

Charting Progress for Babies in Child Care:

A Framework for Addressing the Needs of Infants and Toddlers in Child Care



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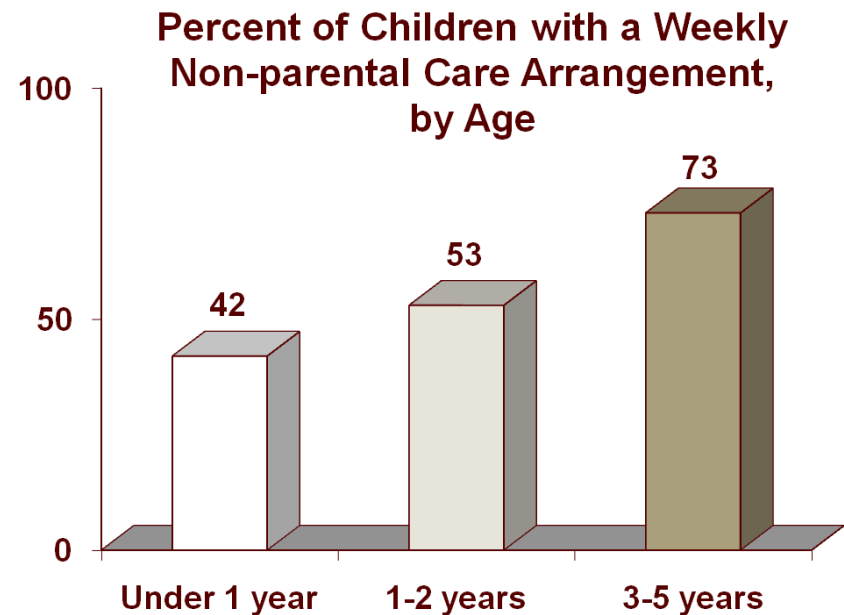
Session overview

- Why should states focus on babies in child care?
- CLASP's Charting Progress for Babies in Child Care project
- Applying the framework
 - Continuity of care
 - Ratios and group sizes
- Next steps and resources

Why Should States Focus on Babies in Child Care?

Many babies are in care

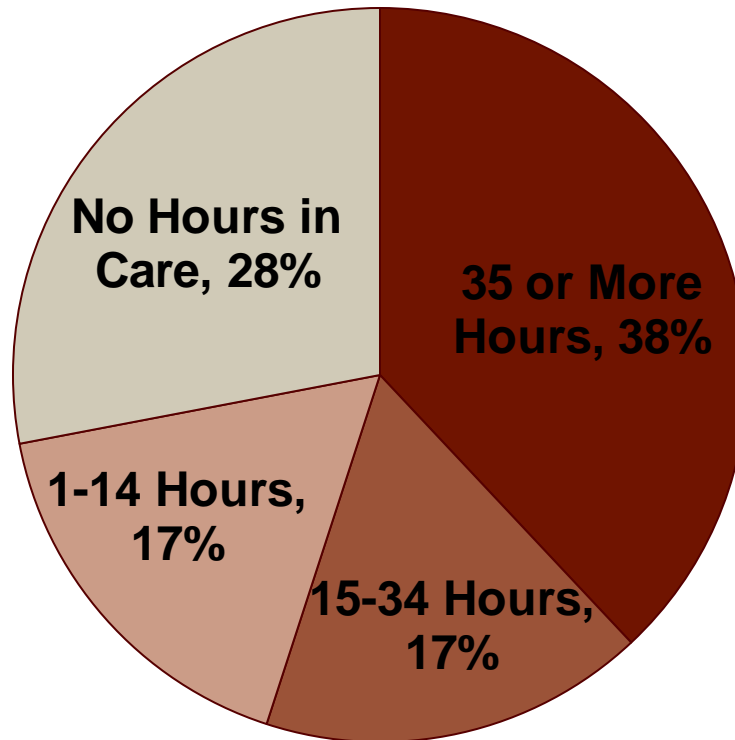
- 5.8 million babies and toddlers regularly in non-parental care
- Average 25 hrs/week.
- 39 percent in full time care
- BUT, 90 percent of centers rated less than “good” in large study
- Infant/toddler care is more expensive than care for children of other ages



Source: National Center for Education Statistics, 2005 National Household Education Survey.

Babies are in child care for many hours...

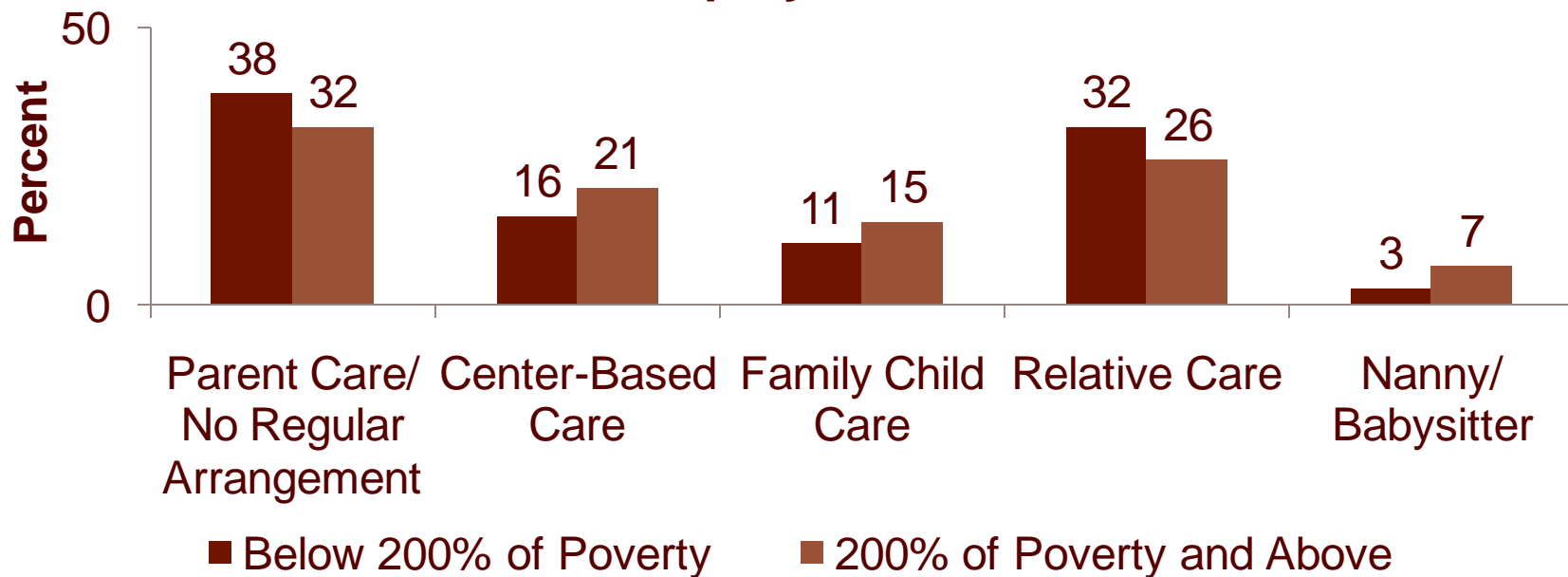
Hours Spent in Nonparental Care by Children Under 3 with Employed Mothers, 2002



