Strong attachment relationships between babies and toddlers and the adults who care for them are critical to early brain development. All babies and toddlers in child care need nurturing, responsive providers and caregivers they can trust to care for them as they grow and learn. To support this goal, CLASP recommends that states provide information and supports for providers and caregivers to develop nurturing, responsive, and continuous relationships with children from when they enter child care to age three.

This document presents research supporting the recommendation to promote continuity of care. Visit www.clasp.org/babiesinchildcare for materials related to this recommendation, including ideas for how state child care licensing, subsidy, and quality enhancement policies can move toward this recommendation; state examples; and online resources for state policymakers.

What does the research say about babies and toddlers and continuity of care?

The most important relationships usually begin in the family, when an infant forms an attachment relationship with the person who is primarily responsible for the infant’s care. If the baby’s needs are met, the infant forms a secure attachment—or “base”—that creates a foundation for healthy development in early childhood and beyond. When early relationships are nurturing, individualized, responsive, and predictable, they increase the odds of desirable outcomes—building healthy brain architecture that
provides a strong foundation for learning, behavior, and health. Young children with a weak early foundation have an increased risk for problems later, when they will need to build on those basic capabilities established in the early years to develop more complex skills.

Providers and caregivers who regularly care for very young children can have a positive impact on child development by forming continuous, strong attachments with children. Young children need a secure base from which to explore in their non-parental care settings. Research has found that infants with secure attachment relationships with their care providers are more likely to play, explore, and interact with adults in their child care setting. When very young children transition from room to room according to predetermined developmental stages or ages, they can experience high levels of distress. A study of children aged six- to thirty-months in child care centers found that when the children experienced fewer changes in those who cared for them in a day and longer stretches with their primary caretaker, they were less likely to exhibit behavior problems in child care. Higher numbers of changes in center or family child care providers in the earliest years has been linked to less outgoing and more aggressive behaviors among children at ages four and five.

A “continuity of care” approach can enhance the relationship between caregivers and young children in center-based child care programs by keeping young children within the same setting and with the same team of providers for an extended period, usually for the first three years of their lives. One evaluation of a program using this approach found that attachment grows over time. The longer infants and toddlers were with the same provider, the more likely they were to form a secure attachment to that provider; 91 percent of infants and toddlers who had been with their provider for more than one year had a secure attachment relationship.

Providers and caregivers who regularly care for very young children can also have a positive impact on child development by supporting attachment and helping families. A secure attachment relationship between infants and their child care providers can complement the relationship between parents and young children and facilitate early learning and social development. Children in both child care centers and family child care homes have been found to benefit when their providers are sensitive and responsive. Other family members, friends, and neighbors who provide regular care for babies and toddlers can also play a critical role in helping support the stability of the family if they are supportive of the parents. Further, unlike professional child care providers, these family, friend, and neighbor caregivers are likely to be part of a baby’s life well beyond the early years.

How can state child care licensing, subsidy, and quality enhancement policies ensure continuity of care for babies and toddlers?

Researchers have found that the number of child care providers that support the idea of continuity of care for babies and toddlers is greater than the number that have been able to implement it. An analysis across a small number of centers in Louisiana found that directors had concerns about space limitations, staff turnover, and making the model work from a business perspective, but that directors were more likely to identify the attitudes and abilities of the providers in the classroom as barriers to implementing continuity of care from birth to age three.

State policymakers can take steps to provide information and training, create supportive licensing rules, and support implementation of continuity of care strategies. The continuity of care approach is a central recommendation of the Program for Infant/Toddler Care (PITC), a nationally recognized training model for child care providers that was developed by the National Institute for Child Health and Human Development’s Early Child Care Research Network.

From Ross Thompson, “Development in the First Years of Life,” The Future of Children

“The irreducible core of the environment during early development is people. Relationships matter.”

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care providers. It is also being piloted in Educare centers in five states using two models, one in which the same children are together birth through age three in similar age groups, another in which mixed-age groups of infants and toddlers are cared for together while they are between birth and age three. A critical feature to moving toward this recommendation on continuity of care is providing state funds to help child care providers learn and implement these approaches. States can use their Quality Rating and Improvement Systems (QRIS) and child care subsidy systems as vehicles for providers to meet and maintain continuity of care standards. Further, states can provide accessible information to caregivers and parents about the critical nature of early relationships.

Visit www.clasp.org/babiesinchildcare for dynamically updated information related to this recommendation, including:

- **Policy Ideas** that states can use to move toward this recommendation
- **State Examples** profiling initiatives of policies under this recommendation
- **Online Resources** for state policymakers

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1 The authors would like to thank Ron Lally for his comments on drafts of this resource.
4 The Science of Early Childhood Development.
9 Helen Raikes, “Relationship Duration in Infant Care: Time with a High-Ability Teacher and Infant-Teacher Attachment,” Early Childhood Research Quarterly 8, no. 3 (1993): 309-325. In comparison, 67 percent of infants and toddlers who had been with their caregiver for 9-12 months had secure attachments, and 50 percent of infants and toddlers who had been with their caregiver for 5-8 months had secure attachments.
16 Program for Infant/Toddler Care, “PITC’s Six Program Policies,” http://www.pitc.org/pub/pitc_docs/138%7e%5er=disp.
17 Personal communication with Mary Jane Chainski, Director, Bounce Learning Network.