

LEGAL REQUIREMENTS OF HOME-BASED CHILDCARE CENTRES IN MALAYSIA; ARE CHILDCARE PROVIDERS AWARE?

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ABSTRACT

Home-based childcare (HBCC) services are among the childcare services available in Malaysia, as ensconsced in the Child Care Centre Act 1984. In Malaysia, HBCC providers are only allowed to care for a minimum of four and a maximum of 10 children. However, this definition does not include small home-based childcare services or childminders who care for less than four children. Employing the qualitative method of content analysis, this study discusses the laws and regulations governing HBCC in Malaysia, particularly the legal requirements that need to be fulfilled. This is further supported by interviews conducted with childcare providers who look after children at their home to examine their level of understanding of the legal requirements under Malaysian childcare laws and regulations. Findings indicate, among others, that the HBCC operators are unaware of the need to register with the Social Welfare Department. The adherence to the legal requirements for this HBCC should not be taken lightly, as it is crucial to ensure the safety and well-being of children. Consequently, greater efforts are required to ensure the children's health and safety because the current procedures rely solely on the experience and expertise of the childcare providers. This paper contributes to the extent of knowledge of HBCC in Malaysia especially towards policy makers, child care operators and parents by exploring the experiences of HBCC childcare providers. It is proposed that continuous improvements need to be made to the laws and regulations on HBCC in ensuring high quality services of HBCC.

Introduction

High-quality environment and safe childcare centres are essential to meet the physiological and safety needs of children. According to Maslow's Needs Hierarchy Theory, physiological needs and safety needs are among the most vital needs for children (Poston, 2009). Physiological needs include necessities such as food, drink, and shelter, while safety needs involve protection from social or physical disruptions. Maslow's hierarchy of needs model illustrates the "ontological" development of an individual because each stage of development needs to be fulfilled in a hierarchal order. Therefore, this matter needs to be given full attention because it is a fundamental requirement in early childhood.

Childcare services are vital, and this sector is currently facing a global crisis where almost 35 million children under the age of five are left without supervision (Gromada et al., 2020). In Malaysia, just 18.81%, or 3173 of the 16, 873 children under the age of four are enrolled in childcare centres as of 2019 (Sulaiman, 2022). This figure may not describe the real numbers of childcare services in Malaysia as this can be the result of childcare providers' hesitation to register their services. In fact, the market's need for childcare services has grown all this time dramatically (Aziz et al., 2021).

In ensuring that these centres are of high quality, childcare in Malaysia is governed by the Child Care Centre Act 1984 (Act 308) (CCCA 1984). This Act is intended to ensure quality childcare for children below the age of four years at the childcare centres. Additionally, the Childcare Centre Regulations 2012 (CCCR 2012) provide detailed provisions regarding the legal requirements of childcare centres, including the qualification of the operators and childcare providers, premises and equipment of a childcare centre, safety measures and prevention of fire, childcare centre activities and so on. Another legal instrument concerning childcare centre in Malaysia is the guideline provided by local authorities such as *Garis Panduan Penubuhan Taska dan Tadika* (GP027) which was published in 2012 and revised in 2017. This guideline takes into account the requirements of various technical agencies, including local councils, Social Welfare Department (SWD), Malaysian Fire and Rescue Department (JBPM), Malaysian Ministry of Health (KKM) and State Education Department (JPN).

The law mandates that childcare centres must register their premises with the SWD, as can be found in Section 6 of CCCA1984. As stated in Section 5 of the CCCA 1984, childcare facilities fall into several categories for which registration with SWD is mandatory. These categories include home-based childcare centre, workplace-based childcare centre, community-based childcare centre, and institution-based childcare centre. This paper focuses on one of the mentioned categories which is home-based childcare centre. HBCC provides a homely environment for young children while their parents are at work. These centres, run by individuals, are popular among parents in Malaysia because they offer a more personal and intimate setting compared to traditional childcare centres. They also often have a lower ratio of children to caregivers, which allows for more individual attention to be given to each child.