Source: Jeffrey Capizzano and Regan Main, *Many Young Children Spend Long Hours in Child Care*, Urban Institute, 2005. Analysis of 2002 NSAF Data.

...and in a variety of settings

Primary Child Care Arrangements for Children Birth to 3 with Employed Mothers

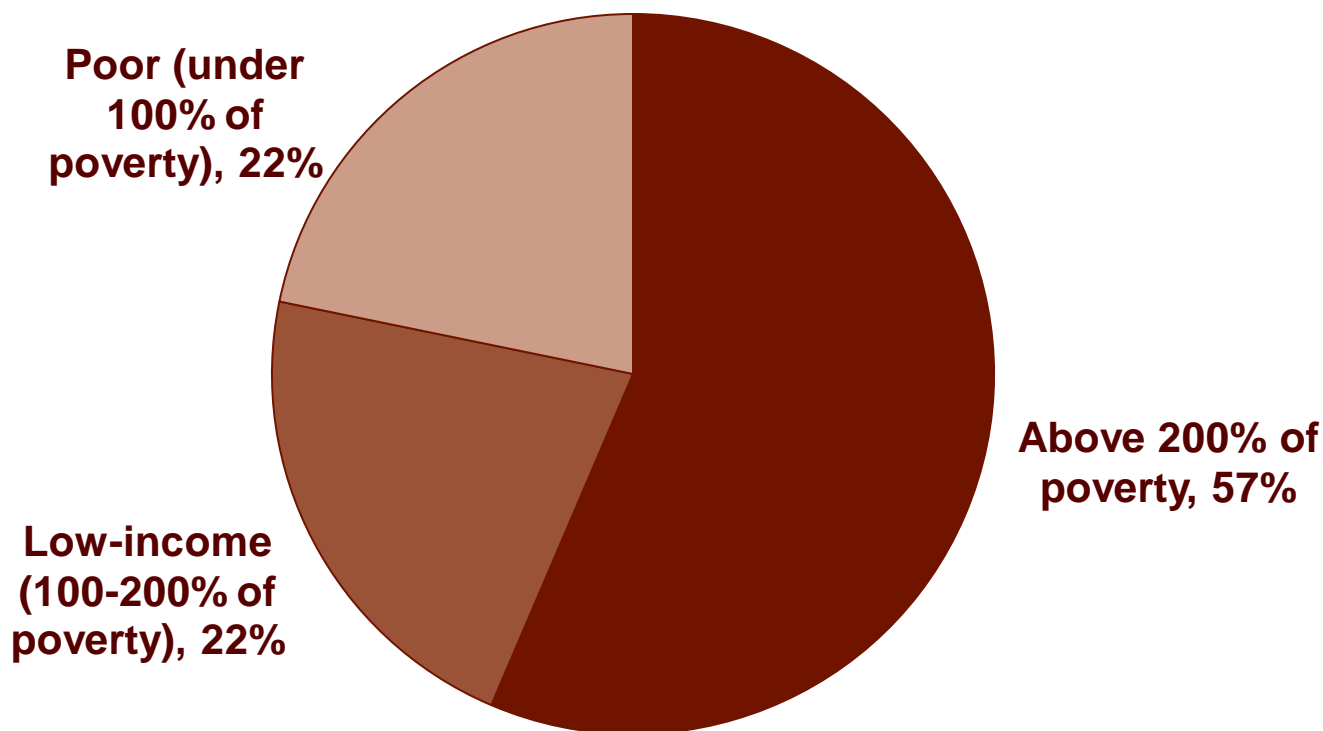


Note: Percentages may not add to 100% due to rounding.

Source: Jeffrey Capizzano and Gina Adams, *Children in Low-Income Families are Less Likely to be in Center-Based Care*, Urban Institute, 2003.

