms of improved early childhood provision for the future (Elliott, 2006). Much of this revolves around the argument that childcare center quality enhances children's cognitive and social development.

Quality in childcare is generally accepted 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 while children from low-income families benefit more from quality child care than do others.

The development of the holistic child is 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. There are seven 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 well-being
- Quality area 7: Managing to support quality

Quality management contrasts with traditional management methods in several ways (Campbell and Milbourne, 2005):

- Power is shared. Ideas flow upward from the people actually doing the work and downward from the organization's leaders
- Responsibility is shared
- Customer satisfaction is the central focus
- Quality is achieved by doing even the small things right the first time
- Successful businesses do not rest on their laurels but strive for continuous improvements

The implementation of Quality Management (TQM) in an organization implies a fundamental change in the way that organizations functions. According to the history of educational management systems, TQM may have seemed revolutionary to US industry when it came into vogue in the 1980's but it should sound very familiar to those of us in the field of early childhood education where prominent leaders have been espousing self-government and bottom-up management for over a century.

For successful implementation, several people oriented aspects of quality management should be well understood. Quality management is a preventive rather than a corrective approach to quality. It involves the concerted effort of all employees in an atmosphere of teamwork dedicated to improving the quality of products and services, trusting employees to act in a way that is best for the customers and never losing sight of opportunities for continually improving the way things are done. Thus, quality management is likely to change an organization's overall goals and profoundly influence the work practices of individual employees. Employees and unions must be involved up front, followed by continuing education and training programs in a concerted effort for participative management and teamwork to break down the organizational barriers to quality.

Analysis of the qias guideline by National Childcare Accreditation Council (NCAC): Referring to QIAS (NCAC, 2015), there are seven qualities 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.

Area 1: Child's development is found to be linked closely towards the quality of the staff and peers relationships. Interactions between staff and children need to be sensitive and treated with respect in order to enhance children's social and well-being, where later on helps in the development of other soft skills and abilities. Besides staff-children relationship, staff and peers relationship is also important to create a happy workplace. The quality time spent and the closeness from one employee with their peers enable to strengthen the social ties at work and as a result produce a positive collaborative job crafting.

Area 2: Partnership between staff and parents can be done through active communication and consultation. Partnership with the parents is important to the children's wellbeing and development where children gain benefits the most through supportive and mutual understanding partnership.

Area 3: Effective program is being carried out according to the opinion from the center's shareholders and children themselves. The program should cover all characteristics of children's experience where it has to be flexible and adjustable. In this way, the program is able to stimulate and involve children's participation to practice their current interest or develop their interests, talents and abilities.

Area 4: Children's experience and learning, defined as the children's curiosity of longing to discover the world make purpose of it and have some influence over it. Requirements such as free play, discover ideas, communicate with others and make connections with the surrounding is vital. Therefore, active participation from staff and management in offering rich setting is required in order for children to have options and a part in making decision.

Area 5: The management and staff should bear the same responsibility to keep informed on the recent plans and practices endorsed by the acknowledged health and safety authorities. Besides that, the center needs to prepare well-defined health and safety policy and procedures for the children, staff and visitors who come in the center in order to ensure children's, staff's and visitors' safety and protection.

Area 6: Health, nutrition and well-being of the children are important. Management and staff shared the responsibility to keep up with the current health plan and practices recommended by the acknowledged health and nutrition authorities. Moreover, staff should also know about children's daily nutrition necessities, food handling procedure and hygiene practices to ensure the center is safe.

Area 7: Management and staff are required to set up efficient and proper management policy and practices. Management policy and practices should provide clear guidelines for the staff and the families related to the management issues. Besides that, procedures and rules of the center have to be recorded to ensure the implementation is consistent.

RESULTS AND DISCUSSION

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 3.00-3.57 for each dimensions as showed in Table 1. We can see that 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).

Table 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 practices	-	3.32

Fig. 2: Mean of quality areas
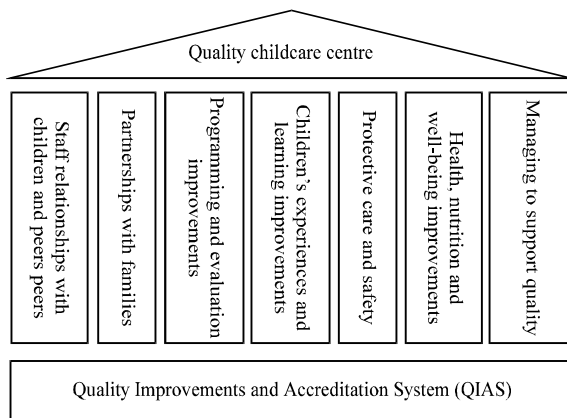
Fig. 3: QIAS model

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, 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 (Fig. 2 and 3).

CONCLUSION

Results showed that the childcare centers regard protective care and safety of the children higher compared to the partnerships with families. Thus, recommendations will be made wherever possible towards the setting up of these centers as quality childcare centre. Through this study, the QIAS model which consisted of seven important parts as shown in the diagram below was highlighted 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 in Malaysia.

Childcare center have to be 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 leader for the country.

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