Despite the clear requirement for centres to register, there are still many unregistered childcare centres throughout the country for various reasons. From 2014 to 2021, there were 44 conviction cases for failure to register these centres (Astro Awani, 2021). According to data released in the official portal of SWD, as of 2021, 5445 childcare facilities were registered throughout Malaysia (Department of Social Welfare, 2022). 960 of them are registered HBCC. The total of registered childcare providers in HBCC was 1112 and the total number of children four years and below cared in registered HBCC was 1394. The number of childcare centres in Malaysia that are registered as of 2021 is displayed in the table below:

Table 1. Number of registered childcare centres by state and category 2021 (Department of Social Welfare, 2022)

	Kategori Category						
Negeri State	Institusi Institution	Tempat Kerja (Agensi Kerajaan) Work Place (Government Agency)	Tempat Kerja (Agensi Swasta) Work Place (Private Agency)	Komuniti Community	Rumah Home based	Jumlah <i>Total</i>	
Johor	340	11	2	2	60	415	
Kedah	237	11	0	2	21	271	
Kelantan	207	15	3	2	1	228	
Melaka	73	14	3	1	3	94	
Negeri Sembilan	230	12	1	1	40	284	
Pahang	163	17	2	1	54	237	
Perak	354	14	3	0	59	430	
Perlis	41	2	1	2	11	57	
Pulau Pinang	143	21	1	0	35	200	
Sabah	298	17	0	3	42	360	
Sarawak	139	10	1	3	51	204	
Selangor	1,385	54	30	3	381	1,853	
Terengganu	173	4	4	3	18	202	
W.P. Kuala Lumpur	236	57	17	1	132	443	
W.P. Labuan	25	3	0	1	10	39	
W.P. Putrajaya	50	36	0	0	42	128	
Jumlah Total	4,094	298	68	25	960	5,445	

The registration of childcare centres is an issue that needs more attention from the authorities to ensure that the centres are able to deliver high quality services. Other challenges that childcare settings are facing are the curriculum and standards, regulations and policies, competencies, and skills of the childcare providers, funding, facilities, and stakeholders' contribution (Rahmatullah et al., 2021). Registering childcare centres is crucial to ensure compliance with the legal requirements outlined in laws and regulations. This is important in safeguarding the children's safety and their developmental growth.

On top of that, as lawmakers work to strengthen childcare laws and regulations, they should be mindful of the rising number of child abuse cases in daycare facilities. This is especially important when it comes to making sure that childcare providers follow the law as outlined in the CCCA 1984 and the CCCR 2012. Childcare providers who spend a lot of time with the children are the most significant individuals in childcare centres. In a study predicting the potential to abuse children among childcare providers, especially in childcare centres using age, task load and work pressure as the predicted factors, childcare providers who are older and under stress of work burden tend to abuse children in childcare centres (Taib & Hamzah, 2022). Apart from abuse, the cases of neglect and abandonment are also rising although there

are legal provisions addressing these matters (Hashim et al., 2019). Thus, the role of childcare providers is materials to be given attention as they work directly with the children. There is a need to examine the awareness of the childcare providers on the legal requirements of childcare centres in guaranteeing the welfare of the children is well taken care of.

Legal Requirements under Child Care Centres Act 1984

For a centre to be able to register under CCCA 1984, there are legal requirements that need to be fulfilled. These legal requirements represent the substantial qualities that are translated into laws and regulations.

It is worth noting that there are six legal requirements should be adhered to in ensuring quality in childcare centres. These requirements include adult-to-child ratio, group size, childcare providers' education and training, health and safety measures, physical environment and educational programmes (Abdul Mutalib, 2020).

The adult-to-child ratio, group size, and childcare providers' education and trainings are often known as the '*iron triangle*', and there are various literatures discussing these features (Barros et al., 2016; Bowne et al., 2017; Burchinal, 2017; Hu et al., 2017; Melhuish et al., 2015; National Association for Regulatory Administration et al., 2017; Perlman et al., 2017; Phillipsen et al., 1997). These legal requirements have been extensively studied and researched. Additionally, other common legal requirements include the physical environment and health and safety measures (Fiene, 2002; Melhuish et al., 2015; Rhee, 2007; United Kingdom Department for Education, 2013).