Many babies and toddlers (44%) live in poor or low-income families

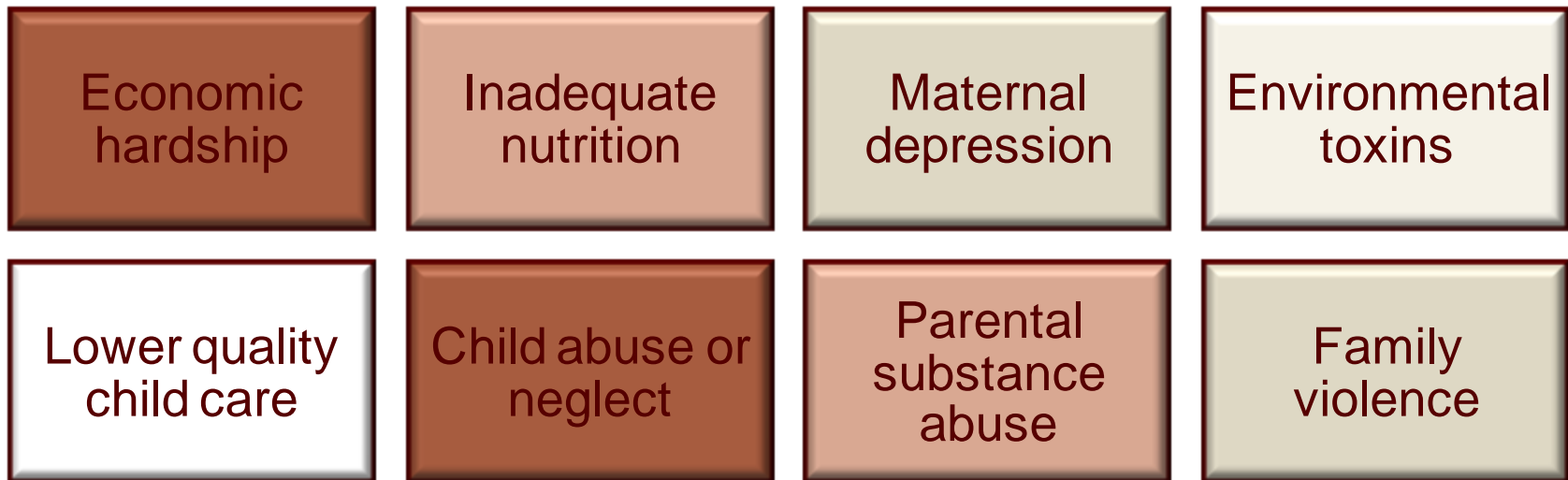
Infants and Toddlers by Family Income, 2008



Source: National Center on Children in Poverty

Risk factors for babies and toddlers

- Research finds that these factors put babies and toddlers at risk for impaired development:



Source: National Center on Children in Poverty

Charting Progress for Babies in Child Care Project

Charting Progress for Babies in Child Care: Project goals

1. Connect child development to state policy
 - Drawing on child development, practice, and policy research to make the case
2. Frame what policies states can use
 - Policy Framework with 15 recommendations
 - Licensing, subsidy, and quality enhancement policies
3. Provide resources
 - Materials online
 - Tools and technical assistance



Policy Framework: Key principles of what babies and toddlers in child care need



Healthy and safe environments in which to explore and learn.

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

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

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

Project materials online

- Policy framework
- Recommendations backed by:
 - Research-based rationales, including full bibliography
 - Policy ideas
 - Links to online resources
- State examples of how states are implementing supportive policies
- Tools and direct assistance for state policymakers and advocates

www.clasp.org/babiesinchildcare

Project home page



TOPICS

- [Policy Framework and 15 Recommendations](#)
- [State Examples](#)
- [Tools](#)
- [Related CLASP Resources](#)

ABOUT THIS PROJECT

CLASP's *Charting Progress for Babies in Child Care* project links research to policy ideas and examples that support the healthy growth and development of infants and toddlers in child care settings. The project provides resources to help states make the best decisions for infants and toddlers in child care.

The foundation of the project is a policy framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move

Charting Progress for Babies in Child Care

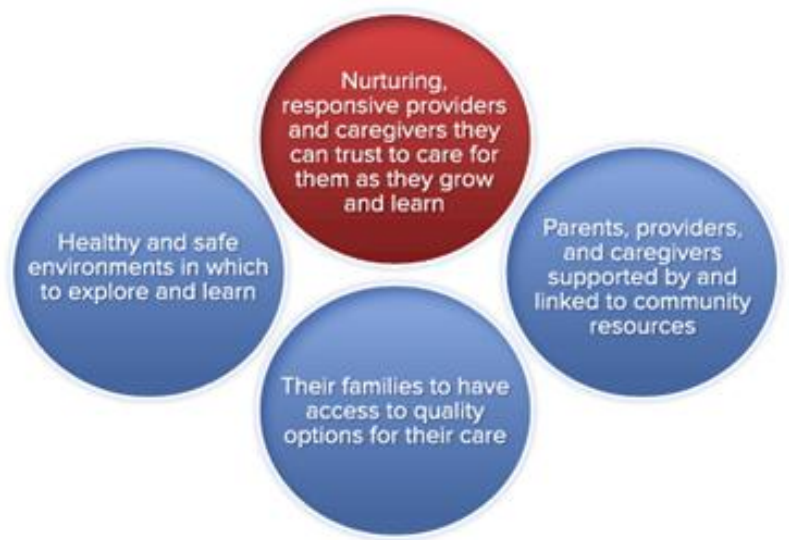
A CLASP CHILD CARE & EARLY EDUCATION PROJECT

Policy Framework »

The foundation of CLASP's *Charting Progress for Babies in Child Care Project* is a Policy Framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move forward. CLASP developed this Policy Framework with ZERO TO THREE in the first year of the project, based on interviews with over one hundred leaders around the country.

