Implementation Kit
A Guide for Child Care Programs

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Young children thrive in the care of familiar caregivers who understand them and respond to their individual needs. Relationships are the “active ingredient” that shape development and help children build a strong foundation for life. Starting at home, the child’s first and most important relationship is with parents and other caregivers in the home. When the child enters child care, the circle of care is expanded to include professional caregivers.

This Implementation Kit is designed to help directors and caregivers in child care programs understand the importance of these caregiving relationships and create program policies that support relationship based care. It addresses two practices – assigning and supporting primary caregivers for each child and maintaining those assignments as long as possible. The goal is to have one caregiver from enrollment until preschool.

A primary care system is the first step toward continuity of care. It involves assigning one primary caregiver to each child and family in the program. Sometimes it is necessary to have more than one primary caregiver if the child is in care many hours.

The primary caregiver is responsible for her small group of children. She carries out most of the daily care routines and gets to know the child and family well. She is responsible for this child’s records, for monitoring the child’s development, planning appropriate activities and maintaining close ties with the family. While primary care encourages the development of a dependable and close relationship, it is not an exclusive relationship. No caregiver can always be with the child. Illness, staff turnover, vacations and other circumstances can cause interruptions in these relationships. Thus, it is important that caregivers work as a team and stable backup plans are in place. Program policies for overlapping shifts, holding team meetings and team building activities will facilitate communication and cooperation with a child’s caregivers and their family.

(See Appendix A: Sample Job Description for Infant /Toddler Co Teachers)

Primary care assignments can be made with several factors in mind. Some considerations include:
- The natural likes and dislikes of the child
- Family and cultural considerations – Home language of the child
- Which groups have openings for a new child? Staff and child schedules
- Providing a comfortable range of ages and abilities in the group, taking into account any special needs
- The other children in the group – Creating a comfortable balance of temperament types
- Preferences of the caregivers and how they will share responsibilities for team work
Primary caregiving - Why is it important?

Infants and toddlers grow and develop in the context of their primary relationships - first, in the home, with parents and then in child care with professional caregivers. These emotional attachments provide the security and trust that young children need to explore their world with confidence. As more and more babies and toddlers are entering child care, researchers have been concerned about attachment questions. Evidence (Dalli, 1999; Honig, 1998; Raikes, 1993 and 1996) now suggests that infants can and do form secure attachments with their caregivers and that those who are securely attached function better in care.

The quality of child care can be boiled down to the quality of the relationship that each baby has with his or her caregiver. What is needed is a responsive caregiver who is tuned in to the temperament and interests of each child in her small group. The caregiver’s response to the child’s temperament can play a big role in the child’s emotional development. Any temperamental trait can be an asset or a liability to a child’s development, depending upon the approach taken by the caregiver. The feedback that a child receives from adults contributes to his self image as he grows. When a caregiver knows a child well she can adapt her responses to fit this child’s temperament and style. The caregiver becomes a facilitator of learning- supporting the child when they need encouragement and comfort and stimulating the child with new materials, new words, and new experiences. Children who have this kind of loving care with rich early experiences develop a strong foundation and a zest for learning. Eighty five percent of the brain is wired up during infancy. Neural connections are made in the process of these early experiences so child care programs should be doing everything they can to create positive and secure relationships during infancy.

(See Appendix B: Attachment Categories and Thinking about Adult Attachment Classification)

When child care is chaotic and babies do not have a trusted caregiver with whom they feel secure, the day becomes a stressful experience. Stress hormones are toxic for early brain development. The child’s natural instincts for survival kick in and their vulnerabilities move to the forefront. They are fighting to have their basic needs met rather than being able to relax and explore their environment. A Circle of Security is established when these safety messages come from a trusted caregiver – “You’re OK! I’m coming to see what you need and I am here to help you get regulated. I will help you ease yourself to sleep. I will feed you when you are hungry. I will change you and keep you comfortable so that we can play and sing and experience the world in a joyful manner.”

(See Appendix C: Creating a Circle of Security (Birth to Twelve Months) and The Circle of Security)

Primary caregiving - How to implement?