As far as Act 308 is concerned, Section 8 highlights the legal requirements by stating the 'terms and conditions to be imposed' within the section.

"Terms and conditions to be imposed

- 8. The Director General may register any childcare centre subject to the following—
- (a) limiting the number of children who may be received in such childcare centre at any one time;
- (b) ensuring that the applicant or any other person he employs at the childcare centre is a fit and proper person, whether by reason of age or otherwise, to operate, take part in the management of or be employed at the childcare centre;
- (c) ensuring that such childcare centre shall be adequately staffed, both as regards the number and the qualifications or experience of the persons employed therein or taking part in the conduct thereof;
- (d) ensuring that such childcare centre shall be adequately and suitably equipped and maintained:
- (e) ensuring that, where any children are received in any childcare centre and remain there for a continuous period exceeding four hours in any one day, there shall be adequate and suitable arrangement for feedings, resting and recreation for such children and that adequate and balanced diet shall be provided;
- (f) complying with any requirement relating to the structure, fire precautions, health, sanitation and safety;
- (g) any other conditions which the Director General deems fit and proper."

From this section, it can be construed that the CCCA 1984 emphasises several legal requirements concerning the childcare provider-to-child-ratio, the education and training of the childcare providers, the physical environment, and health and safety regulations. These legal requirements are the focus of this paper. This study aims to discuss what are the legal requirements that need to be fulfilled by childcare operators, including HBCC operators. Furthermore, their understanding of the legal requirements is also examined from the interview conducted with childcare providers of HBCC. Data and information

obtained were then analysed to provide a preliminary overview on the need and possibility for the laws and regulations pertaining to home-based childcare centres in Malaysia to be improved.

Research Methodology

This doctrinal research employed a qualitative approach which involves document analysis of primary data, such as the laws and regulations related with HBCC in Malaysia, namely CCCA 1984 AND CCCR 2012. Interviews were also conducted with four childcare providers in October 2021 to obtain general information on the level of understanding of home-based childcare providers particularly on the four quality features of childcare centres: childcare provider-to-child ratio, education and training, health and safety, and physical environment. The childminders' homes were located in the State of Malacca, Malaysia.

The purposive sampling was used as a tool for informant selection. The criterion selection are shown in Figure 1. The interview data and information obtained were analysed using a thematic analysis to provide a preliminary overview of the necessity and potential for regulating the laws and regulations concerning home-based childcare centres in Malaysia.

Childcare Provider: Home-based childcare providers

Age: 30 - 55 years old

Experience: More than 1 year

Figure 1. Respondents Selection Criteria

Discussion and Findings

As shown in Figure 2, four respondents participated in the interview, with ages ranging from 34 to 53. Each respondent possessed varying years of childcare experience.

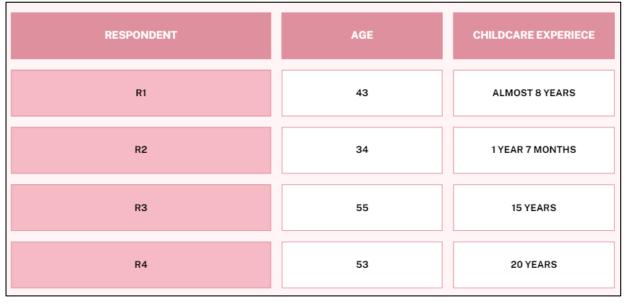


Figure 2. Respondents Demography

According to a study examining the traits and attributes of certified nannies and registered childminders in England, home-based childcare is an economical and flexible option that supports learning, fosters child wellbeing, allows parents to work, and acts as a parental substitute (Papatheodorou & Luff, 2023). This study also suggested redefining home-based childcare, pointing out that some of its most crucial structural features are having qualified staff, a low adult to child ratio, and low staff turnover, in addition to contextual features like an environment that is secure and safe. Meanwhile, health of the children is also included under key characteristics of home-based childcare. This finding was in line with previous studies exploring the quality features of childcare centres (Barros et al., 2016; Bowne et al., 2017; Burchinal, 2017; Fiene, 2002; Hu et al., 2017; Melhuish et al., 2015; National Association for Regulatory Administration et al., 2017; Perlman et al., 2017; Phillipsen et al., 1997; Rhee, 2007; United Kingdom Department for Education, 2013). Thus, the interviews focused on four quality features which are: (i) childcare provider-to-child ratio, (ii) education and training, (iii) health and safety, and (iv) physical environment.

