



A snapshot of child care center quality and child development in Mexico

for children under three



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Over the last decade, Mexico has taken steps to promote a comprehensive early childhood protection system that ensures care and development opportunities at child care centers for the youngest children. According to data from the 2018-2019 National Health and Nutrition Survey (ENSANUT), **75% of children who attend a child care center are enrolled at centers in the public provider network.** Despite this progress on providing social services, significant challenges like low coverage and socioeconomic gaps in care provision persist. Only **10% of children under three years of age attend centers**, although this percentage increases to 14.7% for children ages two and three. Furthermore, **children in the richest quintile are three times more likely to attend a center than children from households in the poorest quintile.**



A remaining challenge: measuring and ensuring process quality at child care centers

In addition to increasing coverage, especially for the most vulnerable, providing quality services is a priority and challenge for public child care providers in Mexico and other countries in the region. Quality of service at child care centers is typically referred to the physical conditions of infrastructure, equipment, and materials, all of which is known as **structural quality**. We now know that **process quality (or quality of interactions)**, which focuses on fostering warm, receptive, language-rich, and consistent interactions between the caregiver and the child, is essential to promote cognitive, language and socio-emotional development. The nature of process quality makes it much more difficult to measure than structural quality. It is generally measured by observing the relational dynamics between caregivers and children at centers in an objective manner over a sufficient period of time. Measurement challenges aside, a quality service should provide a stimulating environment full of effective interactions and activities that encourage play and learning in an emotionally positive and stable environment.

PROCESS QUALITY



It refers to the nature and frequency of caregiver-child interactions at the child care center. Quality and effective interactions are warm, responsive, consistent, stimulating, and rich in the use of language. They are crucial to promote child development.



An assessment of quality, emphasizing process quality

A first step to understanding how to maximize children's developmental potential in child care services is to assess their current quality, with a focus on the quality of interactions.

From 2018 to 2020, we conducted a groundbreaking, nationwide study in Mexico to assess the quality of service at public child care centers for children under age three. This assessment explored the main child care modalities and aimed to gather evidence that service providers could use to identify and design interventions to promote early childhood development at centers, thus building on the legislative and institutional efforts of recent years and translating them into policy actions. Although the research collected information on structural quality, it focused primarily on process quality, which was measured using the **CLASS-Toddler (Classroom Assessment Scoring System)**, the gold standard for observing interactions between caregivers and toddlers. This brief summarizes the study's main findings and explores its implications for raising the quality of service at the country's child care centers.






STRUCTURAL QUALITY

It refers to the child care center’s infrastructure, equipment and play materials, child-to-caregiver ratios, organization of classrooms routines and activities, professional qualifications of caregivers, among other aspects and resources of the environment that can facilitate or hinder interactions.

What information did the study collect?

The fieldwork was conducted between May and December 2019. Surveys to directors and caregivers were carried out to gather information on their professional profile, how the centers are organized, materials and play activities in the classroom, and other **aspects of structural quality**. Interviewers determined the status of infrastructure and equipment by interviewing directors and through direct observation.



Who participated in the study?

This study is representative **at the national level** and is also representative of the main **center-based child care modalities** currently operated by agencies of the Federal Public Administration, which are referred to in the rest of this brief as providers.¹ For each child care modality, 60 centers were randomly selected, adjusting for size. Within each center, up to two classrooms and six children attending the center were also randomly selected. The study’s final sample consisted of **245 child care centers throughout the country, 426 classrooms, and 2,115 children who attend the centers and their households**. Appendixes I and II give more details about the study’s sample design.

To measure **process quality**, the study uses the **CLASS-Toddler** instrument, which measures the quality of interactions between caregivers and children in the classroom through observation.² Four consecutive hours of normal classroom activity were filmed at the same time of the day at all centers, from which four 20-minute segments were selected for coding. Each segment was independently coded by two expert coders. When score discrepancies exceeded the allowable limit, the segment was coded by a third coder.³

Lastly, the child’s mother or primary caregiver provided information about **socioeconomic conditions in the home**, the quality of the child’s environment for promoting development, and the child’s vocabulary level through a household survey. The same questions as those in the 2018-2019 ENSANUT were used for comparisons with children under three years of age in the country.

