Continuity of Care:
A Critical Component of Quality for Babies and Toddlers in Child Care

Opening Minds Conference
Chicago, IL
January 22, 2009

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Session Overview

- What do babies in child care need?

- What does continuity of care look like?

- Discussion: implementation challenges and opportunities

- A state policy framework to support continuity of care

- Next steps

- Resources

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What Babies in Child Care Need

3

A strong foundation…

- "Human relationships and the effect of relationships on relationships, are the building blocks of healthy human development."

Shonkoff, J. P., & Phillips, D. A. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development.*

Research shows: Babies need a secure base

- Transitioning from room to room at pre-determined ages or stages can cause distress

- Fewer changes of primary caretaker during the day has been linked to fewer exhibited behavior problems in child care

- Higher numbers of changes in center or family child care providers in the earliest years have been linked to less outgoing and more aggressive behaviors among children at ages four and five
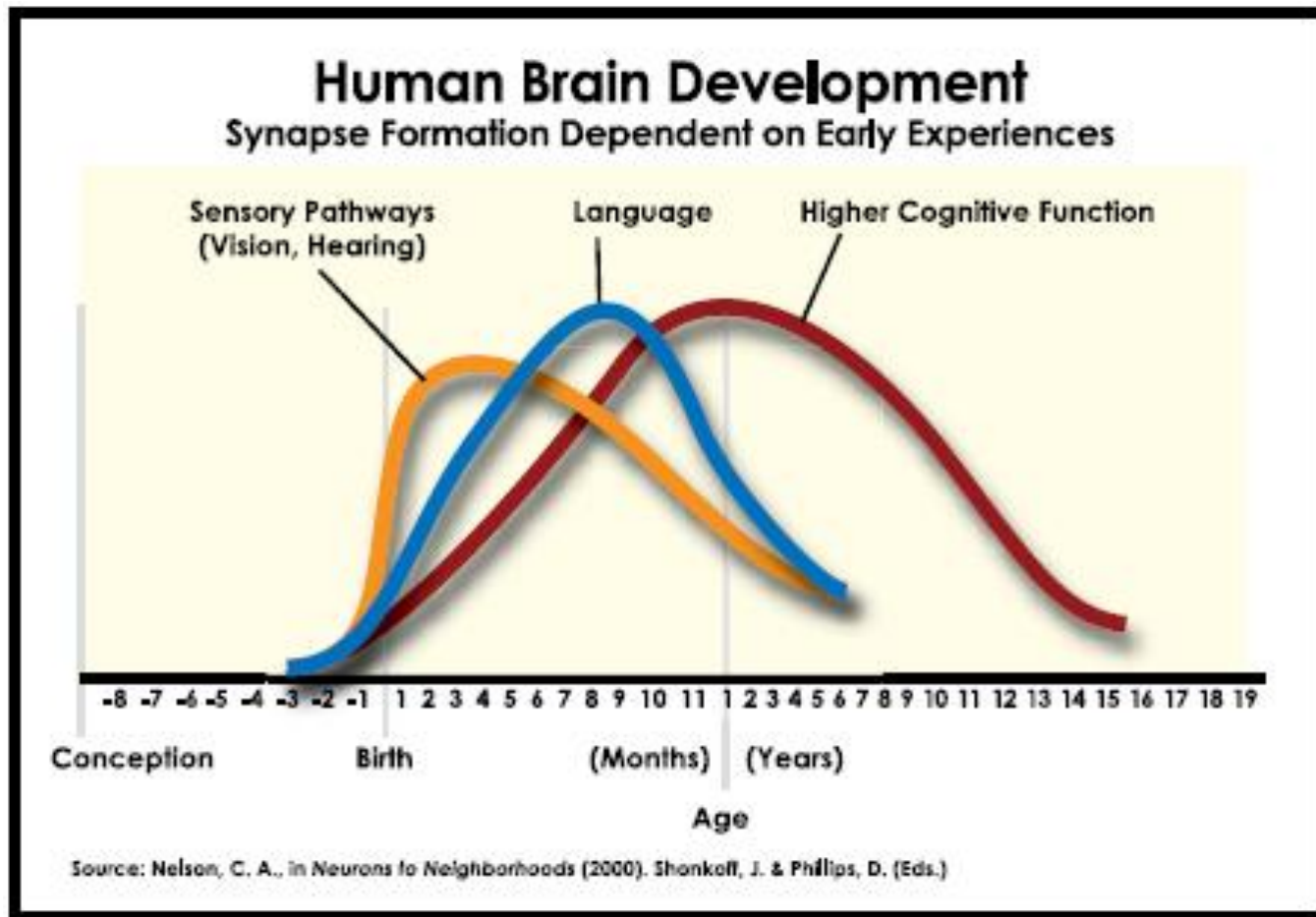
How do babies in child care feel secure?

