Six Essential Program Practices for Relationship-Based Care

Delphia Roberts-Brown, STG International
Jeanne VanOrsdal, State Capacity Building Center
Welcome and Introductions

Thank you for the work you do to support infants, toddlers, and their families.
Outcomes

Deepen understanding of how relationship-based practices support infant and toddler development and learning

Examine the Program for Infant/Toddler Care (PITC) six essential program practices

Develop next steps to strengthen relationship-based care
PITC Essential Program Practices

- Individualized care
- Inclusion of children with special needs
- Culturally sensitive care
- Continuity of care
- Small group size
- Primary care

Infant and Toddler Development
Infant and Toddler Development

Consider this: What sets infants and toddlers apart from older children?
As Infants Develop and Learn, They…

follow their own agendas,

learn holistically,

experience major developmental transitions in the first 3 years, and

begin developing their first sense of self.


Three Distinct Stages of Infant Development

Young
Birth–8 months

Mobile
6–18 months

Older
15–36 months

Three Distinct Stages of Infant Development

Young
Birth–8 months

Mobile
6–18 months

Older
15–36 months

Three Distinct Stages of Infant Development

- **Young**
  - Birth–8 months

- **Mobile**
  - 6–18 months

- **Older**
  - 15–36 months

Three Distinct Stages of Infant Development

Young  Mobile  Older
Birth–8 months  6–18 months  15–36 months

Relationship-Based Care Supports....

the type of care infants and toddlers need as they develop,

providers in being responsive to rapid development during the first 3 years, and

building relationships with families.

Supporting Early Brain Development

Meaningful experiences and interactions with primary caregivers literally grow the brain.

Social relationships that are responsive to an infant’s cues, needs, and interests promote optimal brain development.

Relationship-based care buffers infants from the effects of stress, supporting healthy brain development.


Promoting Close, Caring Relationships

- Show interest in the baby or toddler and be sure to read her cues
- Respond to the baby’s behavior and communications through attunement
- Engage in empathetic sharing of the baby’s emotions and feelings

Create sequences and patterns of mutually positive exchange

Prepare for a transition of primary caregiver to help bridge connections and build trust with the new caregiver

Tell the baby or toddler stories about his life so he can form a coherent understanding of himself

PITC Essential Program Practices

- Individualized care
- Inclusion of children with special needs
- Culturally sensitive care
- Continuity of care
- Small group size
- Primary care

Relationship-based care

Source: Program for Infant/Toddler Care, 
https://www.pitc.org/pub/pitc_docs/policies.html.
Primary Care

What comes to mind when you hear the term “primary care”?

Reflect on

◆ primary care in your adult experiences, and
◆ your impressions in the context of group care for infants and toddlers.
Small Groups

What constitutes a small group?

Why are small groups important for infant/toddler care?

What strategies for creating small groups might you share with caregivers?
Continuity of Care

Allows infants to remain with the same caregiver and peers for at least the first 3 years in care

Supports the development of relationships and trust—the basis for exploration, learning, and discovery

Provides consistency in daily care, giving infants the opportunity to anticipate and participate actively in their own care

Individualized Care

What is individualized care?

Why is individualized care important?

What training or technical assistance strategies might be used to support implementation?
Inclusion

Why is inclusion important for infant and toddler care?

What are the challenges?

How can we help caregivers feel comfortable with inclusion and support infants’ sense of belonging?
Culturally Sensitive Care

Culture is a fundamental building block in the development of a child’s identity.

To be supportive of families, caregivers need an understanding of how their own beliefs and experiences influence their perceptions.


Break for 10 Minutes
Primary Care
Primary Care Relationships: Supporting Emotional Needs

Primary Care

- What does primary care look like in group care settings?
- What key provider skills or competencies do you expect to be present in primary-care interactions?
Individualized Care
Individualized Care

- What does individualized care look like in group care settings?
- What key provider skills or competencies do you expect to be present in individualized-care interactions?
Individualized Care

Understanding the needs of each child through observation of developmental needs
Individual Differences

Why?

- Each child is different
- Temperamental or constitutional qualities
- Unique physiology

Individual Differences: Temperament

Help caregivers understand these nine traits of temperament to support individual needs

- Activity level
- Biological rhythms
- Approach and withdrawal
- Mood
- Intensity of reaction
- Sensitivity
- Adaptability
- Distractibility
- Persistence

Continuity of Care
Continuity of Care

- What does continuity of care look like in group care settings?
- What key provider skills or competencies do you expect to be present in continuity-of-care interactions?
Continuity of Care

Primary care and individualized care are the foundation.