KEY PRINCIPLES

Babies & Toddlers in Child Care Need:



Nurturing and Responsive Providers and Caregivers to Care for Them as They Grow and Learn

RECOMMENDATIONS:

- Establish Core Competencies
- Provide Access to Training, Education, and Ongoing Supports
- Promote Continuity of Care
- Promote Competitive Compensation and Benefits
- Support a Diverse and Culturally Competent Workforce



[A Tool Using Data to Inform a State Infant/Toddler Care Agenda](#)

RECENT MATERIALS »
CHILD CARE AND EARLY EDUCATION | MAR 17, 2010
Tennessee: The Strengthening Families Initiative

Recommendation page

CLASP

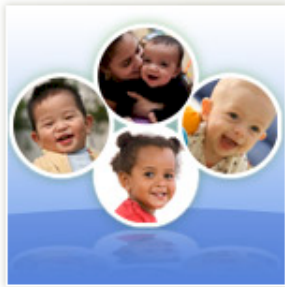
policy solutions that work for low-income people



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TOPICS

[Policy Framework and 15 Recommendations](#)

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Charting Progress for Babies in Child Care

A CLASP CHILD CARE & EARLY EDUCATION PROJECT

Promote Continuity of Care

Recommendation: 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.

[Make the Case](#)

[Bibliography](#)

[Policy Ideas](#)

[State Examples](#)

[Online Resources](#)

AUG 25, 2008 | RACHEL SCHUMACHER AND ELIZABETH HOFFMANN | [DOWNLOAD TAB AS PDF](#)

"The irreducible core of the environment during early development is people. Relationships matter." — Ross Thompson, *"Development in the First Years of Life," The Future of Children*[1]

TABLE OF CONTENTS:

SECTION 1: 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.

Applying the Framework: Continuity of Care

Connecting child development to state policy

What do babies need for healthy development?



How does this affect babies in child care?



What policies can states use to promote babies' healthy development?

Why nurturing, responsive care?

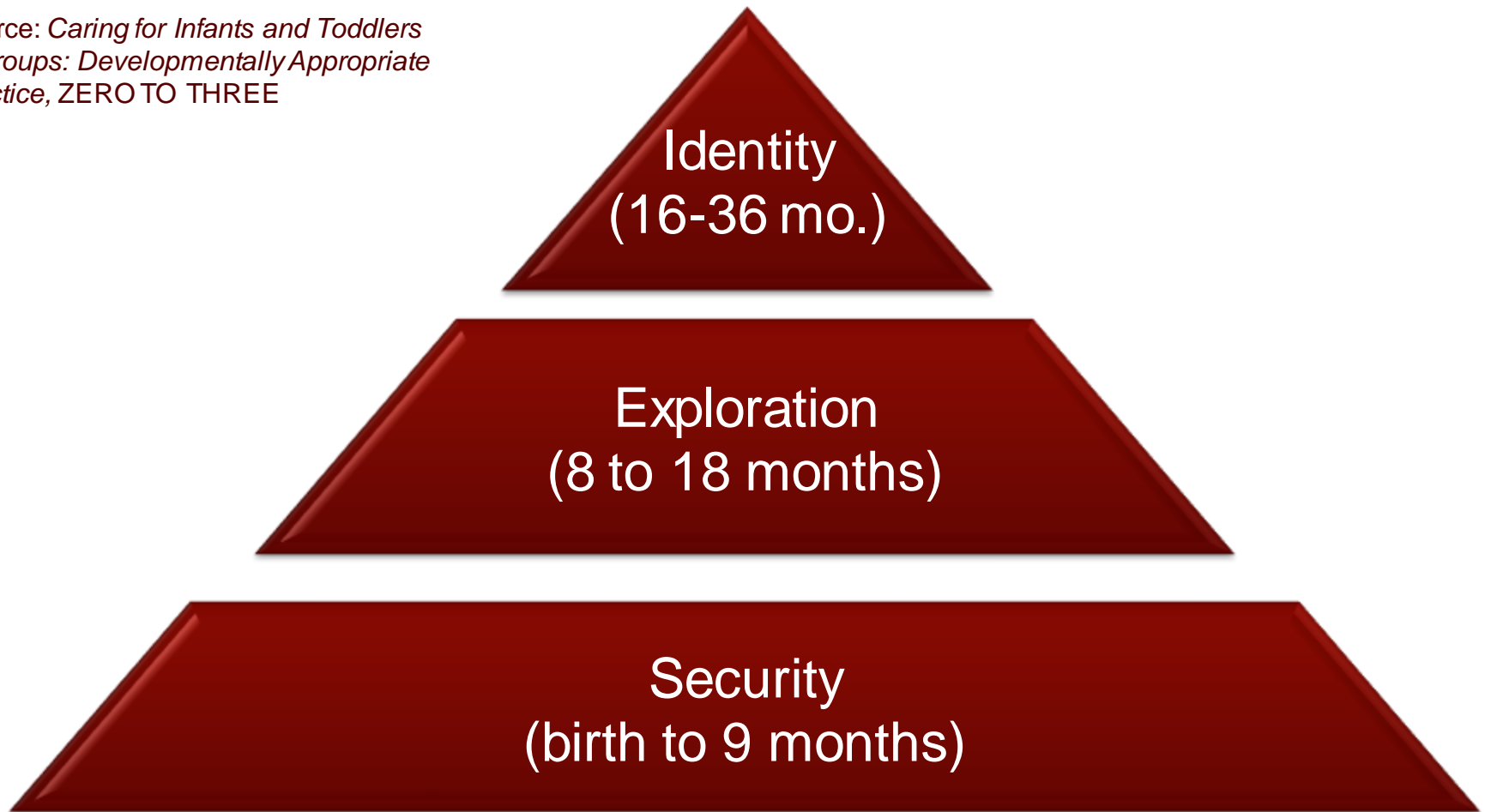


- “Human relationships and the effect of relationships on relationships, are the building blocks of healthy human development.”

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

How does security help development from birth to three?