- When caregiver/child relationships are:
    - Nurturing
    - Individualized
    - Responsive
    - Predictable

- Infants in secure attachment relationships with their caregivers are more likely to play, explore, and interact with adults in their child care setting

Raikes, Helen. "A Secure Base for Babies: Applying Attachment Theory Concepts to the Infant Care Setting." *Young Children*. 1996.

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Secure early experiences help develop brain architecture

Human Brain Development
Synapse Formation Dependent on Early Experiences

Source: Nelson, C. A., in *Neurons to Neighborhoods* (2000). Shonkoff, J. & Phillips, D. (Eds.)

8

What Does Continuity of Care Look Like?

What does it look like?

- Primary caregiver cares for child most of the time
- Adult:child relationship maintained from birth to three years
- May stay in the same environment or move to a new one as children age and interests change
- Same-age or mixed-age groups

Continuity of Care models

- Same-age group stays in same environment
  - Replace children who leave with same age range
- Same-age group moves to different rooms as they age
  - New cohort of babies start when others move up
- Mixed-age group stays in same environment
  - When children leave, may be replaced by any other age
  - Limit on number of infants in group, ratios and group size determined by age of youngest

Source: Ways to Provide Continuity of Care, PITC

What does it look like?: Educare

- Model programs in Chicago, Omaha, Milwaukee, Tulsa, Denver, Oklahoma City
  - Coming soon to Miami, Seattle, Yakima, Arizona
- Private dollars build state-of-the-art facilities; half of slots for 0-3
- "Braided" funds support quality
- Children stay with same caregiver until three, then move to 3 to 5 classroom
- Groups of 8, 1:3 adult-to-child ratios

How does security help development from birth to three?

Identity
(16 to 36 months)

Exploration
(8 to 18 months)

Security
(birth to 9 months)
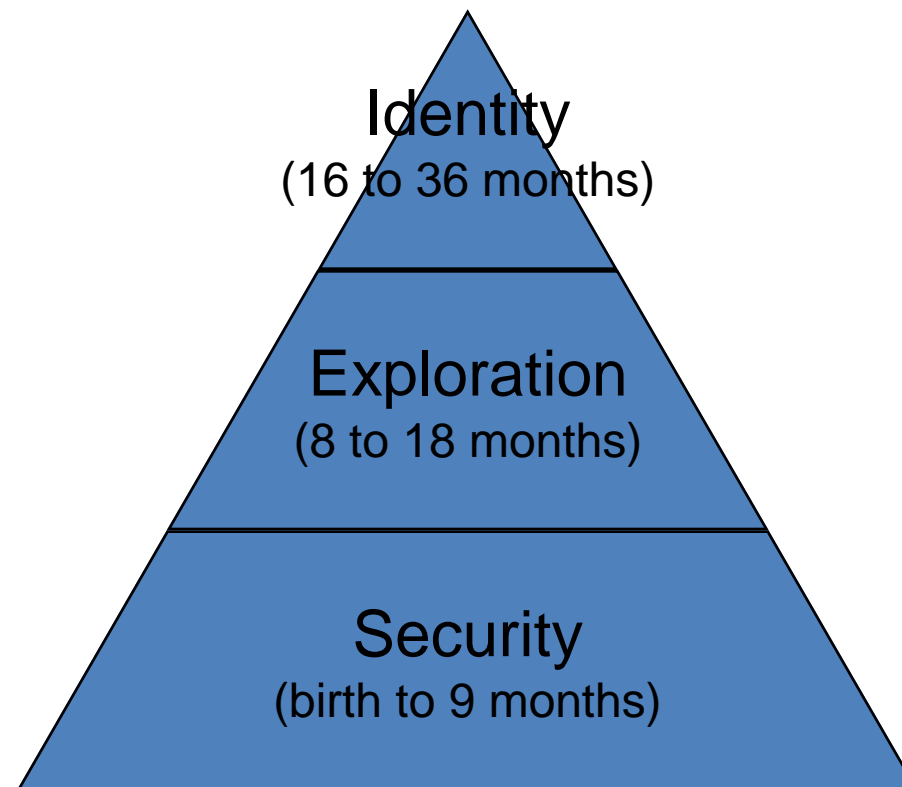
Source: *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice,* ZERO TO THREE