The first step in creating a system of primary caregiving is to view the child care program through the eyes of the baby. Directors and caregiving staff should come to understand the need for intimacy in infant and toddler care. Then the director and staff can start thinking about how to create small intimate groups. They can figure out the best way to
make primary caregiving assignments and how to manage the daily work of planning for children, keeping daily records and managing the daily routines of feeding, napping, outdoor play and diaper changes.

(See Appendix D - Signs and Steps to Quality – FSU Draft Tool 5.1 and 5.2)

Sometimes implementing Primary caregiving requires another look at job descriptions for the infant and toddler caregivers. The ideal set up is to have co teachers in every room who are well trained in infant and toddler development and can be assigned all of the tasks related to caring for the children. This would include individualized curriculum planning, conducting the daily care routines, record keeping and communicating with the family. Sometimes this requires shifting responsibilities and creating teams rather than hierarchical structures. For programs with lead teachers and aides, primary assignments can still be made for small groups of children and the lead teacher may have additional responsibilities for classroom and curriculum oversight. Every program has its own staffing patterns so the solutions will have to be unique to the program. Some plans may take time to fully implement.

Families will also need to understand the reasons for change in the child care program. Information about the importance of secure attachment in care should be shared with families so that they do not feel threatened by this proposed intimacy but understand the value it has for their child. Family centered child care programs seek to create a partnership with families and provide comprehensive support services that benefit the child and his family. Once the caregiver and family get comfortable with each other, open communication helps the child have a smooth transition between home and child care.

Once the primary care system is in place, it can be incorporated into the parent handbook and shared as a part of the program’s philosophy from the beginning. Parents are introduced to the system and start building a relationship with the caregiver on day one. Some programs are able to provide a home visit to the family at the time of enrollment so that the caregiver can meet the family and learn more about the child’s routines at home. This helps the caregiver create a smooth transition for the child and the family.

Continuity of Care - What is it?

With continuity, children are not moved to a new group with a new caregiver during the infancy period (first three years of life). Either the whole group moves together into more appropriate space as children get more mobile or the caregiver modifies the environment to meet the children’s changing needs. Some programs group children who are roughly the same age together and some may mix the ages of children in a group to be more like a family. Both ways are acceptable and have different benefits.

The two most important elements involved in continuity of care approaches are 1) the day to day interactions between a familiar caregiver and child gives the child a sense of predictability and consistency in their daily routine and
2) the deepening relationship and shared memories created through a long term relationship help the child develop a sense of himself and his culture.

**Continuity of Care - Why is it important?**

Stable attached relationships are at the core of healthy development during infancy. Babies are working on three main developmental tasks.

1) Security and trust
2) Exploration of their world and their caregivers and
3) The formation of identity and feelings of self worth

(See Appendix E: On the Path to Trust and Security and On the Path to Development of Self)

All of these skills grow in the context of their early relationships. The messages that babies get from parents and caregivers help them create a strong social and emotional foundation or a weak and disorganized foundation. Once a strong bond is in place with a professional caregiver, the program should not add emotional stress by separating caregivers and children. Continuity is important over time so that the child and caregiver gain a deeper understanding of each other and a sense of control and predictability. Child care routines define and direct behavior. A behavior such as hanging up your coat is learned quickly in the child care setting where children are motivated to “fit in” and imitate. Repeating these routines consistently over time creates internalized habits which provides a sense of comfort. Some of these routines may carry over into the home and some may be reserved for child care. Parents and caregivers work together to nurture the child’s developing sense of competence and continuity.

Continuity is being practiced in many fields of human development. In child welfare, judges and caseworkers are striving for permanency – quickly evaluating the ability of the family to meet the needs of the baby and providing support to help maintain the family unit. If that effort fails, the courts move to seeking a permanent and stable home for the child. The infancy period is too critical for the emotional foundation to allow multiple disruptions to attachment.

