

Industry Standards for Childminding Operators

1st Edition (2024)

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1 INTRODUCTION

1.1 The Industry Standards for Childminding Operators (“Operators”), hereinafter referred to as the “Industry Standards,” is jointly developed by the Early Childhood Development Agency (“ECDA”) and Operators as part of the implementation of Childminding Pilot for Infants, which will run from December 2024 to December 2027.

1.2 The Industry Standards spell out the basic service provision and standards expected of Operators and their childminders to ensure the safety and well-being of infants under their care. It outlines their obligations and lays out best practices for childminders in carrying out their responsibilities but not limited to operators onboard the Childminding Pilot. It also provides guidance on implementing policies and procedures to manage incidents and parents, as well as adopting safety measures.

2 BASIC PROVISION OF SERVICE

2.1 Meals

2.1.1 Operators, childminders and parents should agree on meal arrangements (e.g., party responsible for the provision of meals for the infants). For childminding services in community premises, the provisions and facilities available in the community premises should also be taken into consideration (e.g., whether it is feasible for the childminder to prepare meals in the facility).

2.1.2 If meals are provided by childminders as agreed with parents, these should be balanced and provide a variety of nutrients to support the growth and development of infants.

2.1.3 Childminders and parents shall communicate on the dietary restrictions and food allergies of individual infants so that meals provided can accommodate to the dietary needs of the infants.

2.1.4 If infant is to consume breast milk provided by parents, parents and childminders should also agree on the provision and storage of breast milk.

2.2 Formula Milk

2.2.1 Operators, childminders and parents should come to an agreement on the provision of formula milk. This is essential as infants may have varying nutritional needs and preferences. Parents are best positioned to select the most suitable milk powder for their infants.

2.2.2 Childminders and parents should also discuss on the arrangement for exigencies, such as whether childminders should provide alternatives for infants in instances where there is insufficient formula milk.

2.3 Basic Amenities

2.3.1 Operators, childminders and parents should come to an agreement on the provision of basic amenities (e.g., party responsible for the provision of basic amenities such as shower foams, shampoos, diapers, and diaper creams). Operators and childminders should be aware of infants' specific preferences, such as skin sensitivities or allergies, and to take into account any health or safety considerations.

3 STAFF

3.1 Bio-data

3.1.1 Childminders' bio-data should be provided to prospective parents for their selection. The bio-data should provide a comprehensive overview of the childminder's background, work experience and skills and abilities.

3.1.2 Childminders' bio-data should include (but not limited) the following:

- a) Personal Information: Name, age, nationality, religion, and any other relevant personal details.
- b) Qualification and Certifications: Any relevant qualification or certification that the childminder may holds (e.g., Child First Aid, Infant massage workshop).
- c) Work Experience: Information of relevant work experience (e.g., number of years working in related fields).
- d) Skills and Abilities: List of skills and abilities relevant to childminding (e.g., adaptability to different caregiving approaches and methods).
- e) Character References.

3.2 Pre-employment Medical Check

3.2.1 Childminders must be certified medically fit to work with infants by a medical practitioner during pre-employment medical check. This includes childminders:

- a) Having undergone a medical examination and a chest X-ray by a registered medical practitioner, and certified by a registered medical practitioner to be fit for work with infants and free from active tuberculosis;
- b) Providing a written declaration to Operator that –
 - i. Individual has received vaccination against, mumps, rubella and varicella (chicken pox); or
 - ii. Individual has previously been diagnosed by a registered medical practitioner as being infected by any of the diseases mentioned in sub-paragraph (i), and has since recovered from the diseases; or
 - iii. Individual has taken a serological test, and the serological test shows that individual has immunity against all the diseases mentioned in sub-paragraph (i).

3.2.2 Operators must also ensure that all childminders (with the exception of Singapore Citizens (SCs) and Permanent Residents (PRs) born before 1 January 1975 being exempted¹) provide documentary proof² that –

- a) Childminder has received two doses of measles vaccination³; or
- b) Previously been diagnosed by a registered medical practitioner as being infected by measles, and the childminder has since recovered from the disease; or
- c) Has taken a serological test which shows that he or she has immunity against measles.

¹ MOH has indicated that close to 100% of this exempted group (i.e., SCs and PRs born in Singapore before 1 January 1975) have high immunity against measles as measles was prevalent in Singapore before the introduction of measles vaccination in 1976.