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Discussion: Challenges and Opportunities

Talking about…

- **Challenges**
  - Change
  - Licensing and subsidy rules
  - Staff resistance:
    - "I am not a baby caregiver; I work with toddlers!"
  - Educating parents
  - Turnover
  - Cost

- **Opportunities**
  - Coming together as a program to assess capacity
  - Getting to know individual children, their needs and background
  - Better able to prevent health and safety issues
  - Develop long-term relationship with family

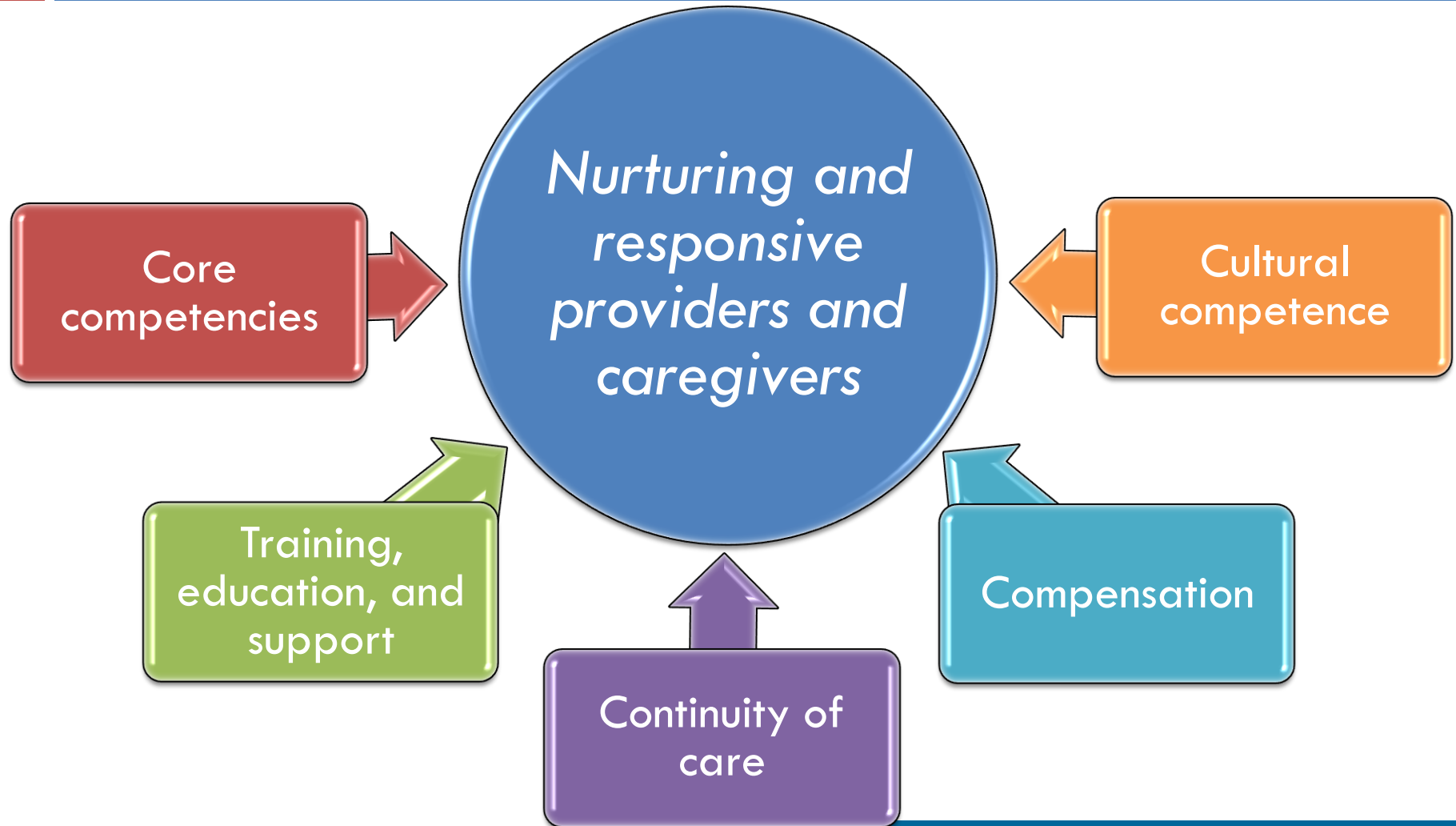# A Policy Framework that Supports Continuity of Care

Key principles: What babies and toddlers in child care need

Nurturing, responsive providers and caregivers they can trust to care for them as they grow and learn.