In 1967, the American Academy of Pediatrics along with other medical providers adopted the practice of medical homes to coordinate multiple providers and bring more patient focused care to the practice of medicine. Medical Home principles call for continuity of care, follow up and comprehensive case management and cultural consistency. Some public schools are practicing “looping” where small children stay with the same teacher for a 2-3 year cycle rather than be transitioned at the end of each year. This provides for a deeper relationship and better understanding of the child’s learning style. All of these changes to practice are aimed at supporting the human relationships so critical to healthy development.

(See Appendix F: Elements of a Healthy Relationship)
**Continuity of Care - How to implement?**

There are many ways to implement continuity of care and programs may take several small steps along the way. All practices that reduce transitions will improve the intimacy of care and promote the security of children. Once the program has established small primary caregiving groups, the goal is to keep that group of children together with their caregiver until the children are ready to transition to preschool. There are many ways to maintain these groups and still manage the enrollment of new children.

**Continuity models**

![Diagram showing continuity models](image-url)
Option 2: Caregiver & Children Stay In Classroom

Room 1
Year 1: Infants
Year 2: children become young toddlers
Year 3: Children become older toddlers

Room 2
Year 1: Young toddlers
Year 2: Children become older toddlers
Year 3: start over with infants

Room 3
Year 1: Older toddlers
Year 2: Start over with infants

Option 3: Mixed Age Groups!
Coming soon to New York State

Room 1
Year 1: mixed group of Infants, mobile infants and toddlers in each room

Room 2

Room 3

Year 2 and 3: toddlers move on to preschool and are replaced by infants in each room. You can stagger the age of each room so that you maximize openings for a variety of ages.
Each child care program will need to explore these continuity models and select an option that fits with their space, their overall size and their program philosophy.

*(See Appendix G: Mixed or Same-Age Grouping? It Depends – West Ed)*

Managing the change process will become important for the leadership in the program. Communicating with staff and families is an important part of bringing people along during the change process. It may be helpful to start with groups of staff who are supportive of the concept and then slowly transition other groups as they warm up to the concept and can see it working for others.

*(See Appendix H: Stage of Change Approach and Scale - Children’s Institute and Continuity Continuum – Lukens-Parker and Ruprecht)*

### Benefits

#### Benefits for children

- Children gain a sense of security and trust - the first step in social and emotional development
- Children can explore and learn with confidence – seeking encouragement from a trusted caregiver
- Children gain a positive sense of self because the relationship becomes internalized messages
- Children become more resilient and can handle daily challenges because they have a strong base
- Children have the benefit of their parents and caregivers working in partnership
- Children quickly learn social skills with peers because they have a smaller circle of friends and a watchful caregiver who knows the children well and can facilitate new skills like sharing and touching appropriately

#### Benefits for families

- Families know who to call when they have a concern and establish trust in the caregiver and the program
- Families can learn to communicate with this caregiver and start to relax and work in partnership
- Families learn the other children and parents in the group
- Families can share parts of family life and their goals for their child with one special person

#### Benefits for caregivers

- Caregivers gain a sense of value and importance as this child’s primary caregiver and a critical partner in helping this family succeed
- Caregivers have a small group of children that they can get to know well
- Caregivers are better able to manage challenging behaviors because they can anticipate problems and prevent them from happening
- Caregivers develop a sense of pride in their children and in their work as professional caregivers
Benefits for programs

Programs develop better relationships with families and enrollment stabilizes
Programs gain more stability in staffing because caregivers feel a deeper commitment to the children and families the families for whom they care for.
Programs develop a calmer, less stressful environment and an improved emotional climate
Program leaders, caregivers and families become aligned in the program philosophy and work together to promote healthy social and emotional development.

Conclusion

Any system requires thoughtful use. Pay attention to the initial goals of primary caregiving and continuity -

1) close, intimate relationships that enable a child and caregiver to know each other and be responsive to the temperament and style of the child and
2) maintaining that relationship over time so that children gain security and self confidence

Program Directors and consultants should monitor implementation and be on the lookout for problems that can impede progress. The benefits of these program policies will take time to develop. But the research is clear that relationship based practices are critical to healthy development for infants and toddlers.
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