You may remember the first day jitters of starting a new job, going to a new school, or moving to a new city. You may not have known where to find things, what was expected of you, and whom you could turn to for support. Even for an adult with decades of life experiences and a strong sense of self, new situations and transitions can be very stressful. Young children are often in this type of situation at a very early age, some when they are only a few months or even a few weeks old, when they enter a child care setting.

Initially, when babies come home from the hospital, a lot of effort is expended by caregivers (usually parents) to make them feel safe and welcome. Parents dedicate much of their time to reassuring infants that their needs will be met and helping them become accustomed to the voices, smells, and sounds of their new environment. Adults read babies’ verbal and nonverbal cues to determine what they need, what they like, and what they do not like. As caregivers respond consistently to the cries, giggles, and coos of the baby, tending to the child’s basic needs and engaging with him or her in supportive and playful interactions, bonding occurs between caregiver and child, and the infant begins to develop a sense of trust.

The development of trusting relationships in early life yield significant long-term benefits — infants who establish trust in caregivers are more likely to thrive developmentally. As one early childhood expert notes, “Early attachments help determine our lifelong worldview — when young children develop secure attachments, they are more likely to become secure people who are better prepared emotionally to handle difficult situations in their lives and more accepting of other people’s shortcomings” (Honig, 2002).

Establishing Continuity of Care

Similarly, as caregivers in child care settings, we strive to build strong relationships with the infants and toddlers in our care so that they feel safe, welcome, and confident that their needs will also be met. As noted in Tender Care and Early Learning, “The creation and development of these out-of-home relationships is facilitated when children have a designated primary caregiver they can relate to in the out-of-home setting. Continuity of care in programs that serve infants and toddlers is thus a critical factor in helping them adjust to the separation from parents and being able to thrive in their group-care arrangements” (Post, Hohmann, & Epstein, 2011, in press).

Continuity of care is one of the key strategies caregivers can use to develop strong, supportive, and respectful relationships with the infants and toddlers in their program. In this approach, each child has the same primary caregiver (or the same team of caregivers) over a long period of time. Ideally, children have the same primary caregiver for as long as he or she is enrolled in the program. When children are treated with care and respect from a consistent primary caregiver, “they form the trusting human relationships that allow them to develop curiosity, courage, initiative, empathy, a sense of self, and a feeling of belonging to a friendly social community” (Post, Hohmann, & Epstein, 2011, in press).
Parents tend to feel more comfortable about leaving their child in group care when their child has a primary caregiver they have come to know and trust. They are also more likely to share insights and information about their child as their relationship with the primary caregiver has time to develop.

**Strategies for Providing and Maintaining Continuity of Care**

The following strategies can be used to implement continuity of care for infants and toddlers so that they will feel safe and secure in their out-of-home setting. With a strong primary relationship established, children will feel confident in themselves to explore and engage with the world and people around them.

**Identify a Primary Caregiver.** Each child should be assigned to one teacher or caregiver who will be present when the child is in attendance. Child-caregiver assignments are often based on temperament and compatibility, and bonds that have developed naturally between a particular adult and child. Other factors (e.g., a caregiver’s ability to speak a child’s home language) may also come into play when pairing the child and care provider. Children stay with the same caregiver for key parts of the daily routine. Toddlers plan, recall, eat, and engage in group times with the same caregiver and group of children. For infants, the primary caregiver’s role is to support and engage children in planned activities and play, and to feed, change, and put the infant to sleep. All of these routines provide valuable one-on-one opportunities for interaction.

Since there are times (e.g., meetings, vacations, illness) when the primary caregiver will be absent, he or she shares the child’s care with one or two secondary caregivers, forming a team. The secondary caregiver(s) are important to the child’s sense of well-being and security when the primary caregiver is absent or unavailable.

**Organize primary caregiver assignments to allow for small groups of children.** Caregivers should each be consistently responsible for one small group of children. This will allow for the development of strong relationships between the caregiver and the children as well as between each child in the group. When children are with the same group of peers over time, they develop partnerships in play as well as trusting relationships in which to practice problem solving and other social skills. It is important to assign caregiver groups in a way that ensures that each teacher has a group size that allows for genuine and meaningful interactions between children and the caregiver. Each caregiver takes primary responsibility for two, three, or four children, depending on the ages of the children and the standards set by state or federal licensing requirements, accreditation standards, and available funding. [The joint recommendation of the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care is a 1:3 adult-child ratio with a maximum group size of 6 for children birth to 12 months; 1:4 ratio with group size of 8 for children 13–30 months; and 1:5 ratio with group size of 10 for children 31–35 months (2002). Zero to Three (2008) and NAEC (2007) offer similar guidelines, with ratios up to 1:4 and group sizes of 12 for older toddlers.]