Quality Features of Childcare Centres

Childcare Provider-to-Child Ratio

The number of children who should be under the supervision of an adult or care provider is referred to as the "adult to child ratio" in the context of early childhood education and care. One essential aspect of childcare is the small group size. Due to the small number of kids, childminders are able to give individual attention to the children (O'regan, 2023). Regulating adult to child ratio therefore may benefit the kids particularly in terms of the caregiver's capacity to engage with the kids in a warm and engaging manner.

Under Section 8 (a) of the Child Care Centre Act 1984, the childcare centres need to limit the number of children. One way to limit the number of children is by having a specific permitted adult-to-child ratio. By virtue of Regulation 18 of Child Care Centre Regulations 2012, the Third schedule provides the ratio of a childcare provider to a child at a childcare centre. The ratio is summarised in the table below, as can be found in CCCR 2012:

Category of Children	Age Group	Number of Children	Number of Childcare Provider / Registered Childcare Provider
	From birth - 1 year	3	1
Normal Children	Above 1 year - 3 years	5	1
	Above 3 years - 4 years	10	1
	From birth - 1 year	3	2
Disabled Children	Above 1 year - 3 years	5	2
	Above 3 years - 4 years	10	3

Figure 3. Adult to Child Ratio (Third Schedule of Child Care Centre Regulations 2012)

From the interview, it was found that the adult-to-child ratio in home-based childcare centres varied widely. Childcare provider R1 and R2 had a ratio of 1:4, childcare provider R4 had a ratio of 1:5, while childcare provider R3 had a ratio of 1:6.

[&]quot;...I don't take many, just 3 or 4 children...I never take more than 4." (R1)

[&]quot;I have 3 now including my own child. The most I have was 4 before this, but now I have only 3." (R2)

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"At the moment, I have 6 children, the most is 6..." (R3)
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Looking at the number of the children cared by them, they may be categorised as HBCC as they are caring for more than three children. However, there is an issue with their awareness regarding the need to register their centres. They mistakenly believe that they fall under the category of childminders, who are not required to register their centres with SWD. According to the law, small HBCCs or childminders who care for one to three children are not obligated to register with SWD. These childminders are not included in the definition of childcare centres as stated in Section 2 of the CCCA 1984. Section 2 of the Act defines childcare centres as "any premises at which four or more children under the age of four years from more than one household are received to be looked after for reward". Thus, childcare centres are those looking after the minimum of four children from more than one household and there is payment made by parents to the childcare centre operators.

Therefore, it can be seen here that the concept of HBCC needs to be clarified as to distinguish between small home-based childcare centres or childminders and larger home-based childcare centres that care for four to nine children in a house. From the interview, it was revealed that they are not aware that they were not allowed to care for more than three children if they were not registered with SWD. As they are caring for more than four children, it is necessary for them to register their centres under the category of HBCC.

Education and Training

Section 8 (b) and (c) highlight the qualifications of a childcare provider. However, the provisions are quite general by inputting the phrase "fit and proper person". Regulation 16 (4) provides further guidance by specifying that the factors that will be considered when determining a childcare provider is a "fit and proper person" are age, health, and qualification. In addition, Regulation 16 (4)(b) emphasises that the person must be free from any conviction relating to moral turpitude, sexual wrongdoing, or child abuse.

Meanwhile, Section 8 (c) mentions that childcare providers need to be qualified in terms of their education and experience. In accordance with Regulation 14 (2) (c) of CCCR 2012, childcare providers need to pass the PERMATA Early Childcare and Education Course. However, if the childcare provider has yet to undergo the course, Regulation 14 (3) provides a period of twelve months for them to attend and pass the course.

