

GUIDANCE NOTE:

Essential Elements of Quality in Childcare Settings



WORLD BANK GROUP

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This note provides guidance on how to ensure the quality of childcare delivered in different settings—including daycares, nurseries, home-based childcare, creches, and preschools. It outlines the basic elements of quality needed across all programs, focusing on key principles that can be flexibly implemented in different contexts and with varying resource levels (as opposed to restrictive standards, which may not be feasible in all contexts). The following questions are addressed: (i) why does childcare quality matter? (ii) what are the most essential aspects of quality in childcare settings to ensure that children are in safe and stimulating environments? (iii) What should you look for when visiting a childcare setting? (iv) what are the essential system elements needed to ensure and improve quality? and (v) what should be prioritized in the short term to improve quality? This note is intended to guide World Bank and UNICEF teams, governments and other key stakeholders.

Key messages

- **Quality childcare is essential to ensure a safe environment for children that protects them from physical and psychological harm and promotes holistic child development.**
- **The quality of services—and perception of quality—will impact uptake** and families' choice to use childcare.
- **Quality childcare can be achieved through focusing on a few key principles, which can be flexibly implemented** across different contexts, including low-resource settings.
- **The skills and capacity of the practitioner are key factors in ensuring quality.** At both setting and system level, investing in the childcare workforce should be a top priority, including in training, supervision and ensuring decent remuneration and conditions of employment.¹
- **A robust quality assurance system should include feasible quality standards,** clear and manageable registration processes, regular monitoring and effective use of data.
 - Quality assurance systems should help bring providers into the system and encourage and support quality improvements.
- **Building a quality childcare system takes time and sustained investments: while working towards this, in the short-term, countries should prioritize investments that ensure children are in safe and stimulating environments that meet their basic needs.**

Box 1. Key elements of quality childcare needed in all settings (and can be flexibly implemented) include:

- Children are cared for by a **trained practitioner** who can keep children safe, respond to their needs, and provide culturally-relevant and age-appropriate experiences to support their development.
- Caring and responsive **interactions** between childcare practitioners and children.
- **Safe and stimulating physical environments** with enough space to move around, adequate ventilation, light, accessible exits and appropriate toilets and handwashing facilities.
- **Manageable adult to child ratio** (with more adult caregivers for younger children).
- **Simple daily routines** that are regularly reviewed with children and parents and respond to children's needs by including time for a range of activities, nutritious food, and naps (for younger children).
- **Age-appropriate play-based activities/curricula** that support cognitive, socio-emotional and motor development through a mix of structured activities, free play, and limited or no screen time.
- **Variety of age and culturally appropriate play materials** to support development and learning.
- **Practices that promote children's health, hygiene, nutrition, protection, and well-being.**
- **Regular, engaged interactions between parents and childcare practitioners** to support children's development.

¹ Including a living wage, adequate working conditions and social protections. This aligns with ILO's 5Rs Framework for Decent Care work, specifically "Reward" and "Represent." See Box 5 on the workforce and Section 4 on systems quality for further details.

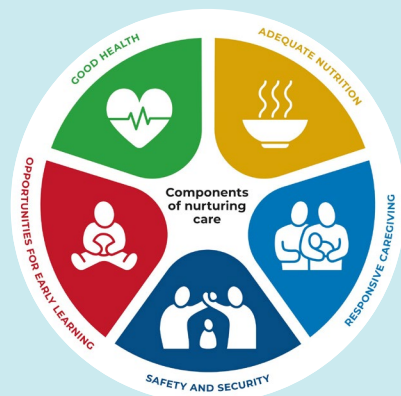
Box 2. What do we mean by childcare?

Childcare refers to a service with the primary objective of caring for children while parents and other guardians are working, studying or otherwise unavailable. Childcare is a core component within the broader care system and a key intervention to promote early childhood development. It is recognized by the Convention on the Rights of the Child as a right of every child and family. Quality childcare should ensure children are safe and have opportunities to learn and develop positive relationships with caregivers and peers. Childcare provision mostly caters to children from birth up to primary-school-entry age (typically up to age 5–6) but can include after-school care. Childcare can be provided in different settings and financed through various modalities. It may be called various names in different contexts, but tends to fall into three categories: (i) center-based care (e.g., daycares, nurseries, crèches, etc.); (ii) home-based care (either care by a practitioner in the child's own home or care provided for a group of children in a practitioner's home); and (iii) family and other informal arrangements (which may or may not be remunerated). Although the primary objective of preschool is to prepare children for primary school, it can also serve a childcare function if designed with consideration for the needs of working parents (e.g., by offering full day, as opposed to half-day services).²

I. Introduction: Why does quality childcare matter?

Quality childcare is essential to keep children safe, promote child development, and encourage uptake by parents.

- **Keeping children safe is of paramount importance.** Children need to be protected from physical and psychological harm (including neglect and emotional abuse).³ There are increased risks for younger children (especially before they can talk) given their vulnerability and difficulties in communicating.
- **Quality childcare is linked with a range of positive child development outcomes** that have long-term implications for cognitive and socio-emotional development, educational attainment, and productivity.⁴ In contrast, low-quality settings can lead to no benefits or have detrimental effects on children's development.⁵ *Box 3 explains why the early years are such a critical period and what inputs children need.*
- **Parents are more likely to use childcare services that are trusted and perceived to provide quality care.**⁶ When parents know their children are being properly cared for, they can take up economic activities and focus more on their work, increasing hours, productivity, formalization, and income. Childcare services may not have the desired impact on economic activity if the quality is low and parents do not feel comfortable leaving children for longer periods of time.



Nurturing care components (WHO 2018)

Box 3. What do children need in the early years?

A child's earliest years are a critical time to build foundational skills as children's brains develop faster and are more malleable during their first five years (and particularly the first 1,000 days) than at any other time in life. Children need a range of inputs during this critical period, which have been articulated through the Nurturing Care Framework and include **five inter-related components: good health, adequate nutrition, safety and security, responsive caregiving (understanding and responding to children's needs), and opportunities to play and learn.** Children left in unsafe or unstimulating environments without appropriate adult care are at risk of developing deficits that persist throughout life.

² For more information on the rationale for investing in quality, affordable childcare, please see the [Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital Report](#).

³ During this critical time of development, the absence of a responsive primary caregiver who can protect young children from physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or accumulated adverse child experiences, can result in toxic stress. This can have lifelong consequences for learning, physical and mental health (Shonkoff and Garner 2012).

⁴ Global research indicates that children who have been exposed to stimulating environments that focus on cognitive and socio-emotional development prior to enrolling in school are likely to have improved school readiness, reduced repetition and drop-out rates, and higher educational achievements. More evidence can be found in Black et al. 2017; Gertler et al. 2014; Engle et al. 2011; and Heckman and Masterov 2007.

⁵ Britto and Boller 2011; Howes et al. 2008

⁶ In Nicaragua, researchers found that the quality of childcare determined uptake in a significant way (Hojman and López Boo 2022). In Bangladesh, parents cited concerns around safety as the primary deterrent to enrolling their children in center-based care (Elsey et al. 2020). A multi-country study covering South Africa, Ghana, Brazil, India, and Thailand also cited quality as the most significant concern among parents, with issues around children being neglected due to an insufficient number of caregivers and a lack of workforce quality (Alfers 2016). However, in some cases, there may be a mismatch of parental perceptions of quality childcare services, including rote memorization, writing at a young age, or using the national language instead of the language that children speak at home.

II. What are the most essential elements of quality in childcare settings?

While there can be considerable variation in childcare settings and the level of resources available, quality childcare can be achieved through focusing on a few critical elements, which can be flexibly implemented across high- and low-resource settings. This section outlines the basic elements of quality that are needed across all programs, focusing on key principles that can be flexibly implemented across diverse types of provision (including center-based and home-based provision), rather than restrictive standards, which may not be feasible in lower resource settings or some local contexts. Section 3 builds on this by illustrating how some of these elements are implemented in different ways across low-resource settings.

The main aspects of quality are generally conceptualized as either structural or process. Structural quality focuses on the physical environment and basic characteristics of childcare services, whereas process quality is about the experiences that children have within these environments and relies heavily on their interactions with, and the capabilities of, childcare practitioners. These structural and process quality elements support childcare settings to provide the critical components of inclusive, nurturing care.⁷ In many systems, there is a focus on elements of structural quality, which are easier to define and monitor than process quality. While structural quality elements are necessary and lay strong foundations for process quality, they are insufficient for ensuring positive child outcomes and so a joint focus on elements of process quality is essential.

The key variables for structural quality include ensuring (i) the physical environment is safe and secure with enough space to move around, free from hazards, adequate ventilation, light, accessible exits and appropriate toilets and handwashing facilities, (ii) the core program characteristics meet basic needs, such as a manageable adult to child ratio (with higher ratios for younger children) and provision of clean drinking water and age-appropriate nutritious food,⁸ (iii) that there are a variety of age-appropriate play and learning materials to support development and learning, and (iv) that children are cared for by a workforce which is trained to keep children safe, notice and respond to their signals and individual needs and support their development, and is provided a living wage and adequate working conditions. For more information on the workforce, please see Box 5.

Table 1. Summary of Structural and Process Quality

	Variables	Elements
STRUCTURAL QUALITY	(i) Physical environment	Safe and clean environment (free of hazards, secured premises, and with ventilation, light, and accessible exits), adequate space with decorations, age-appropriate toilet and handwashing facilities, age-appropriate furniture
	(ii) Program characteristics	Meet basic needs through provision of drinking water and age-appropriate nutritious food and a manageable ratio of adults to children with higher ratios for younger children)
	(iii) Materials	Variety of age- and culturally appropriate, play and learning materials
	(iv) Workforce	Trained to keep children safe, respond to their needs and support their development; provided a living wage, adequate working conditions, supervision, and opportunities for professional development; lead person with overall responsibility and suitable people in direct contact with children
<i>↓ Structural quality lays foundations to enable the target program characteristics and quality interactions</i>		
PROCESS QUALITY	(i) Activities & pedagogy	Age-appropriate play-based activities and pedagogy that support cognitive, socio-emotional and motor development through a mix of structured activities/curricula and significant time for free play including time for food and naps (for younger children)
	(ii) Health, hygiene, nutrition, protection & well-being	Attention to children's health, hygiene, nutrition, protection, and well-being, including having clear, inclusive protocols and practices in place
	(iii) Interactions	Warm and responsive caregiver-child interactions and age-appropriate communication, opportunities for child-to-child interactions, regular engagement with parents

⁷ The five components of nurturing care are: good health, adequate nutrition, safety and security, responsive caregiving and opportunities to play and learn (see Box 3). For more information, please see the [Nurturing Care Framework](#).

⁸ This could be provided by parents or organized/provided through the setting.