¹ The child care modalities included in the study are the Community Child Assistance Centers (*Centros de Asistencia Infantil Comunitario—CAIC*) and Child Development Assistance Centers (*Centros Asistenciales de Desarrollo Infantil—CADI*) of the National System for Comprehensive Family Development (*Sistema Nacional para el Desarrollo Integral de la Familia—SNDIF*); the day cares of the Mexican Social Security Institute (*Instituto Mexicano de Seguro Social—IMSS*); the child care facilities of the Government Workers’ Social Services and Security Institute (*Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado—ISSSTE*); and the centers of the Federal Public Education Secretariat (*Secretaría de Educación Pública Federal—SEP*). SEDESOL’s (now Secretariat of Welfare or *Secretaría de Bienestar*) child care facilities (*Estancias Infantiles*) were excluded from the study because the program was discontinued in 2019. PEMEX and SEMAR were also excluded because the number of centers operated by these providers were smaller than the minimum required for statistical representativeness.

² We used the Toddler version of the CLASS because we estimated there to be a higher percentage of children over 15 months than under 15 months in the classrooms, especially since classrooms with infants under 12 months were not included for one of the providers as per their request. 86.2% of the children in the study’s sample were between the ages of 15 and 36 months.

³ 5.9% of segments were coded a third time.



How do we measure process quality or quality of interactions?

CLASS-Toddler (Class Assessment Scoring System) is the international gold standard for measuring the quality of interactions with children ages 15 to 36 months.⁴ It measures interaction quality between caregivers and children in the classroom through live or recorded observation. It evaluates two key domains for **effective interactions: Emotional and Behavioral Support and Engaged Support for Learning**.

EMOTIONAL AND BEHAVIORAL SUPPORT

This domain covers caregivers' sensitivity to children's concerns, needs, desires, and emotions, as well as the strategies used to encourage their autonomy and redirect their behavior. **It includes five dimensions:**

- » **Positive Climate** reflects the degree of quality and respect in relationships between caregivers and children, whether there is frequent smiling, and enjoyment of interactions.
- » **Low Negative Climate** evaluates the absence of anger, yelling, threats, or negativity in interactions.
- » **Teacher Sensitivity** shows how caregivers respond to children's needs and emotions and whether they offer children assurance, calm, and stimuli.
- » **Regard for Child Perspectives** measures whether caregivers pay attention to children's needs and interests and promote their responsibility and independence.
- » **Behavior Guidance** reflects whether caregivers help children regulate their behavior, cultivating redirection strategies that minimize negative behavior.

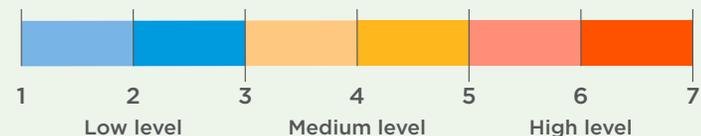
ENGAGED SUPPORT FOR LEARNING

This domain addresses whether caregivers use their interactions with children as an opportunity to promote their learning and development, for example, through conversations; whether they encourage their participation in classroom activities; and offer them feedback.

It includes three dimensions:

- » **Facilitation of Learning and Development** reflects whether play activities foster development, as well as the extent to which caregivers tie and integrate classroom activities into children's day-to-day routines.
- » **Quality of Feedback** shows whether caregivers give clues or explanations or help children express their interpretations; or whether caregivers recognize each child's individual achievements and efforts, letting them know that they did a good job and encouraging their classroom participation and learning.
- » **Language Modeling** reflects whether caregivers use techniques that stimulate children's language use by repeating and responding to their babbling, vocalizations, or verbalizations; expanding on their language; or describing their surroundings and the activities being done, among other techniques.

Each dimension contains various indicators that are scored from **1 to 7**, providing an average score for each dimension and domain, as well as an overall average score. Scores of 1 to 3 indicate low process quality. Scores between 3 and 5 indicate medium levels, and scores over 5 reflect high quality.



⁴ La Paro, Karen, Bridget K. Hamre, and Robert Pianta. 2012. "Classroom Assessment Scoring System (CLASS) Manual, Toddler."

Thomason, Amy C., and Karen M. La Paro. 2009. "Measuring the quality of teacher-child interactions in toddler child care." *Early Education and Development* 20 (2): 285-304.



Where are Mexico's child care centers located and whom do they serve?