² Documentary proof refers to Health Booklet records, immunisation records downloaded from Health Hub App or certificate of vaccination issued by a General Practitioner (GP) in Singapore, a serological test result stating that the individual has immunity against measles or a laboratory test result stating that the individual is infected by measles. Vaccination records from foreign countries which have been translated into English by the foreign Embassy or a Notary Public will be accepted.

³ Measles vaccination refers to the Measles, Mumps and Rubella (MMR) vaccination which is available in Singapore.

4 HEALTH AND SAFETY

4.1 Safe and Secure Environment

4.1.1 The care environment, whether in the home and community premises, should be designed to minimise potential safety hazards and risks to infants. This involves managing items such as sharp objects, toxic substances, and potential choking hazards. This may also involve designating a play and nap area for infants, such as a playpen.

4.1.2 Areas accessible to infants should be childproof to prevent accidents and injuries. This may involve measures such as installing safety gates, child safety locks, and corner guards in the home and community premises.

4.1.3 Childminders are to ensure that infants under their care receive adequate supervision and are constantly monitored to ensure their safety and kept safe from potential dangers and harm.

4.1.4 Childminding environments located above ground level should be equipped with secured windows or window grilles to ensure the safety of infants.

4.1.5 A well-stocked first aid kit should be readily available within the care environment in case of accidents or injuries.

4.1.6 The operator shall have a set of procedures to guide operators and childminders on emergency responses and evacuation procedures to ensure the infants' safety.

4.2 Health and Hygiene

4.2.1 Measures should be taken to ensure good ventilation and a clean environment in both home and community premises. These measures include (but not limited) the following:

- a) For naturally ventilated spaces, open windows regularly in a safe manner (e.g., ensure window grilles are properly secured when opening windows).
- b) Clean and remove dust with damp cloth regularly.
- c) Prohibit smoking in the care environment.

4.3 Managing Illnesses and Injuries

4.3.1 Administration of Medication to Infants: Medication should only be administered to an infant with explicit instructions from the infant's parent. Parents must be updated on the administration of medication, including information about the dosage, manner and time of administration.

4.3.2 Response to Infant Illness or Injury: Operators should establish and make known to parents their policies and Standard Operating Procedures (SOPs) on the care of infants who are sick. In the event of an illness or injury to an infant that occurs under the care of the childminder, the following measures must be taken:

- a) Immediately notify the infant's parent.
- b) Seek instructions from infant's parent regarding the treatment to be provided to the infant.
- c) In cases where infant remains in the care of childminder, maintain ongoing communication with infant's parent regarding the infant's health condition.
- d) In the event of an emergency, promptly/immediately seek all necessary medical assistance for the infant.

4.4 Child-safe Policies and Procedures

4.4.1 The Operators shall have a set of child-safe policies and procedures that guide them and their childminders in providing a safe and nurturing environment for infants under their care.

4.4.2 It should cover the following:

- a) Operator's commitment in protecting infants from harm (e.g., physical, emotional, and sexual abuse).
- b) Code of Conduct that lays out expected behaviour of childminders and clear guidance on infant supervision and management (e.g., dos and don'ts).
- c) Prohibition of unauthorised caregivers.
- d) Onboarding procedures for childminders (including training if required).
- e) Regular supervision of childminders and evaluation of their performance.
- f) Workflow to investigate and manage incidents linked to safety, health, well-being of infants.
- g) Workflow to report to relevant authorities on suspected child abuse/mismanagement⁴.
- h) Workflow to suspend childminders if there is sufficient reason to believe that alleged child abuse/mismanagement has taken place.
- i) Guidelines on the appropriate use of monitoring devices.

4.5 Supervision

4.5.1 Childminders must always ensure supervision of infants, and infants should not be left unattended or unsupervised at any time.

4.5.2 To safeguard the well-being of infants, childminders are prohibited from leaving infants in the care of other household members.

4.5.3 Childminder may use appropriate monitoring devices such as Closed-Circuit Television (CCTV) or baby monitors to facilitate supervision while respecting privacy and ethical considerations.

4.6 Surveillance

4.6.1 For care provided at home of childminders, operators and childminders are encouraged to make use of CCTV cameras and monitoring devices as part of their commitment to the safety and well-being of infants under their care and to provide parents greater peace of mind.

4.6.2 CCTV footage or recording from monitoring devices can provide objective evidence to support investigations in the event of an incident, giving assurance to parents, childminders and operators.