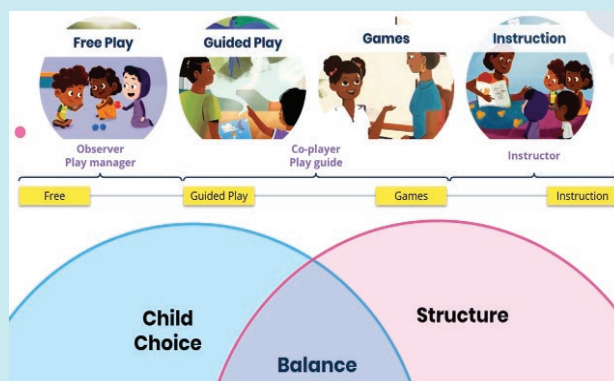
The key variables for process quality include aspects of program delivery such as: a (i) **age-appropriate play-based activities and pedagogy** that support cognitive, socio-emotional and motor development through a mix of structured activities/curricula and significant time for free play including time for food and naps (for younger children) (see Box 4 for more details); the promotion of children’s (ii) **health, hygiene, nutrition, protection and well-being**; and (iii) **caring and responsive interactions**. This includes warm and responsive interactions between carers/educators and children to foster strong bonds, protect children from psychological harm and support their development, opportunities for children to interact and learn from each other, and ongoing two-way interactions with parents. Given these elements rely on childcare practitioners’ capabilities, ensuring practitioners are well-trained, supported, and motivated (through elements indicated under structural quality) is essential for improving process quality. See Box 5 for more details on the workforce. A summary of structural and process quality variables and elements is provided in Table 1.

All childcare provision should adhere to a set of quality standards. In the immediate short term, these could be developed for individual programs if standards do not exist at the country level. Countries should work towards developing comprehensive and coherent quality standards based on these elements, with sufficient flexibility and adjustments to ensure they can be feasible to apply in different settings (including different types of provision and ages of children) and account for local context and the level of resources. For some countries (especially without existing standards and/or a higher number of existing providers that are unregistered), a progressive system, with the basic essential standards clearly identified and then a set of more advanced standards to further improve quality, may be a practical way to introduce standards and/or bring providers into the system. More information on quality assurance systems is in Section 4 and examples of standards from six countries can be found in Annex 1. Table 2 below provides a set of basic standards. Where specific requirements may be helpful, a suggested minimum level has been provided.

Box 4. What we mean by learning through play

Play is one of the most important ways in which young children explore the world around them and gain essential knowledge and skills.

- This includes physical play (dancing, outdoor play), play with objects (such as blocks, cars, seeds, leaves, musical instruments), symbolic play (songs, rhymes, drawing), pretend play, and games with rules (such as physical games like tag or puzzles/board games).
- Play can build on existing, indigenous/native folk tales, mother-tongue based cultural resources, storytelling, and songs. Opportunities, materials for play, and interactions should be inclusive and accessible for children with disabilities.
- Learning through play requires both appropriate materials for children to engage with as well as play facilitation, or the practice of engaging children in play-based learning. Materials do not have to be store bought or expensive; low-cost and no cost materials including common household items like cardboard boxes, newspaper and magazines, bottle tops, plates, cups, and natural materials like shells and seeds, clothes/fabrics can all be used for play.
- Play facilitation requires childcare practitioners to make deliberate choices as to their role in each activity. This ranges from free play, where children direct the play and practitioners observe and ask questions to extend children’s learning; to guided play, where children choose activities and practitioners set learning goals; to games with rules; and finally, instruction, or practitioner-directed activities that actively engage children (see visual).
- Children have different learning interests and needs, combining play-based practices helps them learn more deeply.
- Training for practitioners must include content on why and how to practice play facilitation in the daily routine.



Source: Jensen et al. (2019); World Bank (2024)

Table 2. Basic standards of quality for childcare settings for all children

STRUCTURAL QUALITY
PHYSICAL ENVIRONMENT: Should be safe, stimulating and structurally conducive to children’s development
✓ Safe construction and environments, e.g., secure premises, physically accessible exits, sufficient light, adequate airflow, protections from disease (e.g., mosquitoes) and from weather (heat/rain/cold/wind/), free from litter, smoke, sharp, rusty or broken materials/equipment.
✓ Appropriate and accessible toilet and handwashing facilities (and diaper change areas) for young children. <i>Note: child-sized toilets or adaptations/supports (e.g., steps), availability of potties and changing area for younger children.</i>
✓ Age-appropriate furniture: mats and safe sleeping spaces at minimum. <i>Note: small tables and chairs for children to rotate through activities highly desirable but not needed for every child.</i>
✓ Adequate indoor space of at least 1 sq. meter per child at minimum. <i>Note: outdoor space or outdoor play opportunities highly desirable.</i> ⁹
✓ Bright, culturally appropriate decorations (ideally with children’s artwork displayed at eye level).
PROGRAM CHARACTERISTICS: Meet basic needs through provision of water and food, manageable adult to child ratios to ensure individualized care and attention, and a duration that meets family needs.
✓ Availability of clean drinking water and diverse food (including <u>age-appropriate food</u> for children ages 6 months + depending on program duration). <i>Note: this could be provided by parents or organized/provided through the setting.</i>
✓ Age-appropriate adult-to-child ratios. Higher ratios for younger children: recommended ratios of 1:3–1:9 for children under 3 years old; 1:10–1:15 for children over 3 years. <i>Note: ratio includes assistants.</i>
✓ Duration that reflects the needs of working parents (e.g., half day duration may provide a partial service, but full day may be needed to fulfill a childcare function for working parents).
MATERIALS: Variety of age-appropriate books, play, and learning materials to explore and build skills.
✓ Variety of age-appropriate culturally appropriate play and learning materials, including for mark-making/writing, art, imaginary play, multisensory play, music, construction, educative/early maths play materials, and storybooks. <i>Note: materials can be low-cost, from nature, and locally made.</i>
✓ For children under 3 years, ensure objects are not choking hazards.
WORKFORCE: Practitioners are appropriately trained and supported to meet children’s needs and are fairly compensated.
✓ Specialized training in child development through play-based activities, health, hygiene, nutrition, and protection. The minimum level of training should be 2–8 weeks plus follow up support through visits and feedback from coaches/supervisors. <i>See Box 5 for details.</i>
✓ Regular opportunities to update skills and qualifications, including through inservice training and supervision support.
✓ Lead person identified with overall responsibility for the children and the setting.
✓ Suitability of people in regular direct contact with the children (e.g., ensure assistants appropriate characteristics, experience/training, not under the influence of alcohol or other substances, record checks in countries with such systems). <i>Note: for home-based provision, this should apply also to household members in contact with children.</i>
✓ Fair compensation and adequate working conditions. At the settings level, this includes providing a living wage and benefits (and aligning with policies where they exist). ¹⁰

9 Outdoor space of 3 sq. meter per child is highly desirable but it is not always possible to secure a safe outdoor space for play in urban environments.

10 At the systems level, this includes policies to include the full-time and part-time workforce under a living wage and afford them social protections.

PROCESS QUALITY

PROGRAM DELIVERY: Should cover all domains of child development, employ play-based and age-appropriate activities in languages that children speak at home, and apply good practices around children’s health, hygiene, nutrition and protection.

Activities & pedagogy	✓ Daily schedule regularly reviewed with children and parents. Includes time for activities, nutritious food and naps. ¹¹
	✓ Mix of structured activities with learning objectives, unstructured/free play time, and <u>limited to no screen time</u> .
	✓ Facilitation of activities and interactions with children are in the language that children speak at home.
	✓ Age-appropriate, play-based activities/curricula that covers core development domains (cognitive, socio-emotional, language, and motor). <i>Note: strategies to observe and record individual children’s progress and understand their abilities to ensure responsive provision; this should not be understood as assessment.</i>
	✓ Play and learning materials are within reach of children and organized (e.g., by activity corners).
	✓ Childcare setting layout fosters development with space for children to move and interact and include activity corners, mat(s) for small and large group activities and writing/drawing surfaces.
Health, hygiene, protection, & well-being practices	✓ Correct handling of babies. <i>Note: e.g., supporting head, no shaking, protect fontanel.</i>
	✓ All children are supervised by a responsible adult at all times.
	✓ Children are taught how to wash hands and to use toilet facilities safely; safe waste management.
	✓ Highly desirable: linkages with nutrition and health professionals for growth monitoring, health checks, immunization, disability assessment and referral when needed.
	✓ Simple processes for attending to ill/injured children, including a first aid kit available (and someone trained to use it) and what to do when children need urgent medical attention.
	✓ Simple processes for noting and responding to child protection concerns.
	✓ Emergency systems in place (e.g., fire/disasters) including for contacting parents and emergency/community services.
✓ Arrangements in place to support children with disabilities.	

INTERACTIONS with children: The social, emotional, and physical interactions between children and childcare practitioners should foster close bonds and allow them to express themselves and explore.

- ✓ Warmth, encouragement, and responsiveness shown to each baby and each child’s verbal and non-verbal cues.
- ✓ Positive discipline strategies used to promote positive behaviors—does not use (or threaten) corporal punishment, verbal abuse or humiliation.
- ✓ Babies and children engaged in age-appropriate communication. *Note: for babies, interact and expose them to language by narrating what is happening, repeating, or responding to their sounds/movements. For young children, ask questions individually, use open ended questions and engage in back-and-forth dialogue (not rote learning).*
- ✓ Interactions encouraged between all children to develop culturally appropriate socio-emotional skills.

INTERACTIONS with parents: Regular and engaged communication to support children’s needs and development

- ✓ Parents engaged in regular communication on children’s needs, what they are doing, their progress across different domains, how to work together to support their development, and involving parents in decision making processes. *Note: this could include regular opportunities for informal discussion at drop-off and pick-up times, formal meetings, sharing information on child development, etc.*
- ✓ Security process in place for dropping off and picking up children.

Sources: Lopez Boo, Araujo, and Tome (2016); Berlinski and Schady (2015); Bendini and Devercelli (2022); American Academy of Paediatrics (2005); ILO (2018 and 2024); WHO (2023)

¹¹ The existence of a daily routine is part of program characteristics under structural quality, but discussing, reviewing and implementing the daily routine is considered part of activities and pedagogy under process quality.

Box 5. A well-prepared and well-supported workforce

Delivering a quality program is highly dependent on the capabilities and motivation of childcare practitioners. The relationship between children and childcare practitioners is central to keep children safe, develop secure bonds, and engage in age-appropriate activities that support learning and development. There is a strong body of evidence on the potential impact of investments in training and support for the childcare and early learning workforce. Many countries face a severe shortage of trained practitioners, contributing to poor quality provision and restricting the ability to scale quality childcare services. In some contexts, childcare practitioners may be perceived as “babysitters” or volunteers, rather than a workforce which needs accreditation, living wages, support, adequate working conditions, representation and professional training. Where they exist, training programs are often inadequate, lacking practical and specialized content for those who work with young children.