The interview data reveals that all four childcare providers have not attended any courses related to childcare.

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"...I never." (R1)
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"No, I just want to do it in my free time. I do not have anything else to do. I am doing this to increase household income too." (R2)

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"No." (R3)
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"No. I never attended any related course. It is just based on my experience." (R4)

Trainings/Courses

Training and education of educators are additional quality indicators in childcare settings, including childminders (Mustafa et al., 2017). It appears that, although years of experience was not important, preservice training and supervision were crucial in ensuring quality childcare (Vandenbroeck et al., 2021). Feedback from the childcare providers regarding attending training or courses varies. R1 expressed interest in attending training in babysitting and childcare, as well as safety specifically designed for childcare providers. They have requested that such training be made available to them.

"If I am still babysitting, I will go. ...Trainings, attending trainings are important like babysitting and childcare, safety..." (R1)

[&]quot;...uncertain. Children are back at school now, so I have lesser children to look after. The most I have ever had was 5. Three were my own grandchildren and two were others." (R4)

R2, R3 and R4 did not show any interest in attending any related training courses for their own reasons and commitments. R2 has a small child to look after, R3 has commuting-related problems, and R4 appears to be uninterested and disengaged from the idea altogether.

"I do not think I would go. I have a small kid. It is difficult." (R2)

"If I must attend for trainings, how can I go? I must look after my grandmother. Who is going to look after her I go? Who is going to look after the other kids? I do not know how to drive or to ride a motorbike..." (R3)

"Well to be honest, I am not interested. I just want to help people." (R4)

Thus, concerning education and training, none of the respondents have received any training in childcare. This matter needs to be given attention as education and training are crucial legal requirements in ensuring quality childcare centres. The trainings include programmes to equip childminders with knowledge on proper baby and childcare guidelines and the practice of emergency preparation (Sarnon et al., 2017). The lack of training may result to inefficiency among childcare providers in implementing the educational programmes or curriculum in childcare centres (Rahmatullah et al., 2021). According to Papatheodorou and Luff (2023), in order for home-based childcare to function as a support system, home-based educators need to possess a broad variety of both professional and personal knowledge and qualities and this highlights the significance of having knowledgeable and dedicated educators whose professional expertise, abilities, and characteristics influence their practise as a parent support system, addressing the wellness of both parents and children. Although childminders who care for fewer than four children are not required to register or undergo any training, it is important to note that since the respondents are caring for more than four children, they are no longer considered mere childminders. They fall under the category of home-based childcare centres, which are one of the types of childcare centres regulated under CCCA 1984.

Physical Environment

Section 8 (d) pertains to the legal requirements on physical environment. Childcare centres need to ensure that the premises are suitably equipped and maintained. The detailed requirements are covered in Part IX of CCCR 2012 on "Premises and Equipment of a Childcare Centre". The requirements for physical environment involve several aspects including kitchen pantry, washroom, and electrical wiring. However, this study focuses on toys for children. Hygiene requirements are one of the requirements that are set for toys (Kurbanova, 2022). The toy should be well-maintained and made of materials and colours that won't endanger the child's life. Under Regulation 32 (1) (c), a sufficient amount of toys or other equipment for play activities must be provided by childcare facilities. However, HBCCs are not obligated to comply with this toy requirement, as enshrined in Regulation 32 (3).

It is revealed in the interviews that the childcare providers shared two distinct perspectives on toys. R1, R2 and R4 requested that children refrain from bringing toys from home to the caregiver's home. These childcare providers have already bought toys for the children. They believe that bringing toys could create tricky situations to manage.

"I sometimes buy toys like stacking or sorting shapes. If the babies are sleeping, I ask the older children to play with me. When the babies wake up, they become my primary focus. I do not dare to leave them alone." (R1)

"They can play if they want to. I do not allow them to bring toys from home. I am afraid they will fight over toys." (R2)

"I buy toys for the children. I do not like them bringing their toys from home. They fight over toys." (R4)

However, the situation was different with childcare provider R3. R3 feels that her children are easier to look after as they are all school-aged except for one child. R3 does not mind if the children bring toys from home.