Inform children and parents of staff changes, vacations, and absences. It is important to let children (even the youngest) and parents know why as much notice as possible when there is going to be a change in staffing, whether it will be for one day or long term. Children cope with change more comfortably when they are told about upcoming changes in care and/or the daily routine and when they know what will be happening instead. Teachers can post signs, write notes, or send e-mails to convey staffing or schedule changes to home caregivers. This notification will let parents know whom they should talk to in the primary caregiver’s absence, and they will be better able to help ease their child’s adjustment to a different teacher.

Ensure that children and caregivers remain together for several years. For programs with classrooms separated by age groups (i.e., infants and toddlers), a strategy called looping can ensure that children have the same primary caregiver for the first three years of life. While there are variations on looping, the basic idea is that the primary caregiver moves with his or her small group from one room to the next. This allows for a group of children and caregivers to remain together for several years, eliminating transitions for young children and helping to establish strong relationships between the children, their families, and the caregivers (Kruse, 2005). When a caregiver’s group

**Arrange the caregiver’s schedule around the needs and schedules of the children.** Primary caregivers should work a shift that allows them to be available to the child they care for at important bonding and caregiving parts of the program day, such as rest times and feeding times, and when the child arrives and departs (to facilitate the transitions between home and child care). Parts of the day that require a caregiver’s absence (e.g., breaks, planning time) should be scheduled around these important adult-child interactions. In toddler classrooms, for example, it may be best for caregivers to take breaks after the children have begun resting and return before the children wake up.

**Maintaining Continuity of Care**

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“graduates” to the next program (i.e., the preschool), the caregiver starts over in the infant room and can be assigned a new small group for the next three years. As an alternate option, a caregiver and his or her group of children could stay in the same space for many years with adaptations to ensure a developmentally appropriate environment as the child grows and progresses (Riley et al., 2008).

Overlap schedules for staff. For programs that operate with extended or irregular hours, it may be necessary to overlap schedules or shifts for staff. This will facilitate communication between the teachers and allow the children time to make a transition between one caregiver and another. Breaks and extended hours can be covered by a consistent familiar caregiver, such as an assistant teacher.

Benefits of Providing Continuity of Care

Certainly, continuity of care offers a range of benefits to children: having consistent, supportive relationship with a primary caregiver(s) fosters in them a sense of trust, independence, and engagement with the people and the world around them. However, a child care setting that is structured around continuity of care also benefits caregivers and parents. As the authors of Tender Care and Early Learning (2011) point out, “At the same time, caregivers come to know ‘their’ children and accumulate a growing store of very useful, specific knowledge about each one of them….In addition, families can develop trusting relationships with their children’s primary caregivers — caregivers and parents come to know each other, form common expectations, and learn to communicate effectively about the children who draw them together” (Post, Hohmann, & Epstein, 2011, in press).

The following is a summary of the benefits continuity of care provides to children, caregivers, and parents:

- **Children experience less stress.** It takes time for children to trust and feel comfortable with a caregiver, and it can be sad, frustrating, or scary for them to have to frequently readjust to someone new. Without a primary caregiver, children may find it harder to say goodbye to parents at dropoff time and more difficult to engage in play throughout the day; it may also be challenging for them to build ongoing relationships and they may struggle to communicate their needs. A primary caregiver comes to know and recognize a child’s needs and can respond appropriately to meet them. As a result, the child experiences less stress and develops a trusting relationship with the adult.

- **Caregivers should each be consistently responsible for one small group of children.** This will allow for the development of strong relationships between the caregiver and the children as well as between each child in the group.
Consistent All-Day Care: 4-Day Caregiver Shifts

One option for providing consistent all-day care is for caregivers to work 10-hour shifts, with each caregiver working four days a week. A permanent floater, who works across two classrooms, fills in on the uncovered days of four caregivers (i.e., two in each room). This provides children with a familiar and stable set of secondary caregivers, and no changes in caregivers on any one day. This option and a sample two-week staffing schedule are presented below.