At the program level, all programs establishing childcare provision should ensure appropriate training, supportive working conditions, and remuneration. This includes:

- Providing practical training on specific professional and pedagogical knowledge, skills and dispositions that equip childcare practitioners with the motivation and ability to deliver quality care and educational experiences. Training should also be provided to leaders of childcare settings to strengthen quality, support for practitioners, planning, budgeting, and management.
 - *Training modules should include:* Developmental milestones, how young children develop skills, play-based pedagogy, age-appropriate activities, creating a safe and stimulating environment including for children with disabilities, implementing a daily routine, interacting with all children with empathy and patience and positive discipline strategies, engaging parents and the community, and ensuring children’s hygiene, health, nutrition and protection needs are met (including first aid, signs of maltreatment, malnutrition, developmental difficulties). If programs are supporting childcare practitioners to set up childcare services, it is recommended to build in entrepreneurship training on setting up a business, planning, budgeting, and management.
 - *Training format:* A minimum duration of 2–8 weeks and a training process based on learning by doing is recommended. Training programs do not have to be multiyear degree level programs; shorter pre- and inservice training programs can be easier to scale and effective if they are targeted, highly practical, and practitioners continue to be supported through continuous professional development. The time and duration of training modules should take into consideration practitioners work and family needs (e.g., organizing trainings on Saturdays so that home-based care practitioners do not have to close down services during the week).
- Providing professional development opportunities that include observation of childcare services with immediate reflection, feedback, and encouragement to address challenges; periodic short inservice training opportunities to learn from peers and practice skills; peer support networks; opportunities to upgrade qualifications through longer inservice training programs. Initial training and professional development opportunities should be free or subsidized, and professional development time, outside core hours, should be compensated.
- Ensuring that the practitioners’ work environment is safe, attractive, violence and harassment-free and that both part-time and full-time practitioners receive a living wage and proportional benefits (aligned with policies where they exist).
- Ensuring that required hours of work should normally not exceed 40 hours per week to avoid excessive workload leading to staff stress and reduced quality of care. Overtime or night work should be regulated and compensated at overtime rates or through compensatory leave in accordance with national law or social dialogue (see below).

At the systems level, governments can strengthen workforce development by making training opportunities available, by developing practitioner frameworks, and by integrating childcare practitioners into broader policies around working conditions and remuneration. See Section 4 for more details.

Sources: Bendini and Devercelli (2022); Wolf, Aber, and Behrman (2018); Slot et al. (2015); Devercelli and Beaton-Day (2020); ILO (2014, 2018, and 2024), UNESCO (2022)

III. What should you look for when visiting a childcare setting

Quality looks different everywhere. Low-resource settings can achieve good quality by focusing on the basic principles around quality. Here are five key things to look for when you visit a childcare setting:

Table 3. Five key things to look for when visiting a childcare setting

Note: If the answer to any of these questions is <no>, this requires attention

<p>STRUCTURAL QUALITY</p>	<p>1. Is the setting reasonably safe and structurally conducive to learning and development?</p> <p><i>Are there exits, airflow, light, heat, and rain protection? Would the temperature be okay in another season? Is there sufficient indoor (and safe outdoor) space for children to play and learn? Is the cooking area separated from the play area or at least protected by a barrier? Is the setting free of any items that could cause injury, choking, or accidents?</i></p> <p>2. Does it seem that children’s basic needs around food, water, hygiene and sleep can be met?</p> <p><i>Is the area for food preparation clean and safe? Is there milk for babies, nutritious food/snacks for young children? Is there clean drinking water? Are there handwashing facilities with soap? Are there child-appropriate toilets, potties, and clean places for diaper changes? Are there spaces and mats for children to nap? Are children kept away from heat sources and elements?</i></p>
<p>PROCESS QUALITY</p>	<p>3. Is the childcare practitioner warm, responsive and engaging in age-appropriate communication and interactions?</p> <p><i>Is the practitioner warm, encouraging and responding to children’s verbal and non-verbal cues, often standing/sitting at child’s eyes level? Are children engaged with open questions, not just in repetition and group response? Do you see evidence of positive discipline practices (e.g., redirecting negative behavior and promoting positive behaviors without yelling, threatening, humiliation, physical punishment, etc.)? Is the practitioner using a language that children understand?</i></p> <p>4. Is there a range of materials for all children to manipulate with their hands?</p> <p><i>Are materials and books in reach of children? Are all children using the materials and books? Note: materials don’t have to be fancy, they can be natural materials such as rocks, wooden sticks, leaves, etc. for stacking and counting, repurposed materials such as bottle tops to group by color, pieces of string for measuring, etc. For children under 3 years, materials must not be choking hazards.</i></p> <p>5. Does the space and the activities facilitate play, interaction, and movement?</p> <p><i>Are the activities active and play-based, providing opportunities for all children to interact with each other, manipulate materials, move around the room, etc.? Does the room allow for large group time (e.g., on a mat) and small group structured and unstructured activities, facilitating face to face interactions? Are children given opportunities to play outside? Note: desks facing forward may indicate an overly academic classroom model.</i></p>

Examples of what quality can look like in different childcare settings

Below are pictures and descriptions of different low-cost childcare settings. While these look very different to each other, and compared to high-cost settings, each example demonstrates positive aspects of quality.

Colombia:

Home-based childcare program (Hogares Comunitarios de Bienestar) provides childcare to vulnerable families. Established in 1972, it is one of the largest programs in Latin America, serving more than one million children ages 6 months to 5 years. Services are delivered through a home-based childcare provider and funded through a mix of public financing and parental fees, with parents paying monthly fees that are less than 25 percent of the daily minimum wage.

Notice:

- ✓ Children are actively engaged in the book that the practitioner is reading through using simple props to dress up as characters and act out the story.
- ✓ The learning environment is colorful, with materials on the wall at the child's eye level (approximately 1 meter for 3-year-olds).



Credit: ICBF

India:

The NGO Mobile Crèches offers childcare and preschool facilities to children of construction workers. The organization has supported more than 1,000 childcare centers through direct service delivery, training or partnership. Mobile Crèches provides initial training for practitioners (36 days initially, and the rest on the job), supports the set-up, and implements complementary ongoing community programs with the families. All crèches must meet quality standards.

Notice:

- ✓ Children are sitting on rugs interacting with each other.
- ✓ The practitioner is also seated on the rug.
- ✓ The learning environment is colorful, with materials on the wall at the child's level.



Credit: Mobile Crèches

Bangladesh:

Children participate in a BRAC Play Lab. Play Leaders selected from the community undergo a short preservice training on child development and implementing the daily routine, followed by monthly inservice training days. Community members support by making materials and maintaining classroom spaces. This intervention costs \$81 per child per year and has led to improved teaching practices and development outcomes.

Notice:

- ✓ The childcare practitioner is seated at the level of the children, is showing warmth, and engaging them in a song.
- ✓ The physical space uses colorful, locally available materials. The lattice on the upper part of the wall allows for air flow.



Credit: BRAC USA

Indonesia:

Children participate in a community preschool. The government Early Childhood Education and Development project has shown positive impacts across a range of child development indicators. Two practitioners per preschool each participated in 200 hours of training on child development and implementing a daily routine. The cost per child was \$30 per year.

👁 Notice:

- ✓ The childcare practitioner is on the floor, engaged with the children in an activity (not lecturing at the front of the class).
- ✓ All the children have the puzzle pieces in front of them and can use them.



Credit: World Bank

Zanzibar:

Children gather in a community space for a preschool program delivered through a radio several mornings a week. A lightly trained community practitioner is guided by the radio program, which has songs, stories, and physical activities, delivered in the local language. This program costs several million dollars to develop, but can be delivered for a decade, at scale, at low cost (\$5–\$30 per child per year, depending on scale).

👁 Notice:

- ✓ Children are seated so they can see and interact with each other.
- ✓ Each child has his/her own slate and a pile of seashells and string for counting and measuring activities.



Credit: Emily Norris

Uzbekistan:

This is a low-cost rural preschool program delivered by the Government of Uzbekistan at scale through public private partnership (PPP). The government aims to increase access to quality childcare services by promoting provision by non-state and family-based preschools. Under the PPP model, the government pays 30–75% of the cost per child of a public service, with the higher percentages to incentivize rural and underserved areas. Practitioners are paid by the government and have been trained on learning through play.

👁 Notice:

- ✓ Furniture is sized for smaller children and there are other spaces for play and activities that allow children to move and interact (not sit in chairs all day).
- ✓ Small group arrangements encourage interaction and peer learning.
- ✓ All materials on the shelves are low and accessible to children.



Credit: World Bank

Kenya:

The Kidogo model recruits, trains, and provides quality assurance to women to run successful microbusinesses. Childcare practitioners, known as Mamapreneurs, are trained on how to set up a safe environment, provide nurturing care, play-based learning, health, hygiene, and nutrition, business skills, and engage with parents. They participate in monthly one-to-one coaching as well as monthly peer-to-peer learning through a community of practice.

👁 Notice:

- ✓ It is a colorful environment, and children have a choice of play materials (e.g., blocks, dolls, and cups from recycled yogurt containers).
- ✓ The ground is safe and clean for children to walk and crawl.
- ✓ Two Mamapreneurs are seated and playing with young children.