"All are grown-ups, except for this one. The rest are school children. They are already older and easy to look after. Sometimes, they bring their own toys from home." (R3)

Health and Safety

The legal requirements for health and safety are addressed in Section 8 (e), which mandates that childcare facilities provide appropriate spaces for children to eat, rest, and have fun. Section 8 (f) of the Child Care Centre Act of 1984 also outlines the legal requirements for health and safety, stating that childcare facilities must adhere to all regulations regarding their construction, fire safety measures, and general hygiene and safety. Based on CCCR 2012, legal requirements on health and safety are covered in Part XIII on "Food, Nutrition, and Water" and Part XIV on "Health".

Daily Daycare Schedule

The childcare providers have set a general schedule for the children to support their individual needs.

R2 trains the children to start with a morning shower, breakfast, play, nap, evening shower, then early dinner just before they all go back home.

"I train them to shower, then I feed them. I feed them all regardless of how old they are. Then, they play while I continue doing my house chores. At 1.00 p.m., I asked them all to get into the room and sleep. They wake up around 3.00 and 4.00 p.m. Whoever wakes up first will shower first. I will then give them early dinner before their mum pick them up." (R2)

R4 follows a slightly different schedule. R4 starts with bathing the children. After bathing, R4 prepares breakfast to all. Then, the children are free to watch TV programmes. They can continue watching if they do not want to go to sleep in the afternoon (including the younger ones) until lunchtime.

"Yes, there is a schedule. When they come, I bathe them, and I prepare breakfast. Then, they watch TV, cartoons, or anything. If the younger ones do not want to sleep, they can watch TV too. Then, I prepare lunch for all the kids." (R4)

While the other two childcare providers have their daily daycare schedule respectively, R1 relies on her observations to determine when to provide the nap time to the children. R1 looks for signs indicating that the child is about to take a nap.

"If the child is full, crying and rubbing their eyes, the eyes it means the child wants to sleep. Sometimes the child would sleep until the mother comes to pick up." (R1)

R3, however, used to have a daycare schedule when the child was younger. However, now that the child has grown up, R3 allows them to engage in their own activities.

"I did. Now he has grown up. He knows how to manage himself. When he was small, I gave him lunch at 12 noon. He went to sleep just before I perform Asr prayer. That was back then. He can now choose whether he wants milk or rice. He chooses..." (R3)

Safety Measurement

All childcare providers were asked about the safety measurements they take to keep the children safe in their homes. They shared diverse types of measurements, including making sure all doors are closed, closely monitoring the children, and getting help from someone if necessary.

"I close all the doors." (R1)

"I monitor them. If I have work in the backyard, my mother-in-law will help me out. If I see any child climbing, I ask them to get down. It is normal to any children." (R2)

"If I am in the kitchen, I will lock the front door. The children will play here. Sometimes they follow me to the kitchen area. I tell them if they want to stay in my house, they need to follow my house rules. They cannot simply do what they want. There is one child who loves to play with this cupboard. It is dangerous." (R3)

"I always monitor them. If I have something to do, my husband will help me out. I do not leave them alone." (R4)

Mealtime

Mealtimes were also highlighted in the interview. Some interesting details were revealed, and one shocking revelation was that the children are not encouraged to self-feed during mealtimes. Instead, the childcare providers feed every child individually.

"During mealtime, they will sit in a circle. I will feed the eldest first." (R1)

"I feed them all once. There's one Year 1 child, I feed him too. It is easy for me." (R2)

"I follow their mealtime. I ask them whether they want milk or rice, they choose." (R3)

"I started feeding the youngest ones first, then the eldest." (R4)

Meal Preparation

The interviews unveil that food is provided by both the parent(s) and the childcare providers. Some parents prepare meals and snacks at home, while others rely on the childcare providers to cook for the children.

"For children under one-year-old, their mothers prepare food at home and bring it here. Some prepare pumped breastmilk in bottles. Some prepare porridge. Those who eat rice, I cook for them." (R1)

"I give porridge to the older babies If they cannot take it, I put the porridge in a blender to make it smoother. For the older ones, I make soup for them." (R4)

Food Allergy

Some children of the childcare providers have food allergies, while others do not. Unfortunately, the childcare providers were not well-informed about these allergies by the parents. This leads to uncertainty.