Almost all centers are located in urban areas (98%) with low or very low economic marginalization levels (97%), according to the 2015 Municipality Marginalization Index of the National Population Council (*Consejo Nacional de Población*—CONAPO). The main exception is the CAIC modality, as 32% of its centers are located in areas with medium, high, or very high marginalization.

Mexico's public child care centers serve children in households with better socioeconomic conditions, more stimulating environments in the home, and higher levels of language development. 60% of children served by the public child care services come from households in the country's richest quintile, as identified in the 2018-2019 ENSA-NUT.⁵ This statistic is not surprising given the centers' geographical location and that three of the five child care modalities included in the study serve households as part of formal employment benefits. The CAIC serve a population with a lower socioeconomic status: only 24% of the children they serve come from households in the richest quintile. In association with their socioeconomic status, the children

under age three who attend the centers also have home environments that are more favorable to play and learning compared to the average Mexican child. They also show higher levels of language development. **These findings confirm the existing challenges in coverage and targeting of child care services**, underscoring the lack of coverage in more vulnerable areas.



What level of structural quality do Mexico's child care centers offer?

The centers have an average of 5.8 children per caregiver:⁶ 4.6 children per caregiver in infant classrooms and 6.2 children per caregiver in toddler classrooms.⁷ Centers have between 1 and 3 classrooms for both infants and toddlers, with an average of 12.9 and 16.8 children, respectively and 2 to 3 caregivers in each classroom.⁸ The number of children per caregiver, the child-to-caregiver ratio, is often used as a proxy for process quality, since having less children to take care of can facilitate interactions and promote development. The child-to-caregiver ratios in Mexican centers are lower than those in other Latin American countries where similar studies have been conducted, though higher than those seen in the United States.

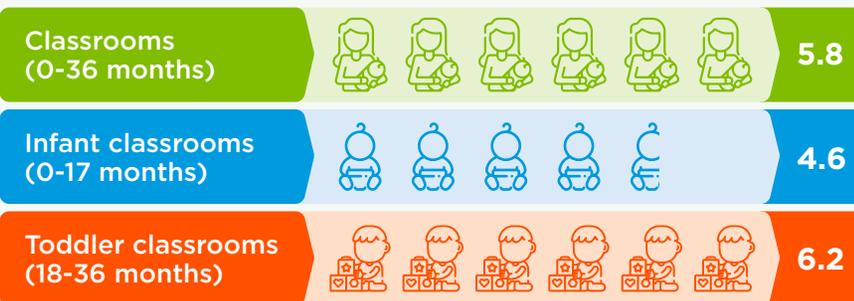
⁵ We constructed a single wealth index with data on material housing conditions and asset ownership for both the households in the study and for all households with children under age three in the 2018-2019 ENSANUT. Appendix III provides more details on how it was constructed.

⁶ Caregivers include both the person in charge of the classroom and his or her helpers or assistants.

⁷ Infant classrooms are primary for children under 18 months old, while toddler classrooms are chiefly for children ages 18 to 36 months.

⁸ In the sample, 10.3% of centers do not have infant classrooms and 1.5% have up to four toddler classrooms. The number of children generally ranges from 2 to 25 in infant classrooms and 5 to 26 in toddler classrooms.

Number of children per caregiver in Mexico



These ratios can be compared to **other public child care programs**:

- » **Argentina (Buenos Aires): 15.25** children aged 24 to 36 months per caregiver.^a
- » **Peru: 8.68** children aged six to 36 months per caregiver.^b
- » **Ecuador: 9.2** children under three years old per caregiver.^c
- » **United States: 2.7** children under two years old per caregiver.^d

Note: ^a Espacios de Primera Infancia (EPI) del Gran Buenos Aires (López Bóo and Ferro Venegas, 2019). ^b Programa Nacional Cuna Más (Araujo, Dormal, and Schady, 2017). ^c Centros del Buen Vivir (Araujo et al., 2015). ^d Early Head Start (Vogel et al., 2015).⁹

Directors and caregivers have more schooling (14 to 16 years) than the average for working-age population in the country (10.1 years).¹⁰ 83.2% of the directors have an undergraduate degree, mostly in preschool education, pedagogy, or psychology. 31.2% of the caregivers have an undergraduate degree, primarily in preschool education, child care, or pedagogy. The directors have an average of 14.2 years of experience in their position, and caregivers an average of 9.