Credit: Kidogo

Sources: Colombia (Diaz and Rodriguez-Chamussy (2016); Bernal and Fernandez (2012)); India (Bendini and Devercelli (2022)); Indonesia (Brinkman et al. (2017)); Bangladesh (BRAC USA (2021)); Bendini and Devercelli (2022)); Zanzibar (EDC (2015)); Uzbekistan (GPE (2021)); Kenya (Kidogo (2024))

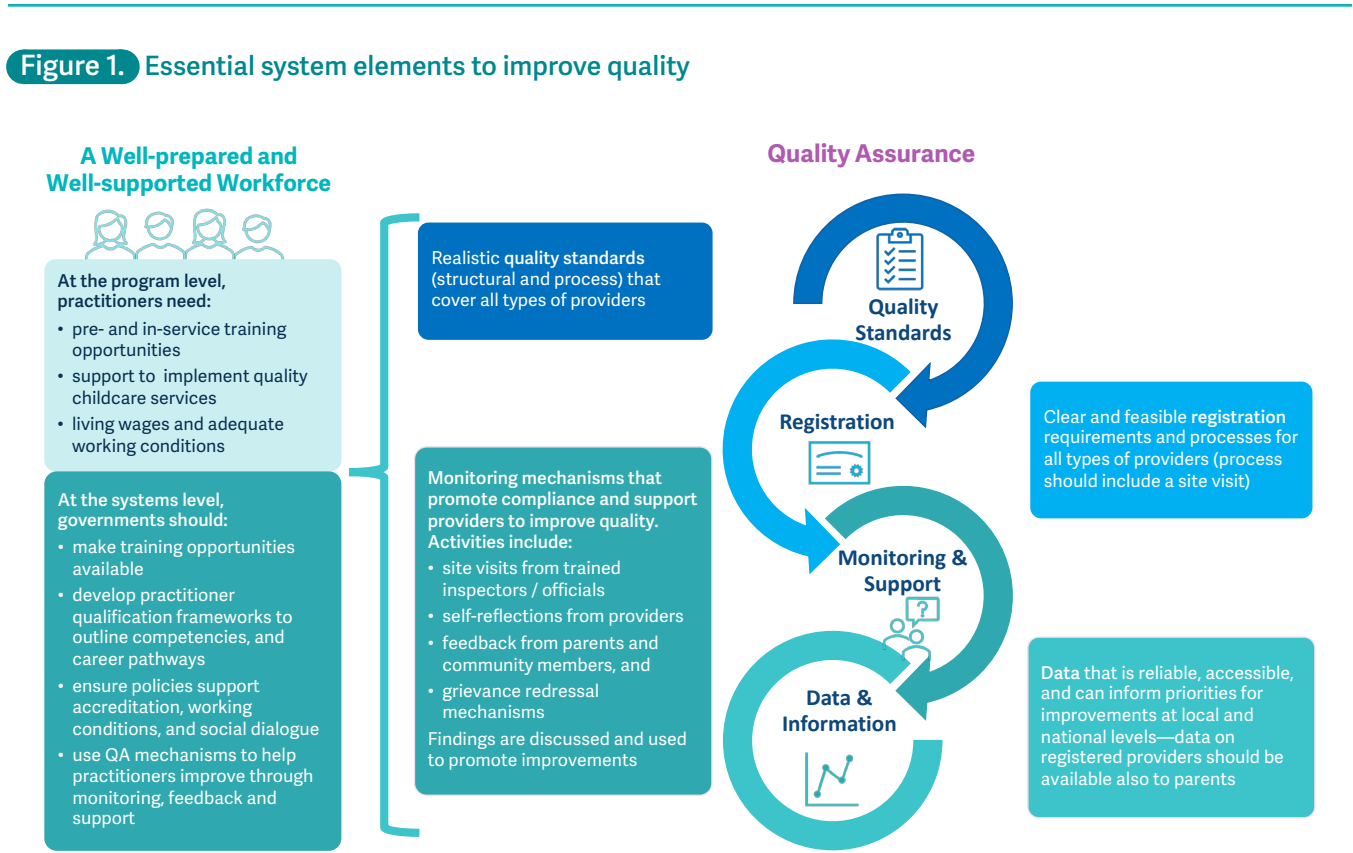
IV. What are the essential system elements needed to improve quality and ensure that children are in safe and stimulating environments?

At the systems level, it is essential that governments implement a robust quality assurance system and policies, frameworks and opportunities around practitioner training and support to facilitate a well-prepared and well-supported workforce. The next two sections of this note focus on what governments can do to strengthen quality at the systems level, as well as what could be prioritized in the short-term and project level workarounds when elements of quality assurance systems are lacking. It is important to also consider sufficient financing to promote quality and reduce the burden on families (see Box 6).

Key elements at the system level to promote quality childcare include:

- **A quality assurance system**, including feasible quality standards, a clear and manageable registration process, regular monitoring of childcare settings to meet quality standards, and data and information systems.
- **Workforce policies that attract, prepare, support and retain workforce, through training opportunities, decent terms, and conditions of employment.** This includes defining practitioner qualification frameworks and facilitating access to appropriate training opportunities, as well as a living wage, adequate working conditions, and social protections, as well as the right to voice and representation.¹²

Figure 1 provides a snapshot of these system components.



¹² This aligns with ILO's 5Rs Framework for Decent Care work, specifically "Reward" and "Represent." Reward focuses on more and decent care work for care workers. ILO recommends that governments should ensure all care workers, including migrant care workers, are protected by labor legislation to the same extent as other workers. Policy measure include: proper regulation on nonstandard forms of employment; including care workers under national minimum wages and affording them social protections; equal pay for work of equal value for all care workers. It also recommends policies to promote workforce development, skills upgrade, qualification certification and recognition, and career advancement for all care workers. Represent includes the including the right to voice and representation, including the fundamental freedom of association and the right to organize and collective bargaining, which are essential to ensure the human and labor rights of childcare personnel. ILO (2018)

Workforce elements at the systems level

As indicated in Section 2, delivering a quality program is highly dependent on the capabilities and motivation of childcare practitioners. Governments can strengthen workforce development by making training opportunities available, by developing practitioner frameworks that professionalize the workforce and offer clear career pathways, by establishing supportive quality assurance systems that help practitioners improve, and by integrating childcare practitioners into broader policies around working conditions and remuneration.

This includes:

- **Facilitating access to training courses**, either directly or through partners. This could include leveraging TVET, skills and public works programs. The actual delivery of training and support to practitioners could be provided through government institutions or through various nonstate sector actors such as specialist NGOs and accredited training organizations. In Vietnam, [OneSky](#) has been providing training and support to home-based childcare providers through a direct training model and has recently introduced a train-the-trainer model with government trainers to scale up sustainably.
- **Developing practitioner qualification frameworks** that professionalize the workforce by outlining competencies and standards for childcare workers and defining clear career pathways through different levels of qualifications across all care providers.
- **Ensuring supportive quality assurance systems** that guide practitioners through clear quality standards and help to improve their practice through monitoring, feedback, and support.
- **Ensuring labor policies and social protection policies support decent work for childcare practitioners.** This aligns with ILO's 5Rs framework for decent care work, specifically "Reward", which focuses on more and decent care work for care workers, and "Represent", which focuses on the right to organize and collective bargaining. Decent terms and conditions, living wages and a safe, stimulating work environment are critical to attract and retain a quality childcare workforce. Governments should ensure that all childcare practitioners, including migrant practitioners, are protected by labor legislation to the same extent as other workers. Policies should be gender responsive, given the overwhelming female workforce.
 - Policy measures should include proper regulation on nonstandard forms of employment, including part-time and full-time practitioners under living wages and affording them social protections.
 - Practitioners should have the right to organization, representation in trade unions and collective bargaining for policies.

Box 6. The importance of sufficient financing to support a system that promotes quality and reduces the burden on families

Governments also need to ensure that enough financing is available to support a system that promotes quality. Right now, in many countries, the financial burden falls disproportionately on families (and, to a lesser extent, providers, who often operate under tenuous circumstances and with high levels financial vulnerability). Increasing government financing for childcare settings (including for set-up and ongoing costs) could help redistribute the burden and ensure that services are sufficiently funded to achieve a decent level of quality and pay living wages to practitioners. In addition to support to childcare settings, governments need to ensure sufficient financing is available to support the quality assurance system and workforce development.

Options for how governments can finance childcare are beyond the scope of this guidance note, but further guidance is planned on this topic.

Quality assurance system elements

A robust quality assurance system ensures that children are in safe and stimulating environments that reflect the elements of structural and process quality outlined above. A quality assurance system should have feasible quality standards for ages 0–6 years (or up to primary school age) that provide minimum thresholds for all types of service providers and a clear and manageable process for childcare providers to become registered. There should be regular monitoring of childcare settings that includes observational visits, self-reflection by staff and parent/community inputs and data and information systems that ensure information on childcare settings is current, reliable, and accessible to provide information to parents and facilitate improvements to services. Sufficient financing is needed to ensure a decent level of quality is feasible at the setting level and to implement robust systems for quality assurance and workforce development.



Quality standards articulate the structural and process elements of quality with minimum thresholds that providers should meet. Considerations for quality standards include:

- Standards should include structural and process elements, that support the five components of nurturing care: responsive care, opportunities for early learning, good health, adequate nutrition, and security and safety (see Table 2).
- Countries should have comprehensive and coherent quality standards that apply to provision across the whole age range and types of services with sufficient flexibility and adjustments as needed to ensure they can apply to different settings and account for local context.¹³ Standards may be defined in a single document or across separate policy documents for different types of providers. *Annex 1 illustrates how quality standards can vary across contexts.*
- For some countries (especially those without existing standards and/or a higher number of existing providers that are unregistered), a progressive system, with the most critical standards clearly identified and then a set of more advanced standards to further improve quality, may be a practical way to introduce standards and/or bring providers into the system. Jamaica, South Africa, and India have such systems: South Africa has bronze, silver and gold levels of registration based on which quality standards providers meet; Jamaica's very comprehensive standards include a mix of mandatory and non-mandatory standards; India has a short set of non-negotiable standards and then more detailed guidance.
- Standards should be developed through a collaborative process that engages relevant ministries at different levels and local actors, including community representatives, and childcare providers.
- It is critical to note that the responsibility for achieving these standards should not rest solely with the provider: even basic infrastructure and personnel standards may be nearly impossible to achieve for small childcare providers serving low-income families. Governments should not adopt overly punitive approaches to meeting standards but should work with providers (many of which may be unregistered) to bring them into the system and improve the quality of provision.
- Financial and technical support may be necessary to help providers improve the safety of the environments and to train practitioners so that they are able to meet minimum requirements and implement the program effectively.

¹³ This is the case in high-income countries too. For example, in the United Kingdom Early Years Foundational Stage (EYFS) framework, a few standards, such as staff ratios and requirements for the physical environments, vary by type of provider, with more flexibility for home-based providers.



Registration is the process by which national and local governments set the minimum requirements for children's health and safety that childcare providers must meet to operate legally. Considerations for registration include:

- A registration process that specifically covers childcare providers should be in place. In some countries without a process to register as a childcare provider, providers instead must register as a businesses (often with high associated fees) and the requirements may not promote the safety and needs of young children. The registration process for childcare providers should be clear, simple and streamlined for the provider (avoiding unnecessary levels of submissions/clearances from multiple departments) and inexpensive. A site visit should be part of the registration process. Registration should aim to be completed within a reasonable time frame and service providers receive timely communication on the status of their registration.
- Requirements for registration should be clear, specific to childcare/early learning settings, based on minimum quality standards including workforce requirements. While the specific requirements vary by context, these should be clear (with limited ambiguity or potential for corruption), reflect local conditions, and be feasible while still ensuring children's safety.
- It is important that there is clear guidance and support available to help providers set up and become registered. In some countries, there are high numbers of unregistered providers and/or providers are discouraged from setting up due to the requirements being difficult to meet and complicated processes. Sites not meeting minimum standards should be supported to improve services. For example, a recent institutional review of South Africa's early childhood system found that the registration process included completing and submitting over 20 different documents, to multiple government departments, and was time consuming, difficult to comply with and not well understood, resulting in many unregistered and unregulated service providers (Dulvy et al. 2023). Policymakers, together with technical partners, in South Africa are working to improve the processes and support providers to become registered (for example through the [Vangasali campaign](#), which incentivizes providers to register through clear information on the benefits of registration and technical support to complete requirements (see Box 7)).