"So far, no. they are all fine." (R1)

"No. Just the one who does not take spicy food. The rest, they are all OK." (R2)

"Emm...there was one. He was breathless. I was not sure. He has asthma. If he has an asthma attack, he will be hospitalised. There was once he was breathless. He wanted to call his mum. I asked my daughter to inform his mother. I asked his mother what to do." (R3)

"I have one child. The child does not take Anmum formula milk. He only drinks soy milk." (R4)

Emergency Preparedness

The interviews show different responses when they were asked on how to handle a child who is sick or any emergencies. The childcare providers will call the parents in case of an emergency.

"If it starts at home, the mother will not send the child to me." (R1)

"I immediately called the mother. If the father did not go to work, the father would fetch the child. They stay nearby." (R2)

"I will call the mother." (R3)

"If the child has fever, I give the child medicine. If the child is still not OK, I call the mother." (R4)

In terms of meeting health and safety legal requirements, childminders generally have a general schedule in managing the children, relying on their own experience and knowledge without any reference to recognised schedules. Similarly, their safety measurements are based on their previous experience as childminders. However, the issue of food also poses as a concern as there are no clear guidelines to determine if any of the children have food allergies, as this information was not collected beforehand. This lack of information could pose future problems if there are children with food allergies in their care. A study highlights that childcare environments have the potential to affect how infants and toddlers develop their food and physical activity habits, as well as their chance of being obese, as young children are so susceptible to environmental influences (Risica et al., 2022). The same goes for emergency preparedness, where there are no clear guidelines for them as to what they need to do in case of emergency. This presents a remarkably elevated risk as cases of require careful handling and childminders may panic due to their lack of preparedness. Thus, they need to be equipped with proper procedures to handle emergency situations.

Hence, concerning health and safety, childminders do take measures in ensuring health and safety of the children are well taken care of. All of these, though, are predicated on their expertise and experience, which might not be enough to completely protect the children.

Conclusion

Given the high demand for childcare settings and the vulnerability of the children involved, it is imperative that these services maintain high quality standards. The key players in this sector, namely the childcare providers, need to be well equipped with the knowledge and skills for them to successfully adhere to the legal requirements as provided in the laws and regulations. From the study, it can be concluded that HBCC operators are generally unaware that they are required to register with SWD. As they are taking care of more than three children, they need to register and fulfil the legal requirements under the laws and regulations. Additionally, the childcare providers interviewed in the study do not meet the legal requirement for education and training as they have not undergone any courses or training specifically related to childcare. Furthermore, in terms of health and safety requirement, more efforts need to be garnered as the measures in ensuring the health and safety of the children are only based on their own experience and knowledge.

A comprehensive effort is needed to ensure they adhere to the legal requirements for the children's benefits. Their willingness to improve and enhance their services is also important. For instance, upon the suggestion for them to go for training or courses, only one of them agreed to attend courses to upgrade their skills in childminding, based on the conducted interviews. Others felt that these courses are burdensome for them. Therefore, it is suggested that strategies need to be drafted in encouraging more participations from childcare providers to attend courses or training. They need to be equipped with basic skills of childcare and basic measures in handling emergency situations.

In addition, small home-based childcare centres or childminders looking after one to three children are not included under the category of childcare centres that are required to be registered under the provisions of CCCA 1984. As a result, these small home-based childcare centres or childminders are not covered by the regulations and monitoring processes established by the Act. Consequently, there may be instances where these smaller childcare settings do not meet the minimum standards of quality required for registered childcare centres, and they are not subject to the same level of oversight by the authorities. This can pose a risk of harm to the safety, welfare, and developmental growth of children. Hence, there is a need for more assistance and support for HBCC in enabling them to fulfil the legal requirements, ensuring high quality services. Nevertheless, it should also be noted that the standards imposed for HBCC may be different to institutional care centres due to the difference in nature and characters.

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