CLASP
CENTER FOR LAW AND SOCIAL POLICY

REINVESTING IN CHILD CARE:
STATE INFANT/TODDLER POLICIES

MARCH 2009

Promote Continuity of Care

Support continuous relationships between providers and caregivers and the children they care for, from when they enter child care to age 3.

WHY? RESEARCH SAYS:

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. When a 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. 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. This relationship between infants and their child care providers can complement the relationship between parents and young children and facilitate early learning and social development. A "continuity of care" approach can enhance the relationship between caregivers and young children 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. Children in both child care centers and family child care homes have been found to benefit when their providers are sensitive and responsive. All providers and caregivers can promote healthy child development by supporting attachment.[1]

HOW? STATE POLICY OPTIONS:

Provide grants, training, and technical assistance to center directors to help them restructure their programs by assigning a primary child care provider to each infant and toddler, and keeping children with their primary provider(s) from entry to age 3.

States may use funds to help improve the quality of center programming and provide technical assistance, as well as offset the costs of changing programs, retraining current staff, or hiring new staff. Indiana requires child care centers to make a "reasonable effort" to achieve continuity of care for infants and toddlers up to 30 months of age in licensing rules. An evaluation of the work that 4C of Southern Indiana, a child care resource and referral agency, did to help centers implement this requirement found that training and technical assistance contributed to higher levels of quality and better provider interactions with infants and toddlers, as measured by environmental rating scales.[2]

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.

States may pay higher payments to providers for providing higher quality care and/or care that is more expensive to provide. Ten states (Arkansas, Illinois, Louisiana, Michigan, Missouri, New Mexico, Nevada, South Carolina, South Dakota, and Wyoming) report paying a higher rate for infant care according to 2008-2009 state plans for the Child Care and Development Block Grant.[3]

Provide training to infant/toddler providers on methods that keep children with the same providers and in the same group from birth to age 3, to the maximum extent possible.

Using quality funds, states can develop and fund training programs designed to improve the quality of care. California supports trainings in the Program for Infant/Toddler Care (PITC), a training curriculum for infant and toddler providers based on the importance of early relationships. A key component of the program is to promote primary caregiving relationships and continuity of care.[4]

Ensure that state quality rating and improvement systems (QRIS) address and encourage use of primary caregiving and continuity of care techniques with infants and toddlers.

States can design or expand QRIS to include continuity of care practices, such as requiring a primary caregiver, keeping children with their primary caregiver from birth to age 3, and limiting the number of transitions children experience during the day and year. They can also require infant/toddler providers to have training that addresses continuity of care in order to reach higher QRIS levels. States should provide scholarships to help providers access higher education and training and pay a higher subsidy rate for programs with providers who have acquired this knowledge.

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[1] For additional resources and complete references, see Rachel Schumacher and Elizabeth Hoffmann, *Continuity of Care: Charting Progress for Babies in Child Care Research-Based Rationale,* CLASP, http://www.clasp.org/publications/cp_rationale3.htm.

[2] 4C of Southern Indiana, *Continuity of Care,* http://www.child-care.org/continuity-of-care.php; James Elicker and Karen Ruprecht, Early Child Care Quality Initiative Final Evaluation Report: January to December 2006, Department of Child Development & Family Studies, Purdue University, 2007, 20, http://www.welbornfdn.org/Purdue_Paths_to_Quality_Evaluation_%20Phase_I.pdf.

[3] National Child Care Information Center, Child Care and Development Fund Report of State Plans 2008-2009, p. 69, http://nccic.acf.hhs.gov/pubs/stateplan2008-09/index.html.

[4] Program for Infant/Toddler Care, "PITC's Six Program Policies," http://www.pitc.org/pub/pitc_docs/138?x-r=disp.