Box 7. How South Africa's Vangasali Campaign incentivizes registration

Since 2020, the Vangasali campaign, established by the Nelson Mandela Foundation and Impande (a non-profit organisation in KwaZulu-Natal) in partnership with the government, has been identifying ECD providers nationally and supporting their registration by guiding them through a re-engineered registration process. The support includes:

- **Extensive application packs** clarifying the registration requirements, including the key forms, and providing useful templates to help providers put together, for example, business plans and daily routines.
- **Registration jamborees** to connect directly with applicants, capture information, answer questions and set dates for submission of the forms and follow-up.
- **Registration management tool for officials** by piloting an online registration management tool to store details of services, track registration progress, capture how the services are performing against each of the standards of the early childhood development (ECD) registration framework and report on key issues. It includes a dashboard to inform government officials of ongoing progress and training on the tool and roll out is in progress.

Source: Dulvy et. al (2023)



Monitoring and support to providers refers to the mechanisms to review how providers are meeting structural and quality standards to ensure that children are in safe and stimulating environments. Considerations for monitoring include:

- Goals related to monitoring should not just be about compliance but focus more on identifying and supporting providers to further improve childcare services.
- Monitoring processes should involve various stakeholders.
 - This is often conducted by a government body but can be outsourced to an independent agency.
 - The process should involve observations of practice within the setting and a check on administrative data. There should also be mechanisms and tools to encourage providers' own self-reflections and interviews with staff, parents, community members, and other relevant actors. Parents and communities also have an important role to play on an ongoing basis to monitor provision (beyond inputs into official monitoring visits).
- Stakeholders need information and training on what constitutes decent quality in childcare settings.
 - All actors should have a shared understanding of what quality services look like.
 - Officials carrying out monitoring should be equipped with appropriate training (including a solid understanding of childcare and early learning settings and the ability to conduct observation, to rate structural and process variables with inter-rater reliability between monitors, to conduct interviews with different stakeholders, and conduct reflection and feedback meetings) and tools (e.g., observation checklists that holistically monitor critical elements of quality, interview guides for staff, parents and community members, administrative data checklists, and data protection requirements) that relate to the context of childcare settings. Monitoring childcare could be integrated into the responsibilities of existing officials, within sectors that have oversight for childcare, but will need childcare specific trainings and tools. For example, leveraging an existing system of education officials may be a practical way to introduce monitoring for childcare settings, especially if the Ministry of Education has responsibility for both types of services; it is important to note, however, that learning environments, pedagogical practices and children's needs will be very different to primary schools and officials will need tailored training and tools.
- Feedback and support for improvements should be integrated into quality assurance systems.
 - Feedback loops should be in place to inform providers of progress and areas for improvement.
 - Transparent ways to feed information back to parents and communities are also important.
 - Where possible, it may be helpful for providers to receive support to identify and implement strategies to improve provision from a separate person than the person who performs the formal monitoring (to encourage an open and supportive dialogue around challenges without fear of being penalized) but this may not be feasible in many countries with capacity constraints.
 - As referenced in Box 5, the findings from monitoring activities are important for supervisors to identify areas for professional development, such as coaching, peer learning and support, and inservice training.
- There should be mechanisms through which concerns can be raised by practitioners, parents and other community stakeholders and investigated on an ongoing basis. There should be a clear process for reporting, investigating, and resolving issues, ensuring transparency and accountability. Concerns could be related to child safeguarding issues (including safety hazards or inadequate facilities, neglect, corporal punishment, and abuse), broader quality issues, or working conditions for practitioners (including harassment, compensation, working hours and social protections). Various channels could be used including: phone hotlines or online platforms, or a 'complaints box' system, and there should be options that are accessible to populations with low levels of literacy and other vulnerable groups. These mechanisms ensure safer environments for children, building trust with parents and community members and improving workforce satisfaction and retention of practitioners.



Data and information systems promote quality assurance by ensuring that data reported from different actors is reliable and accessible to inform priorities for improvements at local and national levels. Considerations for data and information systems include:

- Local level government officials, childcare management and staff should be trained to use available data to reflect on implementation, identify challenges, develop improvement plans that prioritize resources and timelines to respond to challenges, and measure improvement.
- Data on registered providers should be made available to families. In some contexts, this may include inspection reports/data on quality if there are robust monitoring mechanisms in place.
- These systems also provide an opportunity to notify childcare providers of any changes or updates to quality standards, registration requirements, or monitoring mechanisms.

A quality assurance system is more than the sum of its parts. Research shows that systems with standards, registration, quality assurance, and information systems in place have better quality services, more effective targeting of professional development, and use of resources (Bendini and Devercelli 2022). Childcare services that include mechanisms to ensure quality implementation result in improved development outcomes for children, especially the less advantaged (OECD 2022). *Table 4 provides more details on the elements of quality assurance within registration, monitoring and support, and data and information systems. Annex 1 provides detail of how these elements work in 6 countries to support quality childcare systems.*

Table 4. Elements of quality assurance for childcare settings

QUALITY ASSURANCE
QUALITY STANDARDS: defines the elements of what quality looks like for the childcare setting.
✓ Standards include structural and process variables that support the five components of nurturing care: responsive care, opportunities for early learning, good health, adequate nutrition, and security and safety.
✓ Standards should be feasible for a variety of contexts; this could include minimum thresholds and a pathway for improvement over time.
✓ Standards should cover all types of providers (either through a consolidated set of standards or by type of service).
✓ Standards should be developed through a collaborative process that engages relevant ministries for early childhood/childcare at different levels, and local actors including community representatives.
REGISTRATION: process for childcare services to operate legally.
✓ Registration requirements exist for childcare/early learning settings and are clear and are based on minimum standards that are feasible for the local context.
✓ Registration processes should be simple and streamlined for the provider (avoiding unnecessary levels of submissions/clearances from multiple departments) and inexpensive.
✓ A site visit is part of the registration process.
✓ Service providers receive timely communication on the status of their registration.
✓ Clear guidance and support (which may include technical assistance and also set-up grants in some contexts) available to help providers set up and become registered. Sites not meeting minimum standards should be supported to improve services.
MONITORING AND SUPPORT TO PROVIDERS: refers to the cycle of monitoring of structural and process quality standards across childcare providers, considering self-reflection, parents and community members.
✓ The roles and responsibilities of all bodies/agencies responsible for monitoring are clear and all have an accurate and shared understanding of quality standards.
✓ Inspectors have appropriate training and practical tools to conduct regular observations and review provider data.
✓ Self-evaluations for childcare leaders and practitioners to build capacity and contribute to a culture of learning.
✓ Engagement of parents, caregivers, community members to secure buy-in and increase accountability.
✓ Grievance redressal mechanisms in place with clear procedures for investigating and responding to concerns (which may include child safeguarding, setting quality and practitioners' working conditions).
✓ Feedback loops are in place to share findings with stakeholders, taking into consideration the type of audience.
✓ Areas of strengths and weaknesses are discussed with providers, and they are supported to develop plans for improvement. Ideally the support and coaching element of this should be conducted by supervisors or a different body than who performs monitoring.
DATA AND INFORMATION SYSTEMS: links registration data and data collected from the quality assurance mechanisms, ensures access to data at all levels so that actors can make informed decisions.
✓ Roles and responsibilities for reporting data (from inspectors, providers, etc.) are clear and stakeholders have the required competencies to generate data.
✓ Effective arrangements in place to bring data collected from different processes together for a comprehensive view
✓ Data is used to make decisions on resources and prioritize actions for improvements to services at local and national levels.
✓ Data on registered providers is available to families (in countries with robust monitoring data, it may be possible to make inspection reports/data available).

Sources: Bendini and Devercelli (2022); OECD (2022); Pandey and Bateille (2019), ILO (2014)

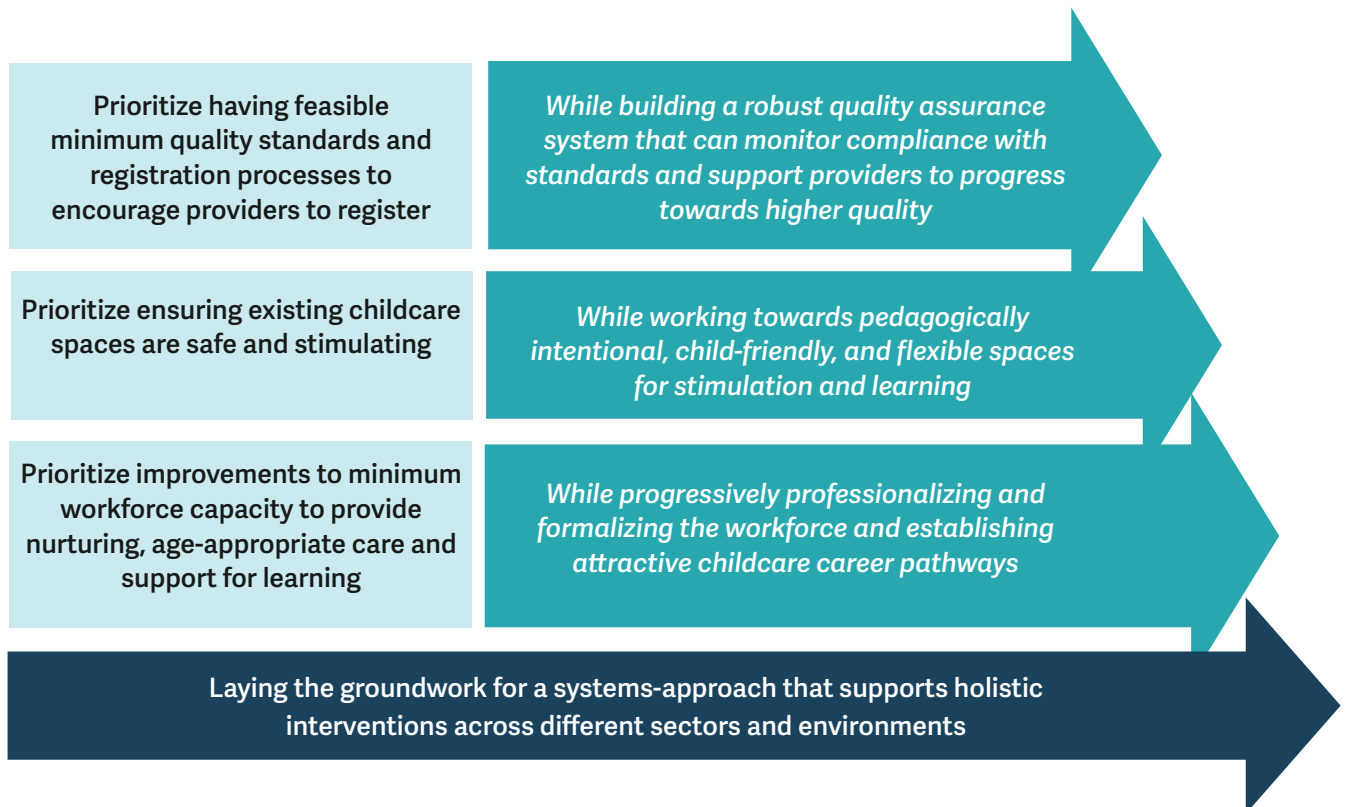
V. What should be prioritized in the short term to improve quality?