Directors and caregivers have been at centers for an average of 8.7 and 6.4 years, respectively, which is considerably higher than the average for staff in similar roles at public centers in Peru and Ecuador. In those countries, the average is slightly over 3 and 2 years, respectively. This statistic shows that caregivers have more training and less turnover in Mexico, which could promote greater process quality since there is more consistency among caregivers.

The centers have high levels of safety and physical infrastructure quality, although there is room for improvement. The centers have an average of 7.7 out of nine components in the index of infrastructure elements in good condition and without hazards. Additionally, they have an average of 4.9 out of six emergency exit characteristics considered and 5.6 types of emergency equipment of the eight listed. Lastly, the centers have an average of 4.1 of the five bathroom characteristics listed.

⁹ International comparisons with the results of the following studies are used throughout the brief:
 - **Argentina:** López Bóo and Ferro. 2019. "Calidad de procesos y desarrollo infantil en los Espacios de Primera Infancia del Gran Buenos Aires: Validación de una lista corta de monitoreo de centros infantiles". *IDB Monograph 733*.
 - **Ecuador:** Araujo et al, 2015. "La calidad de los Centros Infantiles del Buen Vivir en Ecuador", *Nota de Política del BID 248*.
 - **Peru:** Araujo, Dormal, and Schady. 2017. "La calidad de los jardines de cuidado infantil y el desarrollo infantil," *IDB Working Paper 779*.
 - **United States:** Vogel, et al. 2015. *Toddlers in Early Head Start: A Portrait of 3-Year-Olds, Their Families, and the Programs Serving Them: Volume II: Technical Appendices*.

¹⁰ Based on the 2019 National Occupation and Employment Survey.

Quality of physical infrastructure and safety of child care centers

Elements of infrastructure in good condition and without hazards



Characteristics of emergency exits



Emergency equipment



Characteristics of bathrooms

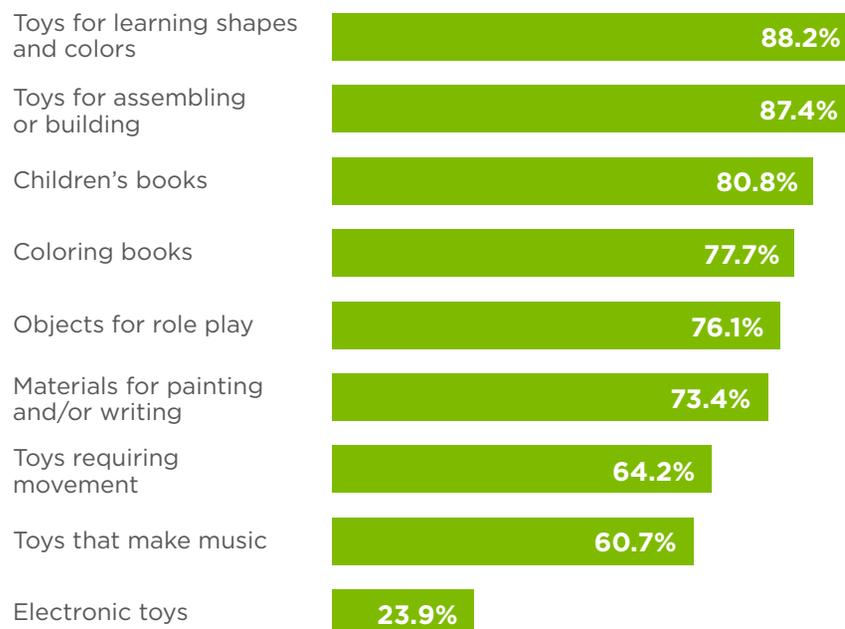


Note: See Appendix III for more information on how these indexes were constructed and their components.

There is variety in the play materials within children's reach at the centers. Toys for learning shapes and colors and toys for building are more common than picture books. More than **87%** of centers have toys for stacking, constructing and building (Legos, blocks or puzzles) or for learning shapes and colors, all within children's reach. However, **19.2%** of centers in Mexico have no picture books accessible to children, and **4.1%** of the centers have no picture books at all. Picture books are key to developing attention focus and concentration, building vocabulary, and forming bonds, among other development aspects, for children of all ages. Toys to play pretend games

within children's reach were observed at **76.1%** of the centers. These objects are also very important for developing skills like creativity in preschool-aged children. On average, the child care centers have **6.1** out of eight varieties of materials accessible to children, excluding electronic toys (which are present and within children's reach at **23.9%** of centers). Putting toys within children's reach fosters free play, exploration, and curiosity; and boosts their autonomy.