How do you know if a program is ready?
What are some other ways to think about continuity of care in a classroom or program?
Small Groups, Cultural Sensitivity, and Inclusion
Small Groups, Cultural Sensitivity, and Inclusion

- What does care look like in group care settings that includes cultural sensitivity and inclusion?
- What key provider skills or competencies do you expect to be present in these interactions?
# Head Start and Early Head Start Relationship-Based Competencies

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: POSITIVE, GOAL-ORIENTED RELATIONSHIPS</td>
<td>Engages in mutually respectful goal-oriented partnerships with families to promote parent-child relationships and family well-being.</td>
</tr>
<tr>
<td>2: SELF AWARE AND CULTURALLY RESPONSIVE RELATIONSHIPS</td>
<td>Respects and responds appropriately to the culture, language, values, and family structures of each family served.</td>
</tr>
<tr>
<td>3: FAMILY WELL-BEING AND FAMILIES AS LEARNERS</td>
<td>Supports families’ safety, health, financial stability, life goals, and aspirations.</td>
</tr>
<tr>
<td>4: PARENT-CHILD RELATIONSHIPS AND FAMILIES AS LIFELONG EDUCATORS</td>
<td>Enhances parent-child relationship and supports parents’ role as the first and lifelong educators of their children.</td>
</tr>
<tr>
<td>5: FAMILY CONNECTIONS TO PEERS AND COMMUNITY</td>
<td>Facilitates networks and group activities that support families’ strengths, interests, and needs.</td>
</tr>
<tr>
<td>6: FAMILY ACCESS TO COMMUNITY RESOURCES</td>
<td>Supports families in using community resources that enhance family well-being and children’s learning and development.</td>
</tr>
<tr>
<td>7: COORDINATED, INTEGRATED AND COMPREHENSIVE SERVICES</td>
<td>Acts as a member of a comprehensive services team so that family service activities are coordinated and integrated throughout the program.</td>
</tr>
<tr>
<td>8: DATA DRIVEN SERVICES AND CONTINUOUS IMPROVEMENT</td>
<td>Collects and analyzes information to find new solutions to challenges as part of ongoing monitoring in order to continuously improve services.</td>
</tr>
<tr>
<td>9: FOUNDATIONS FOR PROFESSIONAL GROWTH</td>
<td>Participates actively in opportunities for continuous professional development.</td>
</tr>
</tbody>
</table>

Policy and Program Guidance for Early Head Start–Child Care Partnerships

- Increase access to high-quality full-day child care (including family child care)
- Support the development of infants and toddler through strong relationship-based experiences
- Prepare children for the transition into Head Start and preschool

Wrap-Up: Final Thoughts and Reflections
Resource

Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy

A Research-to-Practice Brief
OPRE Report #: 2016-46
May 2016

Laura Sosinsky, Karen Ruprecht, Diane Horm, Kerry Kriener-Althen, Cheri Vogel, Tamara Halle

Additional Resources

- *Assigning Primary Infant Care Teachers* (Program for Infant/Toddler Care handout, 2007).
- *Including Relationship-Based Practices in Infant-Toddler Care: Implications for Practice and Policy, Part 1*
- *Including Relationship-Based Practices in Infant-Toddler Care: Implications for Practice and Policy, Part 2*
- *Infant Toddler Temperament Tool (IT³)* (Center for Early Childhood Mental Health Consultation, n.d.).
Thank You

Delphia Roberts-Brown, Early Childhood/Infant Toddler Specialist

Jeanne VanOrsdal, Region V Infant/Toddler Specialist

Evaluation link: https://www.surveymonkey.com/r/scbc1026
ADDITIONAL RESOURCES

Assigning Primary Infant Care Teachers
Including Relationship-Based Practices in Infant-Toddler Care: Implications for Practice and Policy, Part 1
Including Relationship-Based Practices in Infant-Toddler Care: Implications for Practice and Policy, Part 2
Link to Temperament Tool - https://www.ecmhc.org/temperament/
Head Start and Early Head Start Relationship-Based Competencies,
California Early Childhood Educator Competencies – Relationships, Interactions, and Guidance [Online video]. Retrieved from the California Department of Education website:
http://www.cde.ca.gov/sp/cd/re/ececomps.asp
Six Essential Relationship-based Practices (definitions) -
https://www.pitc.org/pub/pitc_docs/policies.html
Video on Rupture and Repair: https://www.youtube.com/watch?v=cbfuBex-3jE
Continuity of Care

Use this resource to help communicate the importance of continuity of care. It will help promote essential program practices to ensure quality in family child care and center-based programs that serve infants and toddlers.