Source: *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice, ZERO TO THREE*



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

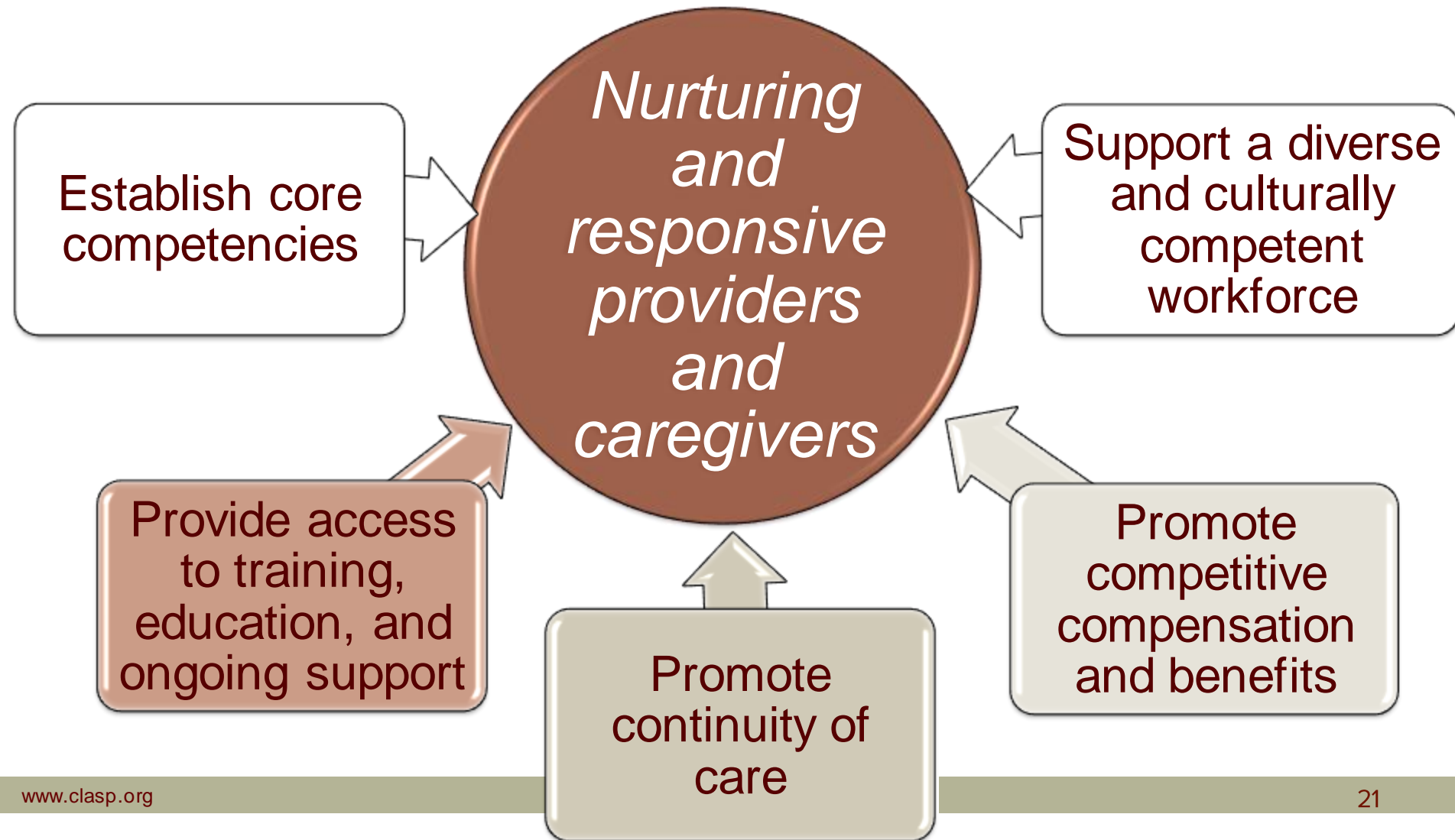
How do babies in child care feel secure?

- 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.

Recommendations to support nurturing and responsive care



What does continuity of care 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

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 (for example, pay higher subsidy rates)

