

Foundations of Responsive Caregiving



Infants, Toddlers, and Twos



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Caregiving and the Early Childhood Professional

As an early childhood professional who cares for infants, toddlers, and twos, you play a critical role in children's growth and development. You are essential to their well-being and future development, and this takes commitment and dedication. You need to know what responsive caregiving is, the types of care available, and the developmental stages of infants, toddlers, and twos. Such knowledge deepens your understanding and improves the quality of care you provide.

CHARACTERISTICS OF RESPONSIVE CAREGIVERS

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As a responsive caregiver, you do a lot! To make a long story short, you provide a loving, nurturing, stable, and responsive learning environment for all children. You respond to their needs quickly and appropriately. Because infants and toddlers are wholly dependent on adults for their care and safety, their well-being lies in your hands.

Positive interactions with caregivers are critical to children's formation of early attachment and trust. You create an atmosphere in which these can arise: Your setting is relaxed and peaceful. You recognize that establishing trust with the important adults in their lives is the cornerstone for how children will feel about themselves and others throughout their lives. As children develop and change, you modify your program to meet their changing needs.

You continuously evaluate your activities, the environment you've created, and the children in your care. You're flexible in your daily schedule, balancing the predictability and comfort of routines with the changing needs of children. You adjust and modify your setting so children can master their developmental milestones. Because a cohort of children differs so widely, you plan a range of activities that vary in difficulty. You challenge children, but only to the extent that they can successfully

master new skills with some effort. For example, a toddler may play initially with a wooden puzzle that has four pieces, each with a giant knob on it. You might then offer him a more challenging puzzle that lacks knobs, so he must grab and lift the puzzle pieces with his fingers. As the child masters these skills, you continue to offer him greater complexity, greater challenges—perhaps a puzzle with more pieces. In other words, you plan rich, stimulating experiences so children can explore and learn at their own developmental pace.

You also follow children's interests so their activities remain child directed. Your focus is on encouraging infants, toddlers, and twos to discover and explore their world freely. You offer them activities that stimulate growth across the social-emotional, physical, cognitive, and language development domains. (My companion book, *Activities for Responsive Caregiving: Infants, Toddlers, and Twos*, provides 101 play-based activities you can use in your program to foster such growth.)

Here, in checklist form, are the essential qualities of responsive caregivers:

- ✓ Caring
- ✓ Nurturing
- ✓ Knowledgeable
- ✓ Patient
- ✓ Reliable
- ✓ Consistent
- ✓ Flexible
- ✓ Humorous

More and more children are spending the majority of their days (and some of their nights) in the care of adults other than family members, and they must receive quality care. Children deserve to be cared for by knowledgeable, nurturing, caring, and responsive individuals. Such care can be provided in a variety of settings. One or another of these may suit them best.

TYPES OF CHILD CARE

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There are two main types of licensed care for infants, toddlers, and twos: family child care and center-based care. Whatever the organizational model, child care programs need adults committed to quality care. In the highest-quality programs, caregivers implement known best practices:

- **Licensed family child care homes** Licensing requirements for family child care vary from state to state. Usually in-home providers can care for only a small group of children at a time. Family child care offers families flexible hours and is usually the most affordable. Children are cared for in homey settings where they can interact and learn together. Depending on the number of children in the home, care may be provided by one adult or by an adult and