Rationale

High-quality relationship-based care is central to optimal early brain development, emotional regulation, and learning (Center on the Developing Child, 2012). One of the Program for Infant/Toddler Care (PITC) essential program practices to promote this type of care is continuity of care (PITC, n.d.). Continuity of care practices support the development of secure attachments and strong positive relationships as well as a secure base for exploration and learning (Honig, 2002). Research shows that attachment security significantly contributes to children’s long-range social-emotional development and self-confidence (Sroufe, Egeland, Carlson & Collins, 2005).

Continuity of care supports consistent relationships between caregivers and children for the first 3 years of life or for the length of enrollment in a program. Continuity of care can be provided in either same-age or mixed-age group care settings. In same-age settings, the most frequent strategies are (1) to keep a group of children in one environment and change it to fit the children’s needs as they grow or (2) to move the caregiver with the small primary group of children to rooms or spaces that are appropriate for their developing abilities (Lally, Stewart, & Greenwald, 2009). In mixed-age settings, the program needs to ensure that the environment meets the needs of each age group served.

Why Is Continuity of Care Important for Infants and Toddlers?

♦ Continuity of care increases the amount of time caregivers and children spend together and therefore increases the opportunity for caregivers to develop more meaningful relationships with the children over time (Ruprecht, Elicker, & Choi, 2016).

♦ When an infant has a chance to develop a relationship with a sensitive and responsive caregiver, the infant learns who to trust and who will meet his or her needs (Howes & Spieker, 2008).

♦ The secure emotional base provided by healthy relationships gives infants and toddlers the safety they need to explore their world and gain experiences (Ahnert, Pinquart, & Lamb, 2006; Howes & Spieker, 2008).

♦ Continuity of care increases opportunities for caregivers to learn about individual infants and toddlers as well as time to develop positive working partnerships with families (McMullen, Yun, Mihai, & Kim, 2016).

♦ The presence of a consistent, nurturing caregiver not only enhances positive experiences but also buffers infants and toddlers from stressful life events (Raikes & Edwards, 2009; National Scientific Council on the Developing Child, 2005/2014).
How Does Continuity of Care Promote Positive Child Outcomes?

♦ Consistent and responsive caregiver interactions support infant and toddler learning and development in areas such as emotion regulation, attention, memory, planning actions, and self-control (Tarullo, Obradovic, & Gunnar, 2009).

♦ Sensitive and responsive caregivers increase the likelihood of infants showing higher levels of peer play and greater language development (NICHD ECCRN, 2005).

♦ Infants and toddlers who have experienced a consistent, secure, responsive relationship with a care provider are more effective in their peer relationships than their counterparts are (Raikes & Edwards, 2009).

Planning to Implement Continuity of Care in Diverse Child Care Settings

Goal: High-quality infant and toddler programs practice continuity of care for all infants and toddlers.

♦ Develop a system of continuity of care so that children have the same primary caregiver for up to 3 years of age or during the length of enrollment.

♦ Implement written guidance to support a system of continuity of care throughout the program. This includes creating staff and family handbooks that share the importance of, as well as practices for, continuity of care.

♦ Create job descriptions for infant and toddler teachers to include expectations for continuity of care practices.

♦ Attend, create, or advocate for professional development that addresses continuity of care systems and practices. Support ongoing conversations with center-based or family child care administrators to sustain continuity of care.

♦ Use an intentional review process to continually strengthen the system of continuity of care across the center or family child care program.
Continuity of Care

References


Culturally Sensitive Care

Use this resource to help communicate the importance of culturally sensitive care. It will help promote essential program practices to ensure quality in family child care and center-based programs that serve infants and toddlers.

Rationale

High-quality relationship-based care is central to children’s early brain development, emotional regulation, and learning (Center on the Developing Child, 2012). One of the Program for Infant/Toddler Care (PITC) six essential program practices for promoting these goals is the use of culturally sensitive care (PITC, n.d.).