Provide access to training, education, and ongoing support

Promote continuity of care

Promote competitive compensation and benefits

Example: Indiana requires continuity of care in licensing

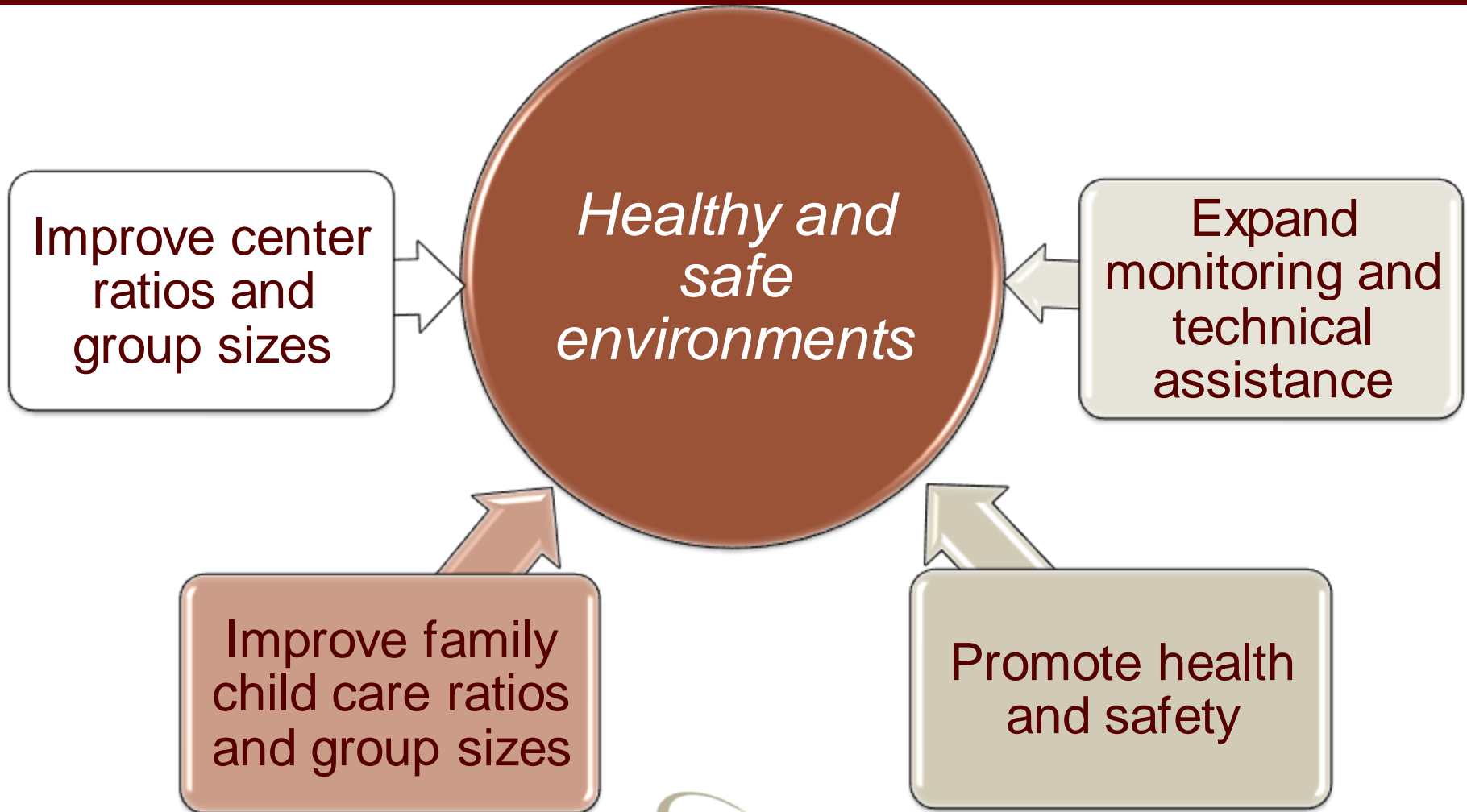
- Centers required to make a reasonable effort to provide continuity of care for children under 30 months of age
- May mix children 6 weeks to 36 months of age in one classroom under the following conditions:
 - A staff:child ratio of 1:4; group size of 8
 - No more than 3 children under 12 months old
 - 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>

- Implementation leadership by CCR&R in southern IN

Applying the Framework: Ratios and Group Sizes

Recommendations to support healthy and safe environments



Research has found...

- **Ratios** and **group sizes** are consistent predictors of quality
- Centers with smaller group sizes and more providers per child rated higher on ITERS
- Connections between FCC provider sensitivity and ratio and group size regulations that take children's ages into account
- Groups of six or more children are more likely to see an increase in infections as compared to smaller groups



“We create chaos and confusion when we put too many infants or toddlers in one group, even with an appropriate number of adult caregivers. As the number of infants in a group goes up, so do noise level, stimulation, and general confusion. The group’s intimacy is gone. Children look lost and wander aimlessly, not quite knowing what to do... In small groups, very young children are able to make connections, form caring relationships, and learn to understand other children.”

-- Ron Lally, Yolanda Ledon Torres, and Pamela C. Phelps, “Caring for Infants and Toddlers in Groups.”

Center ratios and group sizes

Illinois Licensing Regulations for Centers

Age	Staff:Child Ratio	Group Size
Infants, 6 weeks – 14 months	1:4	12
Toddlers, 15 – 23 months	1:5	15
Toddlers, 24 – 36 months	1:8	16

Caring for Our Children Standards

Age	Staff:Child Ratio	Group Size
Infants, Birth – 12 months	1:3	6
Toddlers, 13 – 30 months	1:4	8
Toddlers, 31 – 35 months	1:5	10

Family child care home ratios and group sizes

- **Illinois**
 - No more than 3 children under age 2, as long as no more than 5 children under age 5 are present
 - Group size: 4-8 children (plus 4 school-age-children)
- **Head Start/Early Head Start FCC Homes**
 - No more than 2 children under age 2
 - Group size: 6 maximum
- **Department of Defense regulations for FCC**
 - No more than 2 children under age 2
 - Group size: 6 maximum (including provider's own children under age 8)

Examples of licensing requirements

- Many states have matrices based on child age
- States closest to “best-practice” requirements for infants in center-based care
 - MD – 1:3, max. group size 6
 - KS – 1:3, max. group size 9
 - MA – 2:7, max group size 7 (or 1:3, max group size 3)
- 11 states: no more than 2 children under age 2 in small FCC homes
 - CO, CT, DC, MD, NM, NY, OR, UT, VT, WA, WV



Source: NCCIC, 2007 Data

State policies can support improving ratios and group sizes

Improve center ratios and group sizes

Improve family child care ratios and group sizes

POLICIES:

- Raise child care subsidy payment rates for center and FCC providers meeting better ratio and group size requirements
- Provide incentives through a state quality rating and improvement system (QRIS)
- Implement direct contracts for slots with child care providers, that are tied to better ratios and group sizes; provide payment rates that cover these costs

Example: Delaware improved center ratios and group sizes

- Findings from state study showing mediocre quality of care prompted action
- Improved ratios and group sizes, added training and other requirements
- Realigned CCDBG funds and TANF funds transferred to child care to cover implementation costs
- Coordinated training and outreach through CCR&R



Next Steps and Resources

How you can chart progress for babies and toddlers in child care

- Visioning
 - Develop long-term goals for state policy using recommendations under one or more principles
- Conducting a policy audit
 - Compare specific policy ideas to your current state policies
- Advocating
 - Use CLASP information to help make the case
- Designing policies
 - See examples from other states and connect with peers