Building a quality childcare system takes time, sustained investments, and reliable data for decision making. While working on medium and long-term efforts, countries should prioritize investments that ensure children’s well-being in the short-term, based on what children need for safety and stimulation.

Figure 2 outlines three strategies that support structural and process quality in the short-term while investing over the longer term and building a systems-approach. First, while investing in a quality assurance system to ensure compliance of childcare services to quality standards, countries can prioritize simple and feasible registration processes that encourage childcare providers to register. Second, while working towards child-friendly, flexible spaces to support children’s development through play-based learning, childcare providers can collaborate with parents and community members to clean up hazards, use local materials to protect children from outside elements (heat, rain, cold, wind) and increase light and airflow, and to include culturally relevant songs and games and make play and learning materials from local resources. Third, as countries build a system to professionalize and reward childcare practitioners, including through certified trainings and defined career pathways, the right to a living wage, decent working conditions and social protections, they can invest in short courses to support the new and existing workforce. For example, in BRAC’s Play Labs (Section 3), Play Lab leaders participate in monthly inservice training to reflect on their practice and prepare for the next month of lessons.

It is important to prioritize quality improvements within existing service delivery before further expanding access to childcare services. The rapid scale-up of early childhood access in LMICs over the past decades has shown that quality can be harder to achieve at scale, and that quality can decrease as systems expand. For investments in childcare to yield returns, the expansion of childcare services must be carried out with a strong focus on, and associated investments in quality assurance mechanisms. At best, increasing access without due emphasis on quality assurance is an inefficient use of limited resources; at worst, it can undermine children’s safety and developmental outcomes. Box 8 provides a country example of how Bhutan established foundations to scale quality services by first consolidating quality standards and resources for educators.

Figure 2. Prioritizing investment to strengthen childcare delivery while building quality at scale



Source: Adapted from Figure 0.4 in Bendini and Devercelli (2022)

Box 8. Bhutan Case Study

Bhutan is an example of prioritizing quality and strengthening the existing workforce before expanding access to childcare and early learning services. The Royal Government of Bhutan (RGoB) first developed national child development standards and built the curriculum implementation and operational guidelines based on these standards. The 2018 Curriculum Implementation Guide supports teachers through information on child development, setting up the physical learning environment, relational pedagogy, classroom management, and child assessment, and provides learning activities organized by weekly themes. Two training programs have been implemented: an initial two-week basic certificate training for early childhood care and development (ECCD) facilitators and a three-year inservice diploma program to upskill existing teachers. The RGoB is now continuing to improve quality through expanding the coverage of training programs and rolling out training for focal monitors and Ministry of Education program managers on quality assurance to support the effective planning, coordination, and monitoring of ECCD services, while significantly expanding access. The RGoB has a target of 50% enrollment in early childhood care and education for children ages 3 to 5 years old by 2024 and is focused on expanding access to geographically remote families with new modalities. In addition, the RGoB is considering how to extend services for children ages 0–2. In preparation, the RGoB is revising the national quality standards and monitoring tools developing for ECCD models to incorporate references to and standards for younger children.

Sources: Bendini and Devercelli (2022); World Bank (2022)

How can organizations or government units that are implementing childcare programs align with and help strengthen national systems to promote quality? Across countries, multiple government units and organizations are integrating childcare activities through a variety of sectoral entry points to achieve various objectives (including social welfare, education, gender, children and health, labor, agriculture, etc). The different government counterparts involved in these projects, may not have the institutional mandate for childcare within the country across the 0–6 age range. It is important to be aware of the institutional arrangements for childcare, seek to align with national systems and consider opportunities to strengthen pieces of the system, where possible. To ensure quality at the program level may mean establishing project-level workarounds if elements of the system are lacking (this should be done in collaboration with relevant World Bank teams, government counterparts and other country stakeholders to contribute towards future systems-building). More details on these strategies are below:

1. **Work across sectors to identify government stakeholders for childcare and existing policies/systems.** This is not always easy. Childcare systems and service delivery are organized very differently across countries, depending on which institutions have a mandate for childcare. In some countries, institutional arrangements may be complicated and difficult to identify, and responsibilities may sit with multiple ministries.¹⁴
2. **Aim to align with policies and systems if they exist.** For example, this could include:
 - Aligning with quality standards and registration processes to ensure that providers are operating legally. It may be necessary to discuss options for adapting standards and/or registration requirements if they are unrealistic for certain types of providers. For example, in Benin, the Social Projection and Jobs World Bank team recently worked with the government on a decree to enable alternative types of childcare provision and is working through subsequent legislation to define an adequate regulatory framework.
 - Aligning with trainings/frameworks so practitioners receive recognized qualifications. The training may, need additional modules or content to ensure that it is practical, fully equips practitioners, and supports them to upgrade their qualifications to meet the minimum national requirements.
 - Integrating provision into existing monitoring systems. For example, when piloting mobile creches linked to a public works program in Burkina Faso, the Ministry of Education took on responsibility for monitoring.

¹⁴ For example, in Burkina Faso there are three ministries involved: the Ministry of Solidarity, Humanitarian Action, National Reconciliation, Gender and Family and Family Protection (MSAHRNGF) is responsible for implementing and monitoring the government's childcare policies and coordinates at all levels with the Ministry of National Education, Literacy and the Promotion of National Languages and the Ministry of Health and Public Hygiene, among other ministries. Within these two ministries, the Department of Preschool Education develops the educational priorities for childcare and the Department of Nutrition sets the nutrition priorities and dietary guidelines for children in childcare settings.

3. **Consider increasing project scope to build/strengthen childcare systems around the workforce and quality assurance.**
 - For quality assurance this could include refining/developing feasible quality standards; registration processes; monitoring mechanisms.
 - For the workforce this could include developing practitioner qualification frameworks and certified training courses, and capacity building for training providers. Practitioner frameworks delineate competencies and standards for childcare workers and define clear career progression pathways across various qualification levels. In Senegal, the Higher Education Project “Espoir-Jeunes” is strengthening the childcare workforce by integrating childcare training tracks into the country’s technical and vocational education institutions. In India, there is a [framework for preschool and daycare facilitators under the Management & Entrepreneurship and Professional Skills Council](#), as well as several on care work under the [Domestic Worker Sector Skill Council](#).
4. **Implement project-level workarounds if system elements are lacking.** Teams should aim to do this in collaboration with relevant World Bank teams, government counterparts and other country stakeholders to encourage adoption and contribute to future systems building. Workarounds could include:
 - Developing training materials (consider what is available via other stakeholders such as NGOs or childcare providers, as well as international examples).
 - Implementing training using facilitators trained in early childhood development.
 - Develop a set of project-level quality standards and a process for verification before opening new childcare provision.
 - Establishing support mechanisms to help new providers set up and monitor quality (recommend a minimum duration of 12 months and frequency should be more intense at beginning to ensure children’s safety—e.g., every 6 weeks). Options for this support could include:
 - Contracting a non-governmental organization (NGO) to work with providers, build capacity, verify provision meets quality standards before opening, provide monitoring and site-based coaching.
 - Engaging local level officials involved in project implementation (e.g., social workers, district officials etc. but likely to need training to do this effectively) as well as workers’ and employers’ organizations (where they exist).
 - Building capacity for community groups and families to understand quality and what to look for (e.g., ECD committees, community health workers (CHWs)).
 - Provide budget and/or inputs to help ensure safe and appropriate physical environment and access to materials.