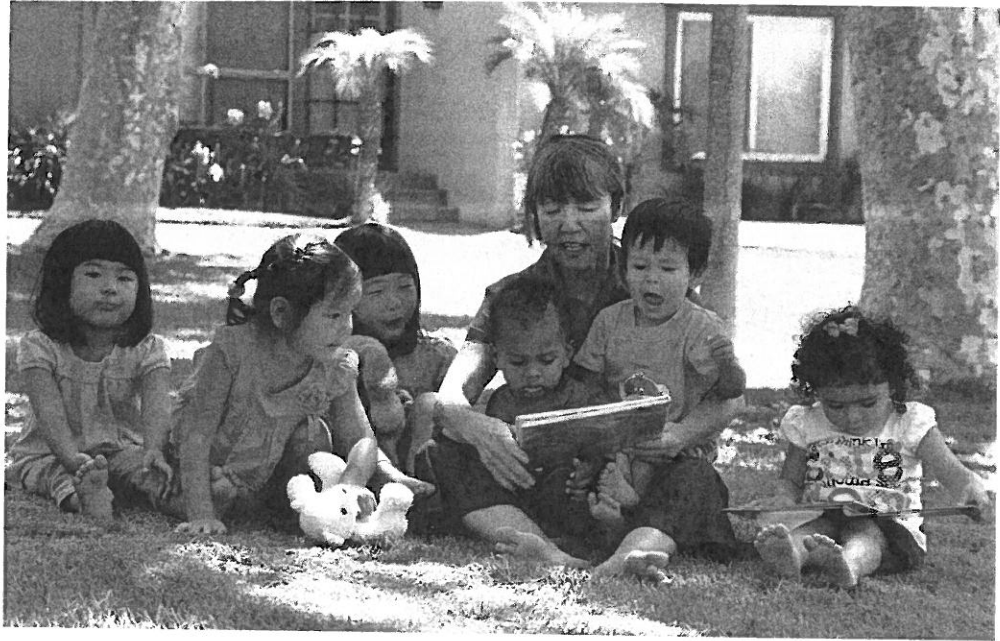


an assistant. It's not uncommon for infants, toddlers, preschoolers, and even schoolagers to be cared for in the same family home. Children in such settings often remain in the same family child care home for several years, giving them the benefit of a primary caregiver and continuity of care during their formative years. The National Association for Family Child Care (NAFCC) and family child care associations in many states offer providers resources and professional development training to improve the quality of their programs.

- **Licensed early care centers** These centers provide more standardized and regulated care. Although requirements differ from state to state, licensing usually regulates adult-to-child ratios, group size, hours of operation, teaching practices, teacher qualifications, and health and safety standards. Several models exist: for-profit, nonprofit, state or federally funded, and private corporation-owned or -sponsored.

BEST PRACTICES IN CHILD CARE

Best practices in early childhood education (ECE) encourage growth of the whole child in all four developmental domains. (Chapters 6 through 9 provide information on each domain and discuss how to promote their development in caregiving settings.) High-quality ECE settings employ teachers who are nurturing, caring, and knowledgeable about child development. There's no one indicator of quality infant and toddler care. These are the indicators that are widely recognized in the field of ECE:



- Ongoing, nurturing relationships are cultivated between children and responsive caregivers.
- Environments are physically safe.
- Children are assigned a primary caregiver.
- Children's individual needs are respected.
- Activities promote children's learning.
- Schedules and routines meet the individual needs of children, including those with special needs.
- Caregivers form successful partnerships with parents.
- Experiences are structured so children can build and practice skills across the developmental domains.
- Children are offered age-appropriate choices.
- Children's learning opportunities are built upon existing knowledge.
- Children learn in a play-based environment.

Leading ECE organizations help caregivers identify best practices. The National Association for the Education of Young Children (NAEYC) has adopted position statements on quality ECE. These organizations support high-quality early care and education by promoting program standards, developmentally appropriate practices, partnerships with families, and highly qualified, knowledgeable teachers. NAEYC provides parents and early childhood educators with resources and information. You can learn more about its services and read its current position statements at www.naeyc.org.

The Program for Infant/Toddler Care (PITC) is cosponsored by the California Department of Education and WestEd, a nonprofit organization that promotes research, evaluation, and professional development to improve education and human development. PITC supports high-quality programs by providing parents and caregivers with standards of care. Its mission is to ensure that infants and toddlers receive safe, emotionally and intellectually rich care. Like NAEYC, PITC offers recommendations covering six programs for infants and toddlers: primary care, small groups, individualized care, continuity, cultural responsiveness, and inclusion of children with special needs (PITC, accessed 2012). The PITC website is www.pitc.org.