Percentage of child care centers with each variety of play material within children's reach

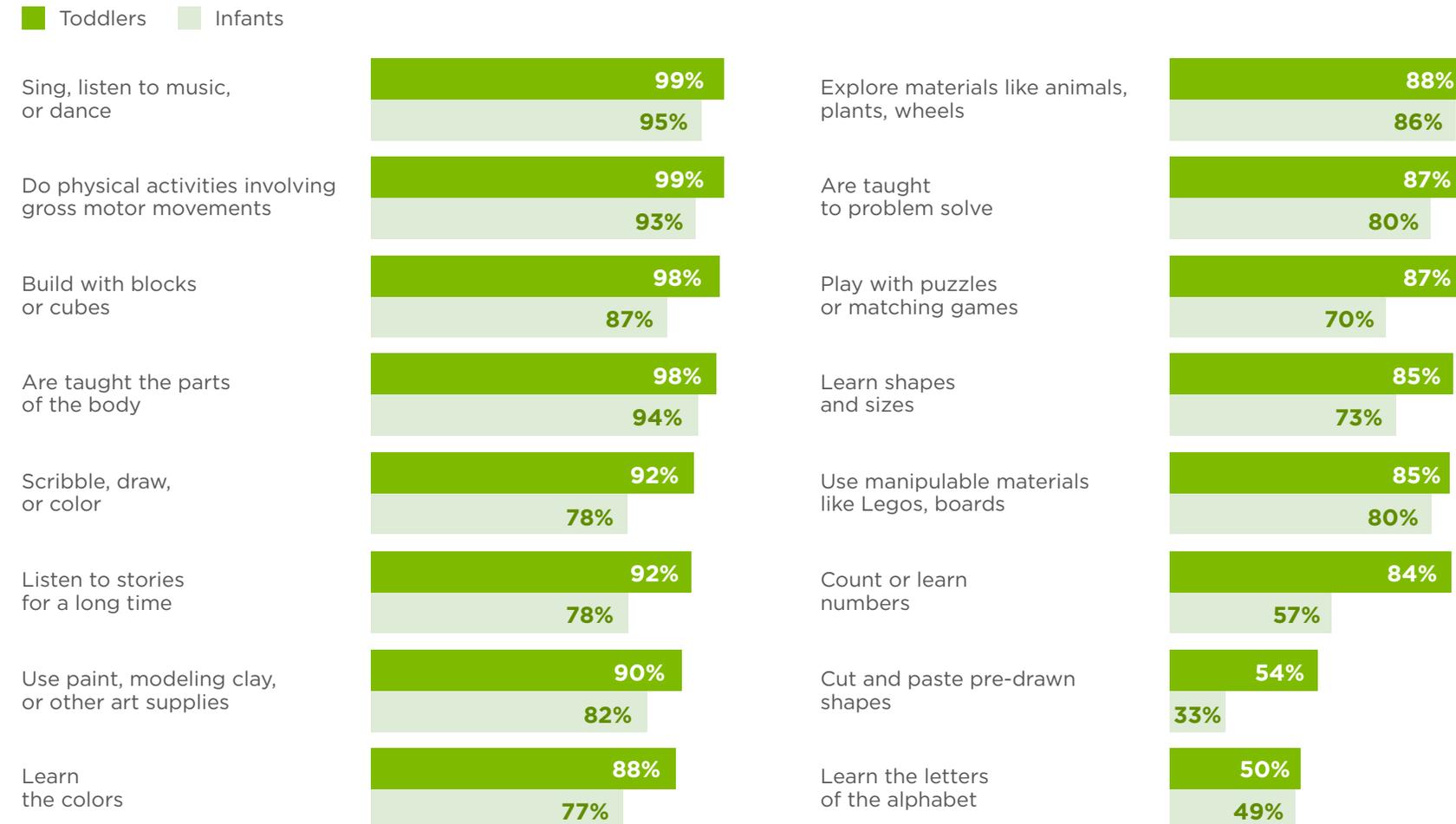


Children do a wide variety of play-based and educational activities in classrooms each week.