Caregivers take an important step toward practicing culturally sensitive care when they partner with families to learn about the care practices and rituals of children’s home cultures, and then use this information to inform interactions and care routines (Derman-Sparks, 2013). Care that connects with infants’ and toddlers’ home experiences helps them develop a sense of who they are and value their home cultures (Virmani & Mangione, 2013). Thus, supporting consistent care at home and in child care settings supports healthy development for infants and toddlers and sets the stage for integrated learning (Derman-Sparks, 2013; National Research Council & Institute of Medicine, 2000).

Why Is Culturally Sensitive Care Important for Infants and Toddlers?

♦ Honoring diversity strengthens relationships with families and children, which enhances quality of care and education (Virmani & Mangione, 2013).

♦ When a responsive caregiver builds relationships with an infant the infant’s ability to trust and seek support is enhanced (Howes & Spieker, 2008).

♦ Culture is the fundamental building block of identity (Lally, 1995).

♦ Developing relationships with families and seeing them as partners in care is essential for providing a culturally responsive, high-quality infant and toddler care experience (Raikes & Edwards, 2009).

♦ Primary caregiving offers the opportunity to build relationships with families. Strong relationships make it easier for families to share beliefs, rituals, and routines that are valued in their home cultures (Gilford, Lally, Butterfield, Mangione, & Signer, 1993).
How Does Culturally Sensitive Care Promote Positive Child Outcomes?

◆ Culturally responsive care respects each infant’s way of communicating and supports language development (Center on the Developing Child, n.d.; NICHD ECCRN, 2005).
◆ Children who understand their own cultures develop a sense of belonging, personal history, and security in knowing who they are and where their family comes from. These qualities increase their capacity to develop a respectful understanding of other cultural perspectives (Lally, 1995).
◆ We learn to communicate and understand our world through the culture in which we live (Ray, 2015).
◆ Culturally responsive policies and services support infant and toddler learning and development (National Research Council & Institute of Medicine, 2000).

Planning to Implement Culturally Sensitive Care in Diverse Child Care Settings

Goal: High-quality infant and toddler programs provide culturally sensitive care to children and their families.

◆ Implement written guidance to support culturally sensitive care throughout the program. This guidance includes staff and family handbooks that share the importance of, as well as practices for, cultural sensitivity.
◆ Create job descriptions for infant and toddler teachers that include expectations for culturally sensitive practices. These expectations include examining one’s own values and beliefs, forming relationships with families, learning about their home cultures and caregiving routines, and weaving home care experiences into daily practice.
◆ Attend, create, or advocate for professional development about culturally sensitive care teaching practices. Support ongoing conversations with families and teachers about culture and infant and toddler development.
◆ Use an intentional review process to continually strengthen the system of culturally sensitive care practices across the center or family child care program.
References


Ray, A. (2015, April). *Culture as the lens through which children learn best: Implications for policies to improve teaching*. Workshop presented at the 2015 BUILD Initiative & Center on Enhancing Early Learning Outcomes Conference Learning Table on State Policy to Improve Teaching and Children’s Learning, Chicago, IL.

Inclusion

Use this resource to help communicate the importance of inclusion of infants and toddlers with disabilities and other special needs. It will help promote essential program practices to ensure quality in family child care and center-based programs that serve infants and toddlers.

Rationale

High-quality relationship-based care is central to children’s early brain development, emotional regulation, and learning (Center on the Developing Child, 2012). One of the Program for Infant/Toddler Care (PITC) six essential program practices for promoting this type of care is inclusion of infants and toddlers with special needs (PITC, n.d., a).

When programs provide appropriate accommodation and support to meet the needs of all children, everyone benefits. Despite several protection laws, many children with special needs and their families continue to face challenges accessing inclusive high-quality early childhood programs. Building a “national culture of inclusion” of children with special needs will take intentional planning and the involvement of all early childhood programs and services (U.S. Department of Health and Human Services & U.S. Department of Education, 2015).

In infant and toddler care, inclusion means making the benefits of high-quality care available to all children, including those with identified disabilities and those who require additional help or support because of behavioral, health, or developmental issues. Including these children, with appropriate accommodation and support, allows all children to have full active program participation (PITC, n.d., b).

Note: Information within this brief was adapted from the U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs (2015).

Why Is Inclusion Important for Infants and Toddlers?