Primary Care

Primary care is a best practice widely recognized in child care. It includes feeding, changing diapers, rocking, soothing, talking, and engaging the child. Each child should be assigned one primary caregiver. Primary caregivers are assigned several children to care for, based on the ratio of adults to children in their program. Although they interact with all children in the setting, primary caregivers' main responsibility is to provide the primary, personalized care for their assigned children.

Those with whom children spend considerable time but who are not the primary caregiver are termed *secondary caregivers*. Primary caregivers coordinate the care offered by these other professionals so that children are treated consistently. Primary caregivers must communicate effectively with the rest of the caregiving team so all children receive optimal care and reach their next developmental milestones.

When young children reach designated milestones or specific ages, they are typically promoted to the next level of care. Many centers, however, are starting to embrace the concept *continuity of care*, in which children remain together as a cohort.



This practice allows children and primary caregivers to move together to the next level of care. Typically, centers offer three levels of care for children under age three: infant, toddler, and two-year-old care. When children turn three, they usually move to a new classroom structured to meet their new needs and skills. Continuity of care benefits children under age three in the following ways:

- It supports relationship building by strengthening children’s attachment to their primary caregivers.
- It builds trusting relationships between peers, allowing caregivers to focus on building children’s developing skills.
- It maintains continuing relationships between families and caregivers.

Communication between Home and Care Program

Another critical component of high-quality programs is effective communication between children’s homes and the early care program. (I discuss partnerships between parents and caregivers further in the closing thoughts at the end of the book.) Respecting each family’s cultural beliefs and providing children with a safe, bias-free environment helps children feel valued and respected. (I examine how cultures influence the social-emotional development of young children in chapter 6.) When parents and caregivers work well together, their efforts help children grow and develop to their full potential.

Low Adult-to-Child Ratios

High-quality family child care and center-based programs offer children the care and attention they need. The youngest children need a higher adult-to-child ratio than older children. Although such care costs families more, the lower ratios are needed because of the intensity of caring for the youngest children. NAEYC (2008) recommends that the adult-to-child ratio vary with group size and age of children. According to NAEYC, quality care requires a 1:3 or 1:4 adult-to-infant (birth–12 months) ratio, a 1:4 or 1:5 adult-to-toddler (12–28 months) ratio, and a 1:5 or 1:6 adult-to-twos (21–36 months) ratio. Small groups and individualized care offer young children the chance to build healthy relationships with caregivers and other children. Individualized and continuous care also gives them chances to build on their existing strengths and knowledge.

CARING FOR INFANTS, TODDLERS, AND TWOS

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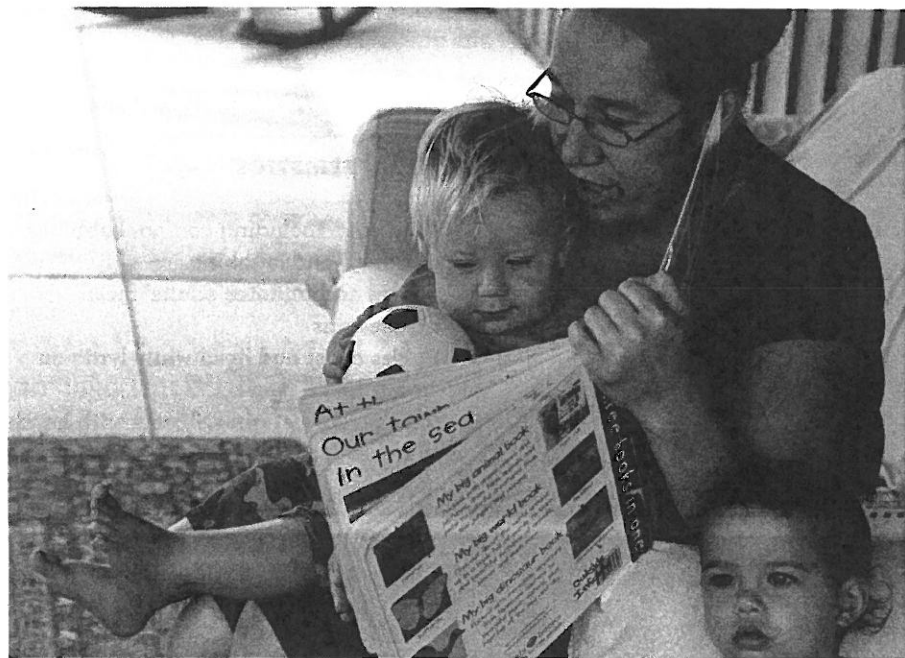
Deciding which age group to care for is an important decision for you. You need to think about which age group and learning environment suit you best. Understanding each age group and stage will help you make your choice. Both caring and teaching are integral to your role, and in each, you need to be able to put the needs of children ahead of your own.