In most classrooms, children sing, listen to music, or dance; do physical activities that promote gross motor skills; learn the parts of the body; and play with blocks and cubes. Activities less suitable for smaller children, like playing with puzzles or doing sorting and matching games, counting or learning numbers,

and cutting out and pasting shapes, are done less frequently in infant classrooms. However, children learn the letters of the alphabet at least once a week in half of the classrooms, whether infant or toddler classrooms. Of the total of 16 educational activities listed, caregivers reported doing an average of **12.1** in infant classrooms and **13.8** in toddler classrooms at least once a week.

Play activities carried out in classrooms at least once a week





What level of process quality do Mexico's child care centers offer?

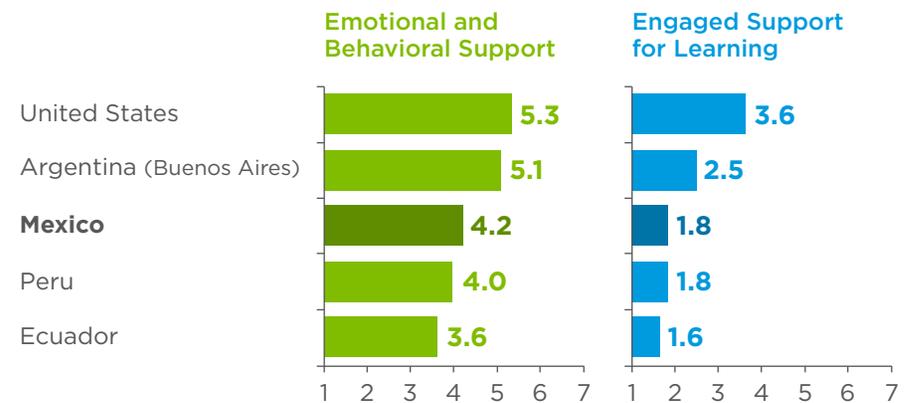
The centers have medium to low process quality, comparable to the levels of other public child care services in Latin America. The centers had an overall average CLASS score of 3.3, with a score of 4.2 on Emotional and Behavioral Support and 1.8 on Engaged Support for Learning. While these average scores vary little between the different child care modalities, they do differ between centers of the same provider. These levels are similar to those observed in other Latin American countries and lower than those seen in the United States, a country with a stronger tradition of using process quality monitoring tools as a strategy for improving children's classroom experience. In all countries with similar measurements, lower scores are found for the Engaged Support for Learning domain than for the Emotional and Behavioral Support.

The following was observed, by CLASS-Toddler dimension:

- » **Low Negative Climate (high score):** There are few situations of anger, hostility, or aggression, and few moments of intense frustration.
- » **Positive Climate, Teacher Sensitivity, and Behavior Guidance (medium score):** Demonstrations of warmth and affection (smiles, laughter, hugs) and respect (eye contact, facing the child) towards children could be more frequent. We suggest more awareness of children's needs for support in the classroom and offering them greater assurance during care. We also suggest strengthening the use of strategies like recognizing and reinforcing positive behavior, clearly communicating expected behavior to children, or redirecting problematic behavior using positive disciplinary strategies.



International Comparison of the CLASS-Toddler scores



- » **Regard for Child Perspectives, Facilitation of Learning and Development, Language Modeling, and Quality of Feedback (low score):** There is a high need for greater regard for children's perspectives and developmental level when planning and implementing classroom activities. We suggest proposing more activities that encourage exploration and autonomy, for example, based on observing children's free play or offering them options of activities they can choose from. These activities can enhance play-based learning—for example, by tying to children's day-to-day experiences, drawing connections to what happens in their environment, introducing notions of cause and effect or sequentiality, and responding to their babbling, vocalizations or other attempts to communicate and expanding on them with new and progressively more complex words, among others. It is also key to encourage children to participate in the activities, offering them new challenges that stimulate them and consistently recognizing not only their achievements but also their efforts to meet those challenges, in an individual and specific way.



What did we learn and what are the policy implications?