♦ All infants and toddlers have a right to be included in a high-quality care environment.

♦ An inclusive infant and toddler program is rewarding for all the children, families, and staff in the child care program (California Department of Education, 2009).

♦ Families of infants and toddlers, particularly those with special needs, benefit from high-quality early childhood programs that connect with good community-based resources (Hebbeler et al., 2007).

♦ Caregivers increase their skills and knowledge of all children, including those with special needs, when care is individualized for all children and inclusive practices are implemented (Raikes & Edwards, 2009).

♦ Meaningful inclusion as a member of society is every person’s right from birth, as supported by federal laws including the Individuals with Disabilities Education Act Part C, the Americans with Disabilities Act, and the Head Start and Child Care and Development Block Grant Acts (U.S. Department of Health and Human Services & U.S. Department of Education, 2015).
How Does Inclusion of All Infants and Toddlers Support Positive Child Outcomes?

♦ Research shows that individualized, high-quality experiences during infancy and toddlerhood support early brain development and peer interactions and provide a strong foundation for development and learning for all children (National Scientific Council on the Developing Child, 2007).

♦ Meaningful inclusion benefits all children and supports children with disabilities in making significant developmental and learning progress (Green, Terry, & Gallagher, 2014).

♦ Children who are included in care programs have important opportunities for building peer-interaction, communication, and problem-solving skills (Justice, Logan, Lin, & Kaderavek, 2014).

♦ Research on typically developing children shows positive developmental, social, and attitudinal outcomes in inclusive environments (Cross, Traub, Hutter-Pishgahi, & Shelton, 2004).

Planning to Implement Inclusion in Diverse Child Care Settings

Goal: High-quality infant and toddler programs are inclusive of all children, including children with identified disabilities and children who require additional help or support because of behavioral, health, or developmental issues.

♦ Actively enroll children with special needs.

♦ Implement written guidance to support the inclusion of infants and toddlers throughout the program. This guidance includes staff and family handbooks that share the importance of, as well as practices for, inclusion.

♦ Ensure that all staff understand and meet the legal and ethical responsibilities of providing support and services to infants and toddlers in inclusive settings.

♦ Provide access to specialized supports and develop formal collaborations with community partners.

♦ Create job descriptions for infant and toddler teachers that include expectations for inclusive practices. These expectations include forming relationships with families and working with early intervention specialists.

♦ Attend, create, or advocate for professional development that promotes inclusive practices. Strengthen professional development of caregivers and administrators in regard to inclusion of infants and toddlers with special needs and cultivating partnerships with families and early intervention specialists.

♦ Use an intentional review process to continually strengthen the system of inclusive practices across the center or family child care program.
References


Individualized Care

Use this resource to help communicate the importance of individualized care. It will help promote essential program practices to ensure quality in family child care and center-based programs that serve infants and toddlers.

Rationale

High-quality relationship-based care is central to optimal early brain development, emotional regulation, and learning (Center on the Developing Child, 2012). One of the Program for Infant/Toddler Care (PITC) six essential program practices to promote this type of care is individualized care (PITC, n.d.). The unique temperament, learning style, interests, and developmental stages of infancy require individualized care and support (Lally & Mangione, 2006; Lieberman, 1995; Raikes & Edwards, 2009). In high-quality infant and toddler care, caregivers adapt their strategies to meet individual needs of infants and toddlers and provide responsive relationship-based care (Raikes & Edwards, 2009).

Why Is Individualized Care Important for Infants and Toddlers?

♦ Valuing and responding to a child’s unique developmental abilities and individual needs leads to respectful and responsive caregiving (Lieberman, 1995; Mangione, 2006).
♦ Meeting unique needs communicates to infants and toddlers that they are important, their needs will be met, and their choices, interests, and preferences are respected (Lally & Mangione, 2006).
♦ Providing individualized care honors a child’s abilities, needs, temperament, and the cultural practices and preferences of the child’s family (Bernhard & Gonzalez-Mena, 2000; Lieberman, 1995).

How Does Individualized Care Promote Positive Child Outcomes?