Multiroom With Longer Caregiver Shifts and a Permanent Caregiver-Floater

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By creating longer caregiver shifts over fewer days, programs can provide their infants and toddlers with consistent caregivers throughout the day. For example, each caregiver works a 10-hour day for four days per week. A permanent caregiver floater, working across two rooms (four caregivers), fills in on each of the caregivers’ uncovered days. This provides children with a familiar set of secondary caregivers, and no changes in caregivers on any one day. Also, by alternating weeks, each caregiving team will take turns having three 10-hour days consecutively. (Note: To provide an easier transition from the weekend, it is beneficial for both primary caregiving teams to begin the week with their primary children. This can be accomplished if the day off for the caregiver floater is on Mondays).

- **Children are supported through difficult and challenging parts of life.** Children experience a variety of challenges early in life, such as learning to share space, toys, and attention. They work through learning to communicate, learning to walk, and so on. Some children have additional struggles with disabilities, poverty, and stresses at home. Primary caregivers can play a significant role in children’s success at overcoming these hurdles in life: “Their ability to overcome the hurt and fear depends, in large measure, on whether they are secure in relationships with a few caring adults who understand what they have experienced” (Copple & Bredekamp, 2009, p. 70).

- **Children are supported in developing relationships with other children.** Familiar caregivers play a significant role in helping children to develop relationships with peers. Children often need support entering play and negotiating conflict. Children are more successful with these social skills when they are encouraged and supported by an adult they trust.

- **Children are more successful communicating nonverbally and verbally.** Infants and toddlers communicate in unique and individual ways. Young infants are often only capable of crying to notify caregivers of what they need. Over time and through building relationships with infants, caregivers learn the difference between an infant’s cries for hunger, sleep, pain, interaction, and other needs. This is an infant’s first opportunity to learn to trust — by having a responsive caregiver. As babies grow, they learn to communicate in new ways — gestures, facial expressions, coos, words, and more. Those who spend time with infants and young toddlers on a regular basis are most able to decipher these children’s individual forms of expression.

- **Children are more comfortable engaging in play, taking risks, and trying new things.** During the infant and toddler years, children try out and master a variety of new skills. When they are with long-term caregivers, they are more confident and capable of taking risks and trying new things. When children are supported by caring and familiar adults, “the infant’s feelings of safety, security and confidence grow with his sense that all the people and the world around him are predictable and offer interesting experiences (Copple & Bredekamp, 2009, p. 56).
Parents feel more welcome and at ease about leaving their child in group care. It can be difficult for parents to leave their children in someone else’s care, particularly if they have not established a relationship with that person. When a child has a primary caregiver, parents have the chance to establish an ongoing, trusting relationship with the person responsible for their child. Parents feel assured by the consistency of caregiving and more comfortable about their child’s placement in group care.

Parents and caregivers have stronger relationships and more open communication. When parents trust the caregiver, the children are more likely to trust the caregiver as well. When parent-caregiver relationships have the time to develop beyond the getting-to-know-you stage, parents are more inclined to share insights regarding their child’s medical history, eating patterns, family values, and other valuable information.

Caregivers are better able to track development and plan meaningful activities for children. When caregivers consistently have the same small group of children, they have an opportunity to observe, record, and support each child’s development over time. Having a strong understanding of the child’s development enhances the caregiver’s ability to plan meaningful and developmentally appropriate activities. Caregivers also use their observations to communicate with parents about the child’s day (Post, Hohmann, & Epstein, 2011).

It’s fun for children to be with someone they know and feel connected to. Children enjoy returning each day to the same caregiver who knows how to make them smile, laugh, learn, and have fun. Young children’s language and social relationships thrive through singing silly songs, playing peek-a-boo, and having a trusting adult as a partner in play.

Continuity of care is at the core of providing quality care for infants and toddlers. Children develop and learn best when they are in a secure, trusting, and familiar environment. When caregivers remain with the same group of children for an extended period of time, they are more able to develop strong trusting relationships with the children in their care as well as with parents. These consistent, trusting relationships lay the foundation for children’s early explorations and learning and their successful long-term development.

References

Christine Snyder is the director of Gretchen’s House Child Development Center (Washtenaw Intermediate School District) in Ann Arbor, Michigan.