The study shows that child care centers in Mexico **have high levels of structural quality**, with safe physical spaces in good condition where children have access to generally age-appropriate play materials and activities. These elements are indispensable to high-quality care. However, providers have **a unique opportunity to continue improving children's experience at the centers by strengthening the warmth of interactions, emotional support, and engaged support for learning they receive in the classroom.**

There are several specific strategies for achieving this goal: focusing on positive reinforcement; recognizing achievements and efforts; redirecting problematic behaviors with positive disciplinary strategies; including play and educational activities that match children's interests and developmental needs; using language modeling to recognize and expand on their attempts to communicate; or reducing the child-to-caregiver ratio and reorganizing spaces and routines to facilitate dedicated care; among others. Likewise, developing mechanisms to reduce caregiver turnover will help maximize the returns from any training initiative.

To promote the adoption of these strategies, we propose developing **an ongoing process quality assurance system** that includes **training and professional development programs** for caregivers that combine theoretical content with practical content—for example, through individual or group mentoring. These programs will give caregivers tools to develop the skills and techniques they need to organize classroom routines and activities more effectively, maximizing the potential of their dynamics and interactions.

Lastly, it is essential to develop and provide **simple tools for continually measuring and monitoring the quality of interactions.** These tools, together with existing structural quality supervision instruments, will be key to identifying concrete issues to address in mentoring experiences and for following up on the results of the continuous quality assurance system.

Several providers that participated in the study are already undertaking efforts along these lines. To ensure they are scalable and sustainable, strategies should be designed to easily integrate into and enhance existing service structures, taking into account the needs of the child care centers' staff.



FULL STUDY

Rubio-Codina et al. 2021. *"A snapshot of child care center quality and child development in Mexico for children under three: methodology and results"*

APPENDIX I.

The study's sampling frame: child care centers run by Federal Public Administration agencies in December 2018

Institutional Agencies	Mode of Care	Target population	Age range of children	Administrative data ¹				Study census ²			
				Centers		Children		Centers		Children	
				No.	%	No.	%	No.	%	No.	%
Secretariat of Social Development (SEDESOL) ³	Child care facilities to support working mothers	Children of mothers who work, are looking for a job, or are studying, in vulnerable households	1 year to 3 years, 11 months (or up to 5 years 11 months if they have a disability)	9,583	70.3	320,309	42.6	9,126	69.4	305,244	47.2
National System for Comprehensive Family Development (SNDIF)	Community Child Assistance Centers (CAIC)	Vulnerable groups in marginalized urban areas	2 years to 5 years, 11 months	1,702	12.5	70,542	9.4	1,699	12.9	69,681	10.8
	Child Development Assistance Centers (CADI)	Children of low-income working mothers without social benefits	45 days to 5 years, 11 months	476	3.5	34,484	4.6	486	3.7	33,594	5.2
Mexican Social Security Institute (IMSS)	Daycares, direct and indirect provision	Children of working mothers covered by this social security plan	43 days to 4 years (or 6 years in the "Madres IMSS" mode)	1,364	10.0	197,588	26.3	1,348	10.3	193,711	30.0
Government Workers' Social Security and Services Institute (ISSSTE)	Centers for child development and welfare, whether run by the ISSSTE or outsourced	Children of workers who are ISSSTE beneficiaries	2 months to 6 years	243	1.8	27,385	3.6	243	1.9	23,936	3.7
Federal Secretariat of Public Education (SEP)	Child Care Centers (CAI-SEP)	Children of the Secretariat of Education workers	45 days to 5 years, 11 months	222	1.6	96,741	12.9	204	1.6	15,339	2.4
Petróleos Mexicanos (PEMEX) ³	Child Development Centers	Children of Petróleos Mexicanos workers	45 days to 5 years, 11 months	20	0.1	3,095	0.4	20	0.2	3,095	0.5
Secretariat of the Navy (SEMAR) ³	Child Development Centers	Children of the Secretariat of the Navy workers	45 days to 5 years, 11 months	22	0.2	1,697	0.2	22	0.2	1,697	0.3
TOTAL				13,632	100	751,841	100	13,148	100	646,297	100

Notes: Prepared based on the [Official Gazette of December 28, 2020](#). ¹Statistics from the Official Gazette Statistics up to December 2018. ²Statistics from the census of centers taken between March 2017 and April 2018, which served as the study's sampling frame. In both cases, only information on overall enrollment for each of the providers is available. It was not possible to disaggregate the information for children under three years old or distinguish between toddler and preschool enrollment. Since 2019, some CAI-SEP have been opened to the whole population. ³These providers were not included in this study because in the case of SEDESOL (now *Bienestar*), child care facilities were only publicly funded until 2018, and PEMEX and SEMAR had fewer than the minimum expected number of centers in the sampling phase for statistical representativeness.