Healthy and safe environments in which to explore and learn.

Parents, providers, and caregivers supported by and linked to community resources.

Their families to have access to quality options for their care.

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Policy recommendations to support nurturing and responsive care

Nurturing and responsive providers and caregivers

Core competencies

Cultural competence

Training, education, and support

Continuity of care

Compensation

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State policies can support continuity

POLICIES:

- Licensing can allow mixed ages, require primary care

- Professional development systems can teach providers how to promote continuity of care

- Child care lead agency can provide financial incentives/support to center and FCC providers to implement continuity of care

Training, education, and support

Compensation

Continuity of care

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Licensing policies

- Require a primary child care provider responsible for each infant and toddler
- Require that centers implement continuity of care strategies from entry into child care to age three
- Remove licensing barriers to operating with mixed-age groups

Licensing policies supporting continuity

Policy	IL	IN	MI	MN	OH	WI
Requires continuity of care		✔				
Requires primary caregiver	✔	✔	✔		✔	✔
Allows mixed-age groups	✔	✔	✔	✔	✔	✔

Source: NARA 2005 Licensing Study

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Example: Indiana licensing

- Centers required to make a reasonable effort to provide continuity of care for children under 30 months of age

- May mix children 6 weeks to 36 months of age in one classroom under the following conditions:

  - A child/staff ratio of 4:1; group size of 8

  - No more than 3 children under 12 months old

  - Developmentally appropriate program, furnishings, and equipment for all children
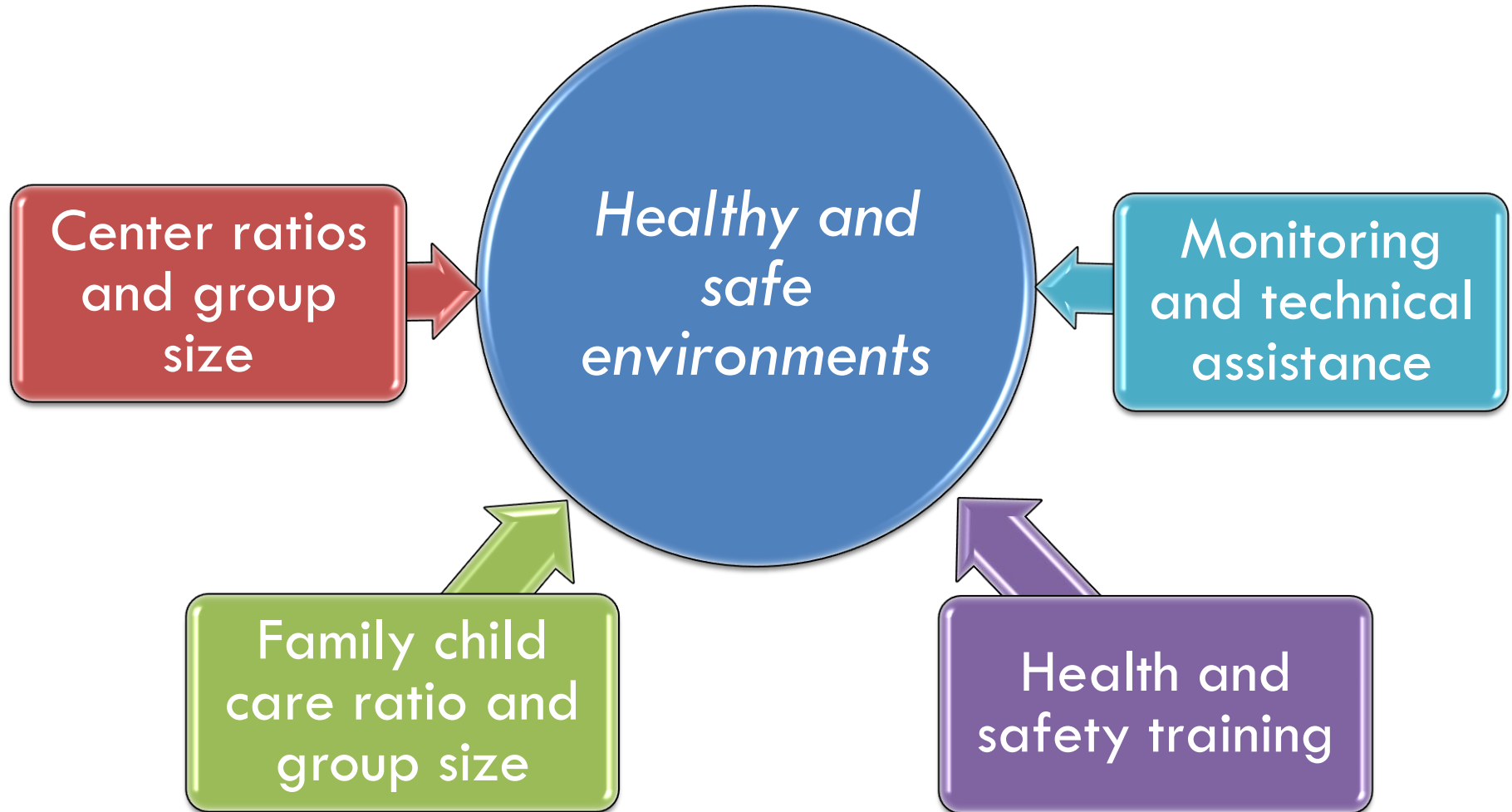
  Source: 470 IAC 3-4.7-51 and 52 at http://www.in.gov/fssa/files/Rule4.7.pdf