♦ Strategies to provide individualized care that meet the unique temperament needs, home language, and learning styles of each child promote optimal development (Virmani & Mangione, 2013).
♦ Prompt responses to a child’s individual needs support his or her ability to self-regulate (Tarullo, Obradovic, & Gunnar, 2009; Vallotton, 2008).
♦ Having a secure attachment with a caregiver who follows the child’s individual rhythms and relational style promotes her healthy sense of self, social competence, and well-being (Ahnert, Pinquart, & Lamb, 2006).
Planning to Implement Individualized Care in Diverse Child Care Settings

**Goal:** High-quality infant and toddler programs adapt to the individual needs of each child through several key strategies.

- Develop written guidance that reflect strategies for implementing individualized care practices. This includes creating staff and family handbooks that explain the importance of meeting the individual needs of each child. Handbooks can also provide methods for observation, developmental assessment, and adaptation of caregiver interactions that support infants and toddlers and their families.
- Plan a curriculum that reflects and supports the developmental level, temperament, and cultural and linguistic background of each child.
- Create job descriptions for infant and toddler teachers that include expectations for individualized care teaching practices. This includes having an understanding of differences in temperament and developmental needs and how to communicate with culturally and linguistically diverse families about specific care practices for their infant or toddler. It also includes observing and reflecting on each child’s ways of interacting with people and the physical environment.
- Provide professional development on how to implement individualized care practices. Support ongoing communication with teachers and families about how to adapt caregiving practices to meet the individual needs of each infant and toddler.
- Use an intentional review process to continually strengthen the system of individualized care practices across the center or family child care program.
References


Primary Care

Use this resource to help communicate the importance of primary care. It will help promote essential program practices to ensure quality in family child care and center-based programs that serve infants and toddlers.

Rationale

High-quality relationship-based care is central to optimal early brain development, emotional regulation, and learning (Center on the Developing Child, 2012). One of the Program for Infant/Toddler Care (PITC) six essential program practices to promote this type of care is **primary care** (PITC, n.d.). Consistent, responsive, and meaningful interactions with a primary caregiver build a child’s attachment with a familiar adult (Raikes & Edwards, 2009). Primary caregiving also strengthens relationships with the families of the children in the primary care group, which, in turn, supports the development of trust and security between the infant or toddler and the primary care provider (Lally, Torres, & Phelps, 2010).

In a primary care system, the care of each infant or toddler is assigned to one specific infant and toddler teacher who is principally responsible for that child in the care setting. The primary caregiver’s responsibilities include:

- fostering a relationship with the child and his or her family;
- observing, documenting, and
- planning for each child’s development and learning on an ongoing basis;
- supporting the child through transitions;
- carrying out the majority of the child’s care routines; and
- providing emotional support.

Primary care does not mean exclusive care. It means, however, that all infant and toddler care program staff know who has primary responsibility for each child during transitions, during care routines, and when providing emotional and relational support (PITC, n.d.). Primary care systems often happen naturally in family child care and home care settings.

Why Is Primary Care Important for Infants and Toddlers?

- Primary care relationships provide a strong foundation for responsive interactions and communication between an infant or toddler and his or her caregiver (Ruprecht, Elicker, & Choi, 2016).
- Partnerships between a caregiver and specialists (for example, mental health, medical, occupational therapists) are facilitated by primary care providers working with individual children and their families (McMullen, Yun, Mihai, & Kim, 2016).
Primary care provides opportunities for caregivers to deepen their knowledge of a child’s development, abilities, and interests, which allows for more accurate developmental assessments and individualized curriculum implementation (Theilheimer, 2006).

How Does Primary Care Promote Positive Child Outcomes?

- Infants and toddlers develop trust when primary caregivers respond to their unique temperament, needs, and interests (Copple & Bredekamp, 2009).
- A primary caregiving system supports infants’ and toddlers’ identity and cultural connection to their families (Lally, 1995; Virmani & Mangione, 2013).
- Responsive primary caregivers buffer stress and help the infant or toddler regulate to environmental stimuli (National Scientific Council on the Developing Child, 2007).
- Young children who do not have a primary caregiver and instead experience multiple caregivers (or multiple childcare settings in a day) are more likely to engage in challenging behavior (Clasien de Schipper, Van Ijzendoorn, & Tavecchio, 2004; Morrissey, 2009).

Planning to Implement Primary Care in Diverse Child Care Settings

**Goal:** High-quality infant and toddler programs implement a primary care system.

- Implement written guidance to support a system of primary care throughout the program. This includes creating staff and family handbooks that share the importance of, as well as practices for, supporting primary care strategies for infants and toddlers and their families.