4.6.3 If CCTV cameras or monitoring devices are used in the childminders' home or community premises for the pilot, the following measures should be taken:

- a) To ensure privacy, CCTV cameras or monitoring devices should only be placed in caregiving spaces.
- b) The date and timestamp of the cameras or monitoring devices must be set correctly, to show the exact day and time of an incident.
- c) Where requested by ECDA and other public agencies, actual recorded footage must be provided in full to support investigation of incidents, without masking of individuals'

⁴ Child Mismanagement refers to a child / infant subject to the following behaviour: (a) sexual exploitation or abuse; (b) corporal punishment; (c) giving harsh, humiliating response of any kind; (d) neglecting the child, and deliberate absence of response; (e) depriving the child of any meal or basic need; (f) isolation or physical restriction of movement; (g) putting the child at risk of being scalded or burnt; (h) causing psychological trauma; (i) force feeding.

personal data. This exception is provided for under the Fifth Schedule to the Personal Data Protection Act (PDPA)⁵.

- d) Operators and childminders must comply with PDPA requirements on the collection, use, disclosure, and usage of individuals' personal data.

4.6.4 Request for viewing of CCTV footage: Footage should only be shown to parents after the Operator has completed their own review of the footage and investigation of the incident. Viewing of footage by parents should be in the presence of the Operator and individuals should not be allowed to use mobile devices to record the footage. If the Operator intends to grant parents' requests to view the footage, they need to mask the faces of other individuals (infants and adults), except that of the said infant to comply with PDPA requirements.

5 COMMUNICATIONS

5.1 Communications between Parent and Childminder

5.1.1 Effective communication between parent and childminder is essential to build trust.

5.1.2 Operators are responsible for establishing channels and platforms to facilitate good communication between parents and childminders.

5.1.3 Childminders should ensure that parents are updated about their infant's well-being and inform them in a timely manner should any issues arise (e.g., infant is unwell, injuries/accident).

5.1.4 Childminders should obtain parental consent if they intend to bring infants outside the designated care environment, regardless of the purpose.

6 CONTRACTUAL MATTERS

6.1 Employment Contract/Contract for service with Childminders

6.1.1 The employment contract/contract for service between Operators and childminders is a formal agreement that outlines the responsibilities of and expectations on the childminders, as well as their rights, remuneration package and benefits. Operators are strongly encouraged to establish and maintain such formal agreements with their childminders.

6.1.2 This provides clarity and a clear understanding of what is required of the childminder ensuring transparency and fairness.

6.2 Contract of service with Parents

6.2.1 The contract of service with parents is a formal agreement between Operator and parents of infants who will be receiving care. Operators are strongly encouraged to establish and maintain such formal agreements with the parents.

6.2.2 The contract outlines the terms and conditions of the childminding arrangement, with the Operator spelling out the role and responsibilities of the childminder in the contract to ensure alignment in understanding between parents and childminders.

⁵ Person Data Provision Act (PDPA) Fifth Schedule – Exceptions from Access Requirement, Section (1)(h) which states “An organisation is not required to provide information under Section 21(1) in respect of – (h)personal data collected, used or disclosed without consent, under paragraph 3 of Part 3 of the First Schedule, for the purposes of an investigation if the investigation and associated proceedings and appeals have not been completed;”

6.2.3 A comprehensive dispute resolution mechanism to resolve conflicts between childminders, parents and operators in a fair and transparent manner should be clearly stated in the contract with parents.

6.2.4 The operator shall develop and document arrangements to ensure continuity of care for infants during operational disruptions, including but not limited to, fire, flood, or childminder's absence due to e.g. illness, personal emergency, etc. These arrangements must be clearly communicated to parents in the service contract.

6.3 Dispute Resolution

6.3.1 Dispute resolution mechanism refers to the processes used to resolve conflicts, disagreements, or disputes between parties in a fair, efficient manner. It is a mechanism that provides a structured approach to addressing and settling disputes, aiming to reach a resolution that is acceptable to all parties involved.

6.3.2 It calls for open communication and negotiation to preserve relationships, allowing parties to move forward and focus on their respective interests and objectives.

6.3.3 Operators must work out a process to help resolve conflicts between childminders and parents in a fair and transparent manner.

6.3.4 The Operator should formulate a reasonable dispute resolution mechanism and share it with parents when the latter sign up for the childminding service.