References

- Alfers, L. 2016. [Our Children did not Get the Attention they Deserve](#). WIEGO Child Care Initiative Research Report.
- American Academy of Pediatrics (2005) as referenced in Berlinski, S. and N. Schady. 2015. [The Early Years: Child Well-being and the Role of Public Policy](#). Washington, DC: Inter-American Development Bank.
- Bendini, M. and A. Devercelli. 2022. [Quality Early Learning: Nurturing Children's Potential](#). Washington, DC: World Bank.
- Bernal, R. and C. Fernandez. 2012. [Subsidized childcare and child development in Colombia: Effects of Hogares Comunitarios de Bienestar as a function of timing and length of exposure](#). *Social Science & Medicine* 97: 241–249.
- Black, M.; S. Walker; L. Fernald; C. Andersen; A. DiGirolamo; C. Lu; D. McCoy; G. Fink; Y. Shawar; J. Shiffman; A. Devercelli; Q. Wodon; E. Vargas-Barón; and S. Grantham-McGregor. 2017. [Early Childhood Development Coming of Age: Science through the Life Course](#). *The Lancet* 389 (10064):77–90.
- BRAC USA. 2021. [Play Lab Research Brief — Bangladesh](#). New York: BRAC USA.
- Brinkman, S.A.; A. Hasan; H. Jung; A. Kinnell; and M. Pradhan. 2017. [The impact of expanding access to early childhood education services in rural Indonesia](#). *J. Labor Econ.*, 35 (S1) (2017), pp. S305–S335.
- Britto, P.; H. Yoshikawa and K. Boller. 2011. [Quality of early childhood development programs and policies in global contexts: Rationale for investment, conceptual framework and implications for equity](#). *Social Policy Report* 25(2): 1–31
- Devercelli, A. and F. Beaton-Day. 2020. [Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital](#). Washington, DC: World Bank.
- Diaz, M. M., and L. Rodriguez-Chamussy. 2016. [Cashing in on Education – Women, Childcare and Prosperity in Latin America and the Caribbean](#). Washington, DC: Inter-American Development Bank.
- Dulvy, E.N.; A. Devercelli; S. Van Der Berg; M. Gustafsson; G. Pettersson Gelandar; J. Kika-Mistry; and F. Beaton-Day. 2023. [South Africa Public Expenditure and Institutional Review for Early Childhood Development \(ECD PEIR\)](#). Washington, DC: World Bank.
- Education Development Center, Inc. (EDC). 2015. [The Radio Instruction to Strengthen Education \(RISE\) Projects and Zanzibar Teacher Upgrading through Radio \(ZTUR\) Projects Post-Project Evaluation in Zanzibar Final Report](#). Washington, DC: EDC.
- Elsay, H.; F. Fieroze; R. Shawon; S. Nasreen; J. Hicks.; M. Das; R. Huque; I. Hirano; HJ Wallace; and S. Mashreky. 2020. [Understanding demand for, and feasibility of, centre-based child-care for poor urban households: A mixed methods study in Dhaka, Bangladesh](#). *BMC Public Health*. 20.
- Engle, P.; L. Fernald; H. Alderman; J. Behrman; C. O'Gara; and A. Yousafzai. 2011. [Strategies for Reducing Inequalities and Improving Developmental Outcomes for Young Children in Low-income and Middle-income Countries](#). *The Lancet* 378: 1339–53.
- Gertler, P.; J. Heckman; R. Pinto; A. Zanolini; C. Vermeerch; S. Walker; S. Chang; and S. Grantham-McGregor. 2014. [Labor Market Returns to an Early Childhood Stimulation Intervention in Jamaica](#). *Science*, 344(6187): 998–1001.
- Githinji, F. and Kanga, A. 2011. [Childhood Development Education in Kenya: A Review of Current Issues](#). *International Journal of Current Research* 3(11), 129–136
- Global Partnership for Education (GPE). 2021. [Uzbekistan: A brighter future starts with early learning](#). Washington, DC.
- Heckman, J. and D. Masterov. 2007. [The Productivity Argument for Investing in Young Children](#). *Applied Economic Perspectives and Policy* 29(3): 446–493.
- Hojman, A. and F. López Boo. 2022. [Public Childcare Benefits Children and Mothers: Evidence from a Nationwide Experience in a Developing Country](#). *Journal of Public Economics*, Volume 212, 104686.
- Howes, C.; M. Burchinal; R. Pianta; D. Bryant; D. Early; R. Clifford; and O. Barbarin. (2008). ["Ready to learn? Children's pre-academic achievement in pre-kindergarten programs": Erratum](#). *Early Childhood Research Quarterly*, 23(3), 429–430.
- International Finance Corporation (IFC) and the Government of Canada. 2019. [Tackling Childcare: A Guide for Employer-Support Childcare](#). Washington DC: IFC.
- International Labour Organization (ILO). 2014. [ILO policy guidelines on the promotion of decent work for early childhood education personnel, Meeting of Experts on Policy Guidelines on the Promotion of Decent Work for Early Childhood Education Personnel, Geneva, 12–15 November 2013/International Labour Office, Sectoral Activities Department](#). Geneva, ILO
- ILO. 2018. [Care Work and Care Jobs for the Future of Decent Work](#). Geneva. ILO.
- _____. 2024. [Meeting of experts on wage policies, including living wages](#). Geneva, 19 - 23 February 2024. Geneva, ILO
- Jensen, H.N. et al. 2019. [Play facilitation: the science behind the art of engaging young children: White paper](#). Billund, Denmark: The LEGO Foundation.
- Kidogo. 2024. [Elements of quality childcare services](#). Presentation to the World Bank Invest in Childcare Community of Practice. February 17, 2024.
- López Boo, F.; Araujo, M.; and Tomé, R. 2016. [How is Child Care Quality Measured?](#) Inter-American Development Bank.
- Organization for Economic Cooperation and Development (OECD). 2022. [Quality assurance and improvement in the early education and care sector](#). *OECD Education Policy Perspectives*, No. 55, OECD Publishing, Paris.
- Pandey, P and T. Beteille. 2019. [Making Teaching an Attractive Profession. Teacher Grievance Redressal Mechanisms](#). Operational Note. Teachers Thematic Group. World Bank.
- Shonkoff JP and AS Garner. 2012. [The lifelong effects of early childhood adversity and toxic stress](#). *Pediatrics* 2012; 129: e232–46.
- Slot, P. L., M.K. Lerikkanen, and P.P. Leseman. 2015. [The Relations Between Structural Quality and Process Quality In European Early Childhood Education and Care Provisions: Secondary Analyses of Large Scale Studies in Five Countries](#). CARE—European Early Childhood Education and Care.
- UNESCO. 2022. [Tashkent Declaration and Commitments to Action for Transforming Early Childhood Care and Education](#). 16 November 2022. Paris, UNESCO.
- United Nations. 2024. [Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda](#). UN System Policy Paper. New York: United Nations.
- World Health Organization, United Nations Children's Fund, World Bank Group. 2018. [Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential](#). Geneva: World Health Organization.
- World Health Organization (WHO). 2019. [Guidelines on physical activity, sedentary behaviour, and sleep for children under 5 years of age](#). Geneva: World Health Organization.
- _____. 2023. [Guideline for complementary feeding of infants and young children 6–23 months of age](#). Geneva: World Health Organization.
- Wolf, S., J.L. Aber, and J. Behrman. 2018. [The Impacts of Teacher Training and Parental Awareness on Kindergarten Quality in Ghana](#). Preliminary Results Brief. IPA (Innovations for Poverty Action).
- World Bank. 2022. [Bhutan - Human Capital Recovery and Resilience Program for Results Project](#). Washington, DC, World Bank.
- _____. 2024. [Learning through Play self-paced course](#). Early Childhood Policy Academy. Open Learning Campus. World Bank: Washington DC.

ANNEX 1: Country Examples of Quality Standards

While there is convergence around the basic elements of quality that are needed, there is still variation across countries regarding the quality parameters that are included, and the level of prescription mandated. In this annex we provide examples of key quality standards across six countries: Jamaica, India, South Africa, The Philippines, Colombia, and the United Kingdom. In Table A, Jamaica, India and South Africa are all examples of progressive systems (with a clear set of minimum and more advanced standards). This table reflects the minimum standards that each provider must meet. Please see the standards, curricula, or guidelines in the footnotes for more information on each of the six countries.

Table A. Examples from Jamaica, India, and South Africa

Category of quality	Jamaica ¹	India ²	South Africa ³
STRUCTURAL QUALITY			
Infrastructure and Materials	<p>The physical environment must:</p> <ul style="list-style-type: none"> • Meet building, health, and safety requirements related to temperature control, exposure to hazards, etc. • Provide adequate space for children to play, eat, nap, and learn, and a separate space for any child with an illness be approved by the local authorities. • Maintain WASH facilities according to institutional guidelines. 	<p>The physical environment must:</p> <ul style="list-style-type: none"> • Provide at least 35 square meters of indoor space for 30 children and 30 square meters of outdoor space. • Be structurally safe, clean and should have a surrounding green area. • Have adequate and safe drinking water, hand washing facilities and child-friendly bathrooms. • Have a first aid/medical kit. • Have separate spaces for eating meals and for napping. • For crèches: Be located at or within 500 meters of the workplace. 	<p>The physical environment must:</p> <ul style="list-style-type: none"> • Adhere to safety guidelines. • Be structurally sound and free of risks to child health and safety (hot surfaces, open fires, sharp edges, etc.). • Include surfaces to sleep and a clean outdoor play area. • Clean and adequate bathrooms and handwashing facilities must be present.
Program Characteristics	<p>Adult/child ratio:</p> <ul style="list-style-type: none"> • 1:5 for children aged 0–1 years • 1:8 for children aged 2–3 years • 1:10 for children aged 3–5 years 	<p>Duration of at least 4 hours a day at the pre-school level and 8 hours for creches.</p> <p>Adult/child ratio:</p> <ul style="list-style-type: none"> • 1:10 for children under 3 years • 1:20 for 3–6-year-old children 	<p>All meals and snacks should meet Department of Health ECD nutritional guidelines.</p> <p>Adult/child ratio:</p> <ul style="list-style-type: none"> • 1:6 for children aged 0–18 months • 1:12 for children aged 18 mo.–3 years • 1:20 for children aged 3–4 years • 1:30 for children aged 5–6 years
Workforce	<ul style="list-style-type: none"> • Center Managers/Directors: bachelor's in education or diploma in Teaching, certificate in nursing or a degree in social work or child development related field or a National Vocational Qualification of Jamaica (NVQ-J) Level 4 (Middle Manager). • Lead Teacher: bachelor's degree or Diploma in Teaching • Associate Teacher/Early Childhood Practitioner: associate degree or NVQ-J Level 3 (Supervisor) • Assistant Teacher II/Early Childhood Practitioner: NVQ-J Level 2(Supervised Skilled Worker) • Assistant Teacher I/Early Childhood Practitioner: NVQ-J Level 1 (Directly Supervised Worker) 	<p>For crèches: Can receive training after being hired.</p> <p>For preschools:</p> <ul style="list-style-type: none"> • Administrator: same as government norms for Primary School Head/ Principals • Teacher: Class XII pass with two years Diploma in Preschool Education from a recognized institution • Helper: Class X pass, minimum 18 years of age, must have induction training • in preschool education <p>For Aganwadis:</p> <ul style="list-style-type: none"> • Under new policy, existing workers with qualifications of 10+2 and above will be given a 6-month certificate program. • Existing workers with lower educational qualifications will be given a one-year diploma program on ECCE key concepts. • Training may be digital/distance mode using DTH channels as well as smartphones. • Mentoring by the Cluster Resource Centres of the School Education Dept. with one class monthly for continuous assessment. 	<p>Staff able to explain activities with the children, appropriate disciplinary procedures, basic numeracy skills, able to describe principles of ECD and importance of social interaction and play, allow children to communicate in language of their choice. At least one staff member must have passed Grade 7 or have an ABET Level 1 (qualification measuring functional literacy and numeracy skills).</p>