- Create job descriptions for infant and toddler teachers that include expectations for primary caregiving practices. This includes forming relationships with families, learning about families’ home cultures and caregiving routines, and weaving the home care experiences into daily practice.

- Attend, create, or advocate for professional development that promotes systems of primary caregiving.
  - Strengthen professional development of teachers and administrators on the concepts and implementation of primary care. This should start at orientation when hiring new staff and then continue throughout the years of employment.

- Use an intentional review process to continually strengthen the system of primary care across the center or family child care program.
References


Small Groups

Use this resource to help communicate the importance of small groups for infants and toddlers. It will help promote essential program practices to ensure quality within family child care and center-based programs that serve infants and toddlers.

Rationale

High-quality relationship-based care is central to children’s early brain development, emotional regulation, and learning (Center on the Developing Child, 2012). One of the Program for Infant/Toddler Care (PITC) essential program practices for promoting this type of care is the use of small groups (PITC, n.d.).

Small groups with low adult-child ratios support quality early care environments and positive caregiver-child interactions (Schmit & Matthews, 2013). Small group size also fosters secure attachments between infants and their caregivers, which are essential to healthy social and emotional development (Ahnert, Pinquart, & Lamb, 2006).

Small group size, as defined for center-based programs, may include up to six infants (under 12 months of age) with an adult-child ratio of 1:3. For toddlers (ages 13 to 36 months) groups of no more than eight children are recommended, with an adult-child ratio of 1:4. The recommended group size in family child care or home-based care is one caregiver for no more than six children, of which no more than two are under age 2 (American Academy of Pediatrics et al., 2011). Groups may be made up of same-age or mixed-age children.

Why Are Small Groups Important for Infants and Toddlers?

♦ Small groups increase opportunities for one-on-one interactions and individualized care (Raikes & Edwards, 2009).

♦ The intimacy of small groups allows infants and toddlers to learn about, understand, and form caring relationships with adults and other children (Lally, Torres, & Phelps, 2010).

♦ Infants and toddlers need adult support in regulating environmental stimuli and benefit from separate spaces that limit contact with other groups. Small groups help with the regulation of environmental stimuli (Tarullo, Obradovic, & Gunnar, 2009).

♦ Small groups help with providing personalized care, support during social interactions, and modeling peaceful exchanges that promote the development of intimate relationships (Lally, 2013).

♦ Low adult-child ratios and small group sizes are strong predictors of an increase in positive staff interactions (Kreader, Ferguson, & Lawrence, 2005).

♦ Smaller group size allows for fewer distractions and overstimulation for infants and toddlers and their caregivers, supporting a quality environment (Lally, Torres, & Phelps, 2010).
How Do Small Groups Promote Positive Child Outcomes?

- Caregivers who work with small groups of infants and toddlers are more likely to provide developmentally appropriate activities and facilitate cognitive and language development (Lally, Torres, & Phelps, 2010; McMullen & Dixon, 2009).
- Responsive interactions that are respectful to the individual needs and interests of each child supports healthy emotional development and self-regulation, providing an environment that allows infants and toddlers to focus (Lally, Torres, & Phelps, 2010; Tarullo, Obradovic, & Gunnar, 2009).
- Small groups help facilitate meaningful peer relationships for infants and toddlers and promote opportunities for problem solving and discovering their world (Lally, Torres, & Phelps, 2010).

Planning to Implement Small Groups in Diverse Child Care Settings

Goal: High-quality infant and toddler programs care for children in small groups with low adult-child ratios.

- Implement written guidance to support small group size throughout the program. This guidance includes staff and family handbooks that share the importance of, as well as practices for, small groups as defined by the American Academy of Pediatrics.
  - Use criteria for center-based programs and family child care in Rationale section, above.
  - Policies and facility planning allow adults to consistently maintain recommended group sizes throughout the day, whether indoors or outdoors.
  - Develop written policies that describe a system of small groups with low ratios that keep children with the same primary caregiver for the entire time that the child is enrolled, up to age 3.
- Create job descriptions for infant and toddler teachers that include expectations for developing primary care relationships with a small group of children.
- Attend, create, or advocate for professional development on the concepts and implementation of small groups with low adult-child ratios. Support ongoing conversations with center-based or family child care administration to sustain small group size and low adult-child ratios.
- Use an intentional review process to continually strengthen the system of small group practices across the center or family child care program.
References