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Subsidy policy

- Raise child care subsidy payments to centers and family child care homes that implement continuity of care strategies with low-income infants and toddlers in their care

- Contract with providers to support and require continuity of care

Quality enhancement policies

- Train providers on methods to promote continuity of care

- Ensure that the standards, design, and incentives of state Quality Rating and Improvement Systems (QRIS) specifically address and encourage continuity of care techniques

- Develop and disseminate information and resources appropriate for family, friend, and neighbor caregivers and parents about the importance of consistent early relationships for babies and toddlers

Recommendations to support healthy and safe environments

Center ratios and group size

Healthy and safe environments

Monitoring and technical assistance

Family child care ratio and group size

Health and safety training

Current Ratios/Group Size Requirements

Center Staff-Child Ratios	IL	IN	MI	MN	OH	WI	CLASP Rec.
9 months	4:1	4:1	4:1	4:1	5:1	4:1	3:1
18 months	5:1	5:1	4:1	7:1	7:1	4:1	4:1
27 months	8:1	5:1	4:1	7:1	7:1	6:1	4:1

Center Group Size	IL	IN	MI	MN	OH	WI	CLASP Rec.
9 months	12	8	12	8	10	8	6
18 months	15	10	12	14	14	8	8
27 months	16	10	12	14	14	12	8

Source: NCCIC, 2007

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What are next steps?

What can you do to support continuity of care?

- Access more information resources
  - Infant/toddler specialists, infant mental health consultants, higher education, PITC, Educare
- Spread the word
  - Talk to your colleagues, staff, parents in your program, potential funders, state leaders

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What can you do…?

- **Make a plan**
  - Work together in your program to map out what steps and resources would be needed to implement continuity of care

- **Advocate for policy change**
  - Licensing, subsidy, quality investment, incentives and supports

Resources

Infant experts

- Program for Infant/Toddler Care (PITC), www.pitc.org
  - Several Region V states (IL, IN, MN,OH) hold PITC training institutes, see website for contact information
- Infant/toddler specialist networks
  - IN (http://www.cfs.purdue.edu/ITSI/overview.asp)
  - OH (http://www.occrra.org/firststeps.htm)
- Ounce of Prevention Fund/Bounce Early Learning Network/Educare

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Charting Progress for Babies in Child Care

About this project

Research-based rationales are based on one of 15 recommendations in the Charting Progress Policy Framework.

Go to briefs and papers on how states can implement these recommendations.