PROCESS QUALITY			
Program Delivery	<ul style="list-style-type: none"> The program must include activities that foster motor development, creativity, self-esteem, curiosity, independence, among others. They must also allow adequate time for rest and play. All staff must be trained in pediatric first aid and be able to identify signs of child abuse and report incidents to necessary authorities. 	<ul style="list-style-type: none"> The curriculum should be child-centered and support holistic development of children, tailored to different ages, in the local language. For ages 6 months to 3 years: sample lesson plans are provided in the crèche's guidelines. For ages 3–6 years: centers should follow the National Curriculum Framework for Foundational Stage (ages 3–8 years). 	The program must promote the development of motor, communication, and sensory abilities in children and be tailored to key developmental stages. It must include creative activities, promote peer interactions, and allow children to communicate in the language of their choice outside of class.
Interactions	Staff are adequately trained based on guidelines to address individual needs and strengths, respond to distress, identify emotions, treat children with respect, and prohibit any corporal punishment, etc.	<ul style="list-style-type: none"> Staff must demonstrate cultural/religious sensitivity and treat children with respect, affection, and care. Staff are prohibited from using verbal abuse or physical punishment. Children should demonstrate empathy and respect with their peers. 	<ul style="list-style-type: none"> Staff must engage children in a humane way and provide them with support, security, respect, and kindness. Staff are prohibited from using any form of physical punishment.
QUALITY ASSURANCE			
Registration	The registration includes references, clearance from local fire and health authorities, proof of staff health and qualifications in early childhood, health, hygiene, and child protection, building plans, list of furniture and equipment, and proposed sources of funding.	No specific regulation that covers registration of childcare outside of the ICDS scheme. The Maternity Benefit Act 2017 included guidelines for setting up a childcare facility that follows the quality elements in this column.	Registration includes the program description, implementation plan, proof of staffing identifications and certifications for early childhood and health trainings, proof of land ownership/ use, building plans, emergency plan and health certificate of center. Accreditation is issued from bronze (lowest level) to gold (highest level), with a pathway to improvement.
Monitoring and Coaching	The Early Childhood Commission must conduct inspections on all institutions twice a year. Development milestones related to motor skills, cognitive skills, speech and language development, and social and emotional skills are monitored at least once per term.	<ul style="list-style-type: none"> The National Early Childhood Care and Education Council will conduct periodic inspections. Families and communities are engaged in an annual review. Data from child and program assessments are collected to track performance. 	<ul style="list-style-type: none"> ECD service provider must monitor program delivery sites regularly. Parents are engaged in regular feedback sessions. Regular records of child development and progress are maintained.
Data and Information	The ECC holds an annual census online to ensure the information on institutions and those working in the sector is accurate and current. The findings are used to support data-driven planning, policy- and decision-making.	The ICDS-Rapid Reporting System (RRS) captures data of the Anganwadi Centres (AWCs) online. Each AWC is assigned a 11-digit unique code for supervisors to submit monthly progress reports. The ICDS-Common Application Software is mobile-based and enables identification of underweight children based on auto-plotting of Growth Charts. The dashboard is available at national, state, district, block levels to identify and address nutrition issues.	DBE is currently working to develop a Quality Assurance Support System (QASS) with DSD in partnerships with Ilifa Labantwana. The development of the National Integrated Social Protection Information System is expected to provide a mechanism for information-sharing across government bodies.

Table B. Examples from The Philippines, Colombia, and the United Kingdom

Category of Quality	The Philippines ⁴	Colombia ⁵	United Kingdom ⁶
STRUCTURAL QUALITY			
Infrastructure and Materials	<p>The center has outdoor play area and a classroom environment that are safe and accessible to young children, including those with special needs with appropriate and sufficient facilities, equipment and learning materials. Its classroom floor area is conducive to play experiences, exploration and learning with separate areas that are regularly used for other purposes. The public CDC is located in a government property and its maintenance and supervision is ensured by the Local Government Unit/National Government Agency/Government-Owned and Controlled Corporation. The private center is registered with the Securities and Exchange Commission and has a business permit from the Mayor's Office in the city/municipality where it is located and is maintained and supervised by its Administration.</p>	<p>The physical environment must:</p> <ul style="list-style-type: none"> • Adhere to construction guidelines for learning areas, bathrooms, eating, kitchen, and outdoor areas, including access for children with special needs. • Adhere to 1.5 sqm per child in the classroom. • Be regularly cleaned and free of hazards. • Have child sized furniture and age-appropriate materials for development domains. 	<p>The physical environment must:</p> <ul style="list-style-type: none"> • Follow the ratio of 1 child: 2–3.5 sqm. • Follow guidelines on safety of indoor/ outdoor space, smoking, risk assessments. • Have outdoor space and room for sleeping for children under 2 (not for childminders).
Program Characteristics	<ul style="list-style-type: none"> • The program promotes health, nutrition, and safety of infants, toddlers and young children through the education of the Center staff and parents who are responsible for the implementation of health, nutrition, and safety practices, and the prevention and protection of children from illnesses and injuries. • The program maintains at least a minimum teacher-child ratio of 1:10, however if it reaches the maximum of 1:25, there is a teacher—aide/assistant/trained parent or trained adult volunteer. • For programs of infants and toddlers that involve training parents to care and provide early learning, a minimum of teacher-parent ratio of 1:5 is maintained with a teacher aide/assistant, if applicable. • There are at a minimum of two adults trained in health care, nutrition and emergency procedures 	<p>Adult/child ratios:</p> <ul style="list-style-type: none"> • 1:10 for children 3–23 months • 1:15 for children 2–3 years • 1:20 for children 4–5 years 	<ul style="list-style-type: none"> • Child safeguarding policy required, basic requirements about medicine, food and drink, accidents or injury <p>Adult/child ratios:</p> <p>For centers:</p> <ul style="list-style-type: none"> • 1:3 for children under 2 • 1:4 for children aged 2 • 1:8–13 for children 3+ <p>For childminders (home based care):</p> <ul style="list-style-type: none"> • 1:6 (or max 3 under 5 or 1 under 1)
Workforce	<ul style="list-style-type: none"> • Child Development Teacher: bachelor's degree in early childhood education or elementary education, preferably with specialization in ECD or degree in Psychology, Child Study, Family Life and Child Development, and attended basic early childhood trainings. • Child Development Worker: bachelor's degree in any field; b) Completed basic trainings or seminars related to Early Childhood Care and Development or ECE. • Teacher Aide: Secondary level education; Orientations on health, nutrition, ECE, social services and other related topics. • For all: Demonstrated love of children; experience working with children; be preferably between 18 to 45 years of age and/or have the necessary physical stamina to attend to early learners; good physical and stable emotional condition; and have good moral character. 	<ul style="list-style-type: none"> • Must be at least 18 years-old, have lived in the community for at least one year, be trained as an early childhood technician, be interested in becoming a community mother/father, and have passed medical and legal clearances. • Staff participate in a preservice orientation and monthly inservice training. 	<p>Centers: the manager must hold relevant 'level 3' qualification (18-month certification program). At least 50% of other staff must hold relevant 'level 2' qualification (12-month certification). The Institute for Apprenticeships and Technical Education works with groups of early years employers to review and update the apprenticeships available to the early years sector.</p> <p>Childminders: some relevant training required.</p>

PROCESS QUALITY			
Program Delivery	The Center implements a curriculum that is anchored on the National Early Learning Framework (NELF), and is consistent with the Early Learning Development Standards (ELDS) validated for Filipino children. The curriculum manifests developmentally appropriate practices which have a component of systematic assessment that provides information on children's development and learning that is used to plan for and modify the instructional program.	<ul style="list-style-type: none"> Follow the national program curriculum and pedagogical guides to support children through the play-based daily routine. Follow guidelines for hygiene, handwashing, safety, and nutrition. 	Must use national framework or one of 3 other approved curricula.
Interactions	The center contributes positive interactions and relationships among children and other adults to develop each child's potential and a sense of individual value and belonging as part of the community and to become a responsible community member.	Guidelines for supporting children's learning and for engaging parents and the community in early childhood services.	Guidelines for managing behavior. Children assigned person to offer a settled relationship for the child and build parental relationship.
QUALITY ASSURANCE			
Registration	All programs (public or private) must meet indicators for the above quality elements. Each indicator is divided into three levels: Level 1 "Must," Level 2 "Desired," and Level 3 "Exemplary." Compliance converts to 1–5-star accreditation.	An operational manual outlines how to set up community services in new areas (these are public services). For institutional services, a web-based application is required to register.	Registration based Early years foundation stage (EYFS) framework. Minimum requirement, registration visit, aim entire process in 12 weeks.
Monitoring and Coaching	Administrators or local officials use the ECCD Checklist to review indicators for structural and process quality through document review, interview, and observation. At the center level, children are assessed each year (regularity determined by age), parents receive the findings and children are referred to special needs when necessary.	Colombian Institute for Family Welfare (ICBF) has a quality assurance office responsible for monitoring services. The process includes the register of enrolled children, a user satisfaction survey from parents, data analysis of provider data, and a self-assessment of policy implementation by each provider.	<ul style="list-style-type: none"> Independent body (Ofsted) inspects for regulatory compliance and quality. Results are published online. Must review progress of children aged 2–3 years and provide parents short written summary of their child's development.
Data and Information	The ECCD Information System (IS) provides data on each childcare center. The program is cost-shared between national and provincial governments to review the implementation and sustainability of the ECCD programs.	The operational manual outlines what data is required and how to manage it. The ICBF website provides the accreditation of legal institutional providers.	The inspection reports are accessible online, and the findings support data-driven planning, policy- and decision-making. Guidance details the type of information providers should keep up to date.

Endnotes

- 1 Early Childhood Commission (ECC) 2007. Start them Right: A User Guide to the Early Childhood Act, Regulations and Standards for the Operation of Early Childhood Institutions in Jamaica. Kingston, Jamaica; ECC. Management and Administrative Guide for Early Childhood Institutions. Kingston, Jamaica; ECC. An ECI's Guide to Registration with the ECC. Accessed 8 August 2023. Kingston, Jamaica.
- 2 Ministry of Education. National Education Plan. 2020. Delhi, India: Ministry of Education, Government of India. National Steering Committee for National Curriculum Frameworks. 2022. National Curriculum Framework for Foundational Stage. Delhi, India: Ministry of Education, Government of India. Ministry of Women and Child Development, Government of India. 2018. National Minimum Guidelines for Setting Up and Running Crèches under Maternity Benefit Act 2017. Delhi, India: Ministry of Women and Child Development, Government of India. Quality Standards for Early Childhood Care and Education (ECCE). Delhi, India: Press Information Bureau, Government of India. 29 Nov 2019. Digitization of Data Collected in Anganwadi Centres. Delhi, India.
- 3 Department of Social Development, Government of South Africa. ECD Registration Framework. Pretoria, South Africa; Nelson Mandela Foundation. Nd. Registration of Early Childhood Development Services: Information to support individuals or organisations applying for registration of ECD services. Houghton, South Africa; Dulvy, E N; A. Devercelli; S. Van Der Berg; M. Gustafsson; G. Pettersson Gelandar; J. Kika-Mistry; and F. Beaton-Day. 2023. South Africa Public Expenditure and Institutional Review for Early Childhood Development (ECD PEIR). World Bank, Washington, DC.
- 4 ECCD Council. 2015. Standards and Guidelines for center-based early childhood programs for 0–4 years-old Filipino children. ECCD Council: Pasig City, The Philippines; ECCD Council . 2023. Guidelines on the Registration, Granting of Permit, and Recognition to Public and Private Child Development Centers. ECCD Council: Pasig City, The Philippines.
- 5 Instituto Colombiano de Bienestar Familiar (ICBF). 2018. Guía de Implementación de Proyectos de Infraestructuras de Atención a la Primera Infancia "GIPI"; ICBF 2021. Manual Operativo Modalidad Comunitaria para la Atención a la Primera Infancia; OECD. 2016., *Education in Colombia*, Reviews of National Policies for Education, OECD Publishing, Paris, <https://doi.org/10.1787/9789264250604-en>.
- 6 Ibid, Office for Standards in Education, Children's Services and Skills (OFSTED) 2023. Childminders and childcare providers: register with Ofsted. Government of the United Kingdom, London.



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