Resources: Infant/toddler experts

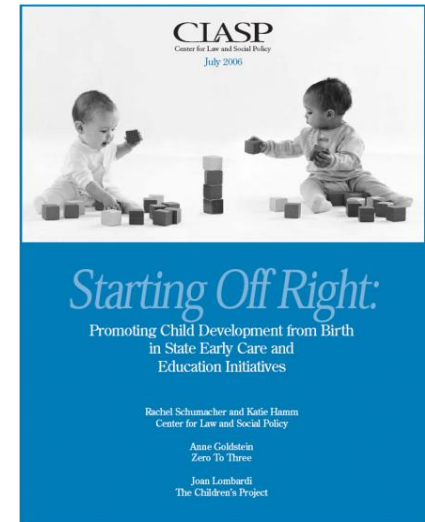
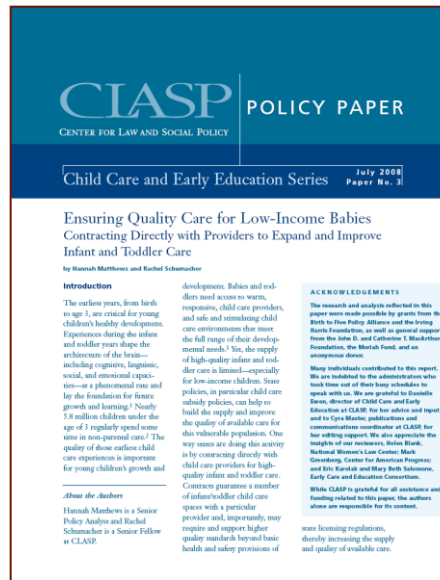
- Program for Infant/Toddler Care (PITC), www.pitc.org
- Infant/toddler specialist networks
- Ounce of Prevention Fund/Bounce Early Learning Network/Educare
- ZERO TO THREE

CLASP infant/toddler publications



Building on the Promise: State Initiatives to Expand Access to Early Head Start for Young Children and Their Families

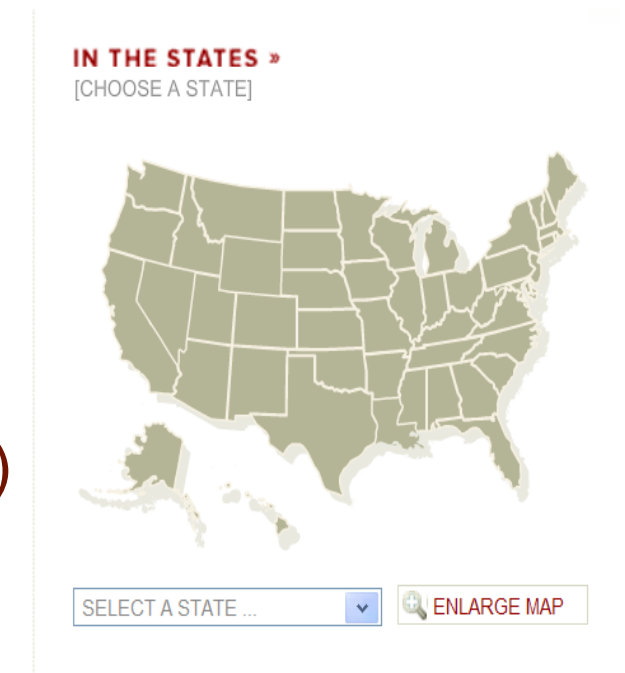
Ensuring Quality Care for Low- Income Babies: Contracting Directly with Providers to Expand and Improve Infant and Toddler Care



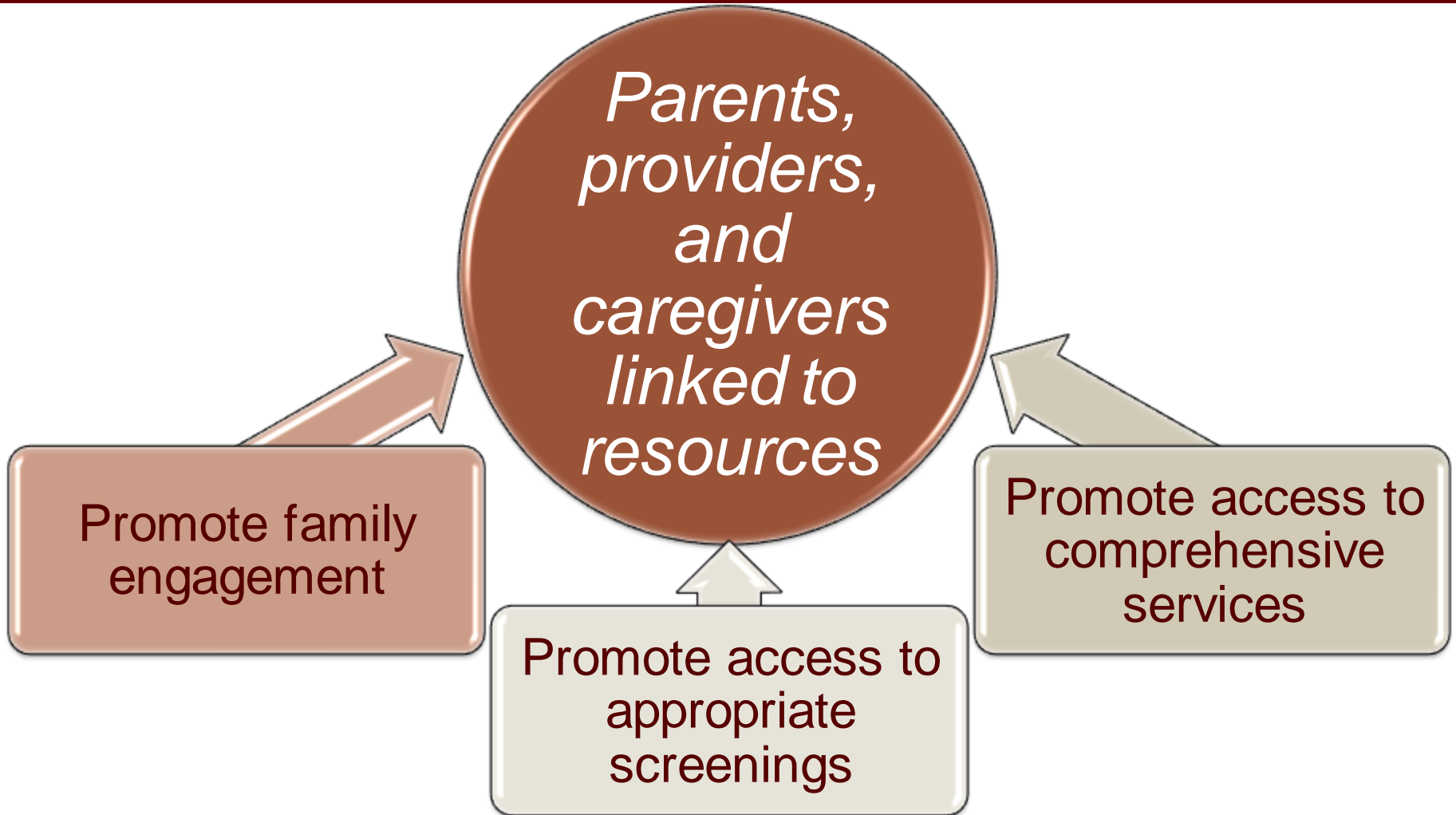
Starting Off Right: Promoting Child Development from Birth in State Early Care and Education Initiatives