APPENDIX II. The study's sample design

- » **Target population.** All centers run by Federal Public Administration agencies in 2019; their classrooms; the children who attend them; and their households.
- » **Selecting the sample.** Based on information supplied by the providers between April 2017 and March 2018, we compiled the universe of public child care centers serving children under three years old and identified the most widespread center-based child care modalities in operation in 2019 to include them in the study: CAIC, CADI, IMSS, ISSSTE, and SEP. For each child care modality or strata, 60 child care centers were randomly selected, with a probability proportional to the size of the strata, for a total of 300 centers in the study's target sample. In each center, up to 2 classrooms were randomly selected with equal probability, and in each classroom up to 6 children were randomly selected to be included in the study.

- Given the low number of centers in some of the child care modalities offered by the IMSS and the ISSSTE (direct or indirect provision), these centers were not sampled independently. Rather, all centers run by these providers were considered part of a single 'modality'.
- SEDESOL's (now Secretariat of Welfare or *Secretaría de Bienestar*) *Estancias Infantiles* were excluded because the funding for their centers changed starting in 2019. We also excluded the providers PEMEX and SEMAR because they had less than the required number of centers for statistical representativeness in the analysis.

- » **Sample analyzed.** 245 centers, 426 classrooms, and 2,115 households. The target sample of centers was not achieved because some centers declined to participate in the study or others had to be excluded because the center was closed, there were security problems in the area, or the center no longer served children under age three.

Final sample analyzed, by child care modality¹

	P1	P2	P3	P4	P5	TOTAL
Centers	47	53	45	54	46	245
Classrooms	89	104	51	98	84	426
Children	414	516	263	550	372	2,115

¹ The sample is representative of these child care modalities, but we omitted their names on account of impartiality.

APPENDIX III. Index construction

Household wealth index

We constructed a household wealth index using information on household assets as a proxy for socioeconomic status. We used information from the households served by the centers and data on households with children under three years old surveyed in the 2018-2019 ENSANUT in order to compare the socioeconomic status of the households in the first group with the distribution of Mexican households in general. We used variables that appear in both surveys: modern flooring materials; number of rooms in the household; or whether the household has a telephone, washing machine, microwave, automobile, water heater, computer, television, and radio. To create comparable wealth indexes, we applied the principal components method to the variables of the 2018-2019 ENSANUT. We then applied the resulting coefficients to the survey of households served by the centers.

Constructing the indexes for the quality and safety of child care centers' physical infrastructure

We grouped elements that are conceptually related and that reveal different aspects of the quality of the spaces. Each index was constructed by totaling up a series of items assigned a score of 1 or 0 based on whether the center displays that characteristic.

Index	Components
Elements of infrastructure in good condition and without hazards	<ol style="list-style-type: none"> 1. All spaces children can access¹ have roofing in good condition. 2. All spaces children can access¹ have walls in good condition. 3. All spaces children can access¹ have flooring in good condition. 4. The center has locks and barriers in the doors. 5. There is protection where the floor level changes. 6. There is a recreational area in good condition. 7. The drainage system is suitable. 8. All furniture is in good condition. 9. There is an emergency exit.
Characteristics of emergency exits	<ol style="list-style-type: none"> 1. Emergency exit is made of nonflammable material or is treated with a fire retardant. 2. Emergency exit has no padlocks, locks with the bolt drawn, or other obstacles. 3. Emergency exit swings open on a vertical access and opens outward. 4. Emergency exit has appropriate signage. 5. Emergency exit has mechanisms allowing it to be opened from inside by simply pushing on it. 6. Emergency exit can be opened by an adult, but not by a child.
Emergency equipment	<ol style="list-style-type: none"> 1. Gas detector. 2. Smoke detector. 3. Flashlight with batteries. 4. Emergency stairway. 5. Megaphone. 6. Bell. 7. Siren. 8. Doorbell.
Characteristics of bathrooms	<ol style="list-style-type: none"> 1. Appropriately sized toilets. 2. All bathrooms have toilet paper. 3. All bathrooms have soap. 4. All bathrooms have items for drying hands. 5. Toilets in good condition.

¹ Spaces children can access: multipurpose room, kitchen, classrooms, nursery rooms, bathrooms.

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