KEY PRINCIPLES
Babies and Toddlers in Child Care Need:

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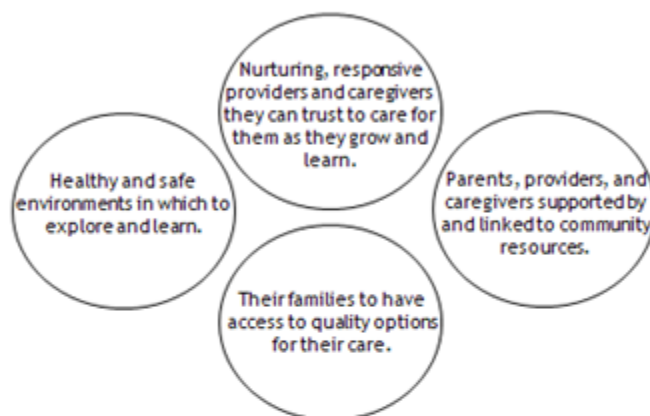
CLASP's *Charting Progress for Babies in Child Care* project is a multi-year effort to highlight state policies that support the healthy growth and development of infants and toddlers in child care settings, and to build an online resource to help states implement these policies. In the project's first year, CLASP and ZERO TO THREE developed a Policy Framework with four key principles that babies and toddlers in child care need and 15 recommendations for states. CLASP is writing research-based rationales to support each of the 15 recommendations.

To date, CLASP has released the following products:

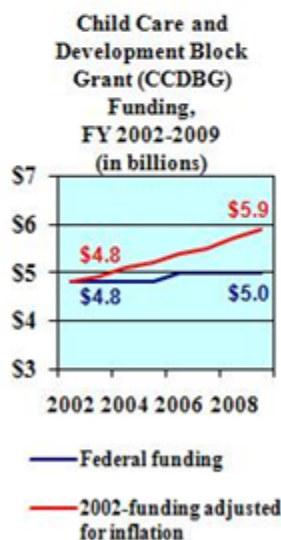| Policy Framework and Research-Based Rationales		
Policy Framework Summary: Sets forth 15 recommendations for states, supported by the research-based rationales below. January 2008	HTML	PDF
Continuity of Care: Research-Based Rationale: Supports the project recommendation to: Support continuous relationships between providers and caregivers and the children they care for, from when they enter child care to age three. August 2008	HTML	PDF

Child Care and Development Block Grant (CCDBG) Funding, FY 2002-2009 (in billions)

$7
$6 $5.9
$5 $4.8
    $4.8 $5.0
$4
$3
2002 2004 2006 2008

— Federal funding
— 2002-funding adjusted for inflation

CLASP infant/toddler publications

Ensuring Quality Care for Low-Income Babies:

Contracting Directly with Providers to Expand and Improve Infant and Toddler Care
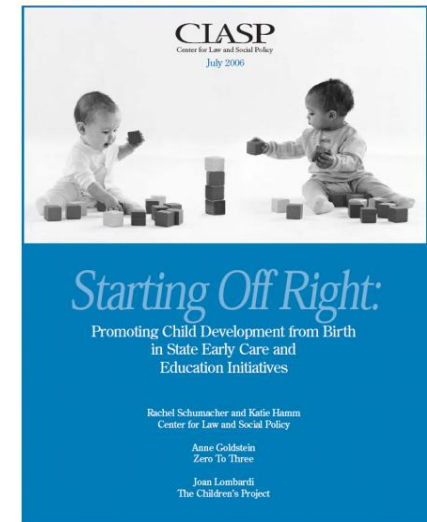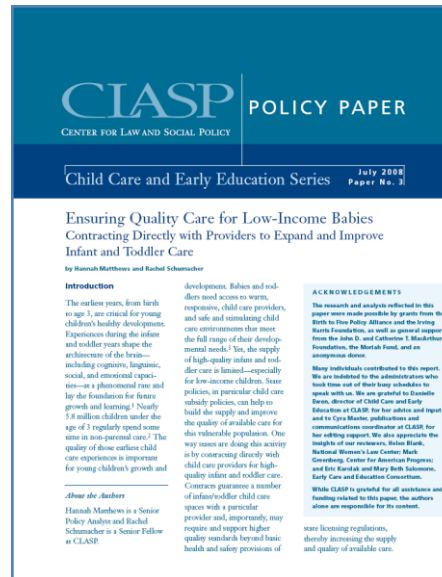
Building on the Promise:

State Initiatives to Expand Access to Early Head Start for Young Children and Their Families

Starting Off Right:

Promoting Child Development from Birth in State Early Care and Education Initiatives

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CLASP state-by-state data

State profiles available
in these categories:

_____

- Child Care Assistance

- Community-Based Pre-K

- Head Start Program Data

- Infant/Toddler Initiatives

- State Early Head Start
  Initiatives

www.clasp.org/publications/childcareearlyedmap.htm

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