CLASP In the States

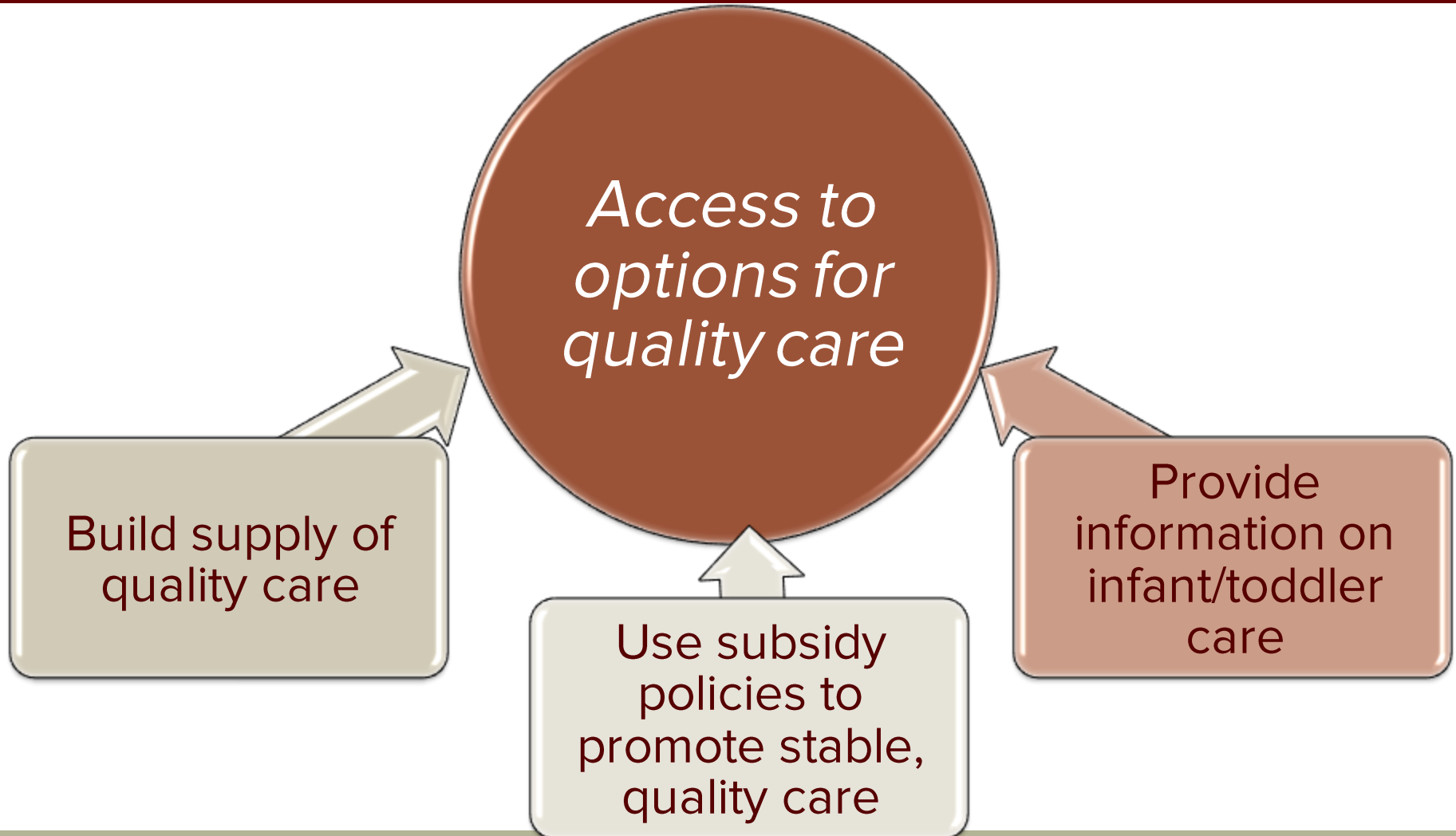
- www.clasp.org/in_the_states/
- Find fact sheets on:
 - Head Start
 - Child Care assistance
 - TANF spending
 - Infant/toddler initiatives
 - State pre-k profiles (coming soon!)



Recommendations to link parents, providers, and caregivers to resources



Recommendations to support access to quality options for care



Contact information

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www.clasp.org/babiesinchildcare