

# Caring for the Little Ones

by Karen Miller



Dear Reader,

This month's topic is one that usually generates a lot of discussion. While child care administrators and program directors recognize the benefits to the child, they find it difficult to administer and sometimes give up before they start.

Are you already implementing *continuity of care* in your infant-toddler program? Would you be willing to serve as a resource to others in your region? Please write a note to the address at the end of this column and let me know. I will refer people to you when they contact me or *Child Care Information Exchange* for information.

Please share your questions and experiences, and we will follow up on this topic in future issues.

A handwritten signature in black ink that reads "Karen Miller". The signature is written in a cursive, flowing style.

## Continuity of Care: A Growing Trend

*Continuity of care* is the practice of keeping the same caregiver with infants and toddlers for two or three years. The teacher starts with a group of babies in the infant room. When the children are ready to move up to the toddler room — rather than saying “good-bye,” with the resulting grief of separation for both the child and the caregiver — the caregiver goes *with* the children to the toddler room and becomes the toddler teacher. Later, she may move with the children to the room for two year olds.

Continuity of care goes hand in hand with the practice of assigning *primary*

*caregivers* for children — each child is assigned to a particular caregiver. That caregiver becomes the *expert* on that particular child — getting to know the parents well, learning everything he can about the child, keeping records and anecdotal observation notes about the child, and being the primary person of contact for the parents. The parents *bond* to the primary caregiver just as their child does.

It's true, it can take some creative thinking to overcome administrative challenges, but it is possible. If in creating developmentally appropriate practices we base our practices on the needs of the children, this continuity of care has some obvious and overriding advantages.

### *Advantages*

- *The child's emotional development.*

The most obvious advantage, this is the driving force behind this practice. The children can form a strong attachment to a specific adult and do not have to suffer the pain, confusion, and feeling of rejection when it is time to move to a new room. Their framework of emotional trust remains intact, allowing them to flourish and benefit from the challenges of the new environment.

- *The parent's feeling of trust.* The most difficult transition in child care for parents is when the child is moved from the infant room to the toddler room. The parent often bonds to the infant room teacher, learning for the first time to trust another individual with their cherished baby. The teacher becomes a friend, an extended family member, one who may be asked for advice and who shares the wonder of this new human being.

Parents often look into the toddler room and perceive chaos compared to the calm of the infant room. They worry that these new people, the toddler teachers, don't know and love their baby or realize how special he is. When the caregiver moves with the child, the parent trusts that this person still knows the child is special and unique and will make sure the experience is a good one for the child.

- *The caregiver knows the family well.*

There are advantages for the caregiver as well. The teacher does not have to become the expert on a whole new set of children and parents every few months. Instead she has the opportunity to know the family even better.

- *The caregiver has less grief.* Caregivers also suffer grief when the babies they have cared for are taken away from them.

- *The caregiver has greater rewards, less monotony.* Many caregivers list the intrinsic rewards of watching their charges grow and develop as the most motivating thing about their chosen work. With this practice, you are maximizing this reward. Their work becomes less monotonous. They are not doing the same activities over and over again, year after year. Instead, they are finding more

stimulating activities to interest children as they respond to emerging skills.

- **It may reduce staff turnover.** Although there are presently no statistics available, several administrators believe this practice can be one important factor in reducing staff turnover. Kay Albrecht, executive director of Heart's Home Early Learning Center in Houston, says, "If children are happier (which she feels they are when their beloved caregiver stays with them), then teachers are happier and they stay longer." Kay's teachers stay an average of five years.

### Objections and Answers

- **Age group specialists.** The most common resistance to this concept from administrators is that they have caregivers who have a strong preference or a strong talent for a particular age. "People get on my waiting list before the child is born because my infant teacher has such a fantastic reputation." "Sandy is a wonderful toddler teacher but says she's scared to death of infants." "Marcia is great with the twos but thinks she'd be bored with infants. She likes to plan activities."

In my opinion, this is basically a training issue. Each age is wonderful and has its unique challenges and rewards. Most resistant caregivers I have talked to end up loving staying with the child over a longer period of time.

- **Caregiver style.** Directors sometimes state, "I like to put matronly, nurturing people with the infants and young energetic types with the toddlers." People who work with infants need high energy; and, of course, toddlers thrive on nurturing. Young people can be nurturing and *matronly types* can also have high energy. They all need a good back! Again, it's a training issue.

- **Children in one primary caregiver's group may not all be ready to move at the**

*same time.* As much as possible, when you start out, and when you enroll new children, try to keep a given caregiver's children as close in age as possible. However, it is still possible to move with the whole group. Adjust what is in the environment, just as you would in a family situation.

- **Ratios change as children grow older.** State licensing regulations sometimes allow you to have more toddlers or twos per caregiver than infants. That is when you can add more children from your waiting list.

- **New children who apply may not fit nicely into the age group where we have openings.** For instance, you may have one caregiver with a group of 10 to 14 month old children. One of them moves away. A new child who enrolls is six months old. The other caregivers' *slots* are all filled. This may be the biggest hitch. Programs that are really dedicated to the concept simply don't enroll that child, or wait until they have enough children to form a new group. Usually, however, quality infant programs that provide continuity of care have a long waiting list and can find a matching-aged child to fill the empty slot.

### Variations

Some centers move one caregiver with a given group of older infants to the toddler room, even if one or two of the children had not been in her primary care group. The other infant caregivers remain in the infant room. The primary caregiver concept seems to be most important when the child is new to the program, when the caregiver can help both the child and the parent gain trust and feel comfortable in the new arrangement. However, within a period of time, the child learns to feel trusting and comfortable with all of the adults in the environment.

Continuity of care has long been the major advantage of family child care over center-based care for infants and toddlers. The child is not pulled away from a beloved caregiver once a year or more often in family child care. More and more center-based child care settings are figuring out how to do this, making their service more personal and responsive to the emotional needs of children and their parents. Josh Young, owner of YoungCare Child Development Centers in Maryland, states that this is a major selling point for parents to enroll children in their infant programs.

### What's Wrong with This Picture?

This infant teacher thinks she is teaching this ten month old child what a triangle and a circle are by guiding his fingers over textured shapes. The first question is: Is this what an infant of ten months old should be learning? Is there any relevance or importance of this concept to his life? If the teacher's goal in this activity is to give the child early exposure to pre-math and pre-reading concepts, there are endless more appropriate things she could be doing — building vocabulary and communicating with the child about things the child is interested in, looking at picture books, letting the child dump and fill containers to learn underlying concepts of size and shape, and so on. I wonder what the child is thinking.

Please send comments and contributions to this column directly to Karen Miller, PO Box 97, Cowdrey, Colorado 80434.

*Karen Miller is author of Ages and Stages, Things to Do with Toddlers and Twos, More Things to Do with Toddlers and Twos, and The Outside Play and Learning Book.*