Caregivers for infants, toddlers, and twos genuinely care about the health and well-being of the youngest children. Typically, those of you who care for this age group love what you do. You prefer children in this age range, and your preferences may be even more particular; for example, you may like caring for infants but not enjoy working with toddlers and two-year-olds.

Infants need continuous care, monitoring, holding, and comforting. Those of you who work with them typically love babies. And that's fortunate because infants can be demanding! You need to enjoy responding to their immediate needs, including feeding, changing their diapers, and providing safe, comforting places for them to grow and develop. Toddler learning environments are very different: they are busy, often noisy, places where children spend a lot of time on the floor. Toddlers are learning to move and explore the world, and they sometimes demonstrate their newfound independence through challenging behaviors. The two-year-old classroom is also busy, noisy, and exciting. Twos walk, run, and engage in pretend play. They enjoy singing, playing with and on musical instruments, and being read to by adults. Their growing ability to talk and ask questions fuels their drive to learn about the world. Providing optimal care to this age group takes special knowledge, expertise—and energy.

Some caregivers move from teaching preschool to providing infant-toddler care. If you're making such a move, remember that your new responsibilities will be quite different from those of preschool teachers. Most preschool children are already potty trained or are learning to manage their toileting routines. They have usually mastered skills like dressing and undressing themselves, asking simple questions, and communicating their needs with words. Infants and toddlers, on the other hand, still depend on adults to provide their basic needs. While you're tending to their basic needs, you must also support their learning across the developmental domains.

Programs that adhere to best practices provide consistent routines and schedules to give children a sense of predictability, which they need to develop trust and security. (I discuss the importance of routines further in chapter 5.) A large part of caring for very young children is creating opportunities for them to experience the world firsthand and to become more independent. Through uncountable interactions, you teach infants, toddlers, and twos the fundamentals of language, navigating the world, and forming relationships and acquiring independence and a sense of self. To achieve these aims, you must be patient, nurturing, and responsive to every child in your care.



CHARACTERISTICS OF INFANTS, TODDLERS, AND TWOS

Children from birth to age three typically exhibit a series of developmental milestones. Because each of them grows at a different pace, you'll see children who master skills much earlier or later than others. One child may walk at twelve months, while another is just starting to do so at fourteen months. Knowing the developmental characteristics of very young children is essential so you can help meet their needs through meaningful play and other activities.

High-quality ECE offers learning opportunities to all children with few restrictions. In the least-restrictive environment, children can participate in all activities and use all materials and indoor and outdoor spaces. Such an environment offers children developmentally appropriate learning opportunities. Doing so is particularly important because early intervention is critical to early brain development. Children with developmental delays need chances to reach their developmental milestones. (I discuss the importance of early interventions further in chapters 4 and 5.)

You know that children reach their developmental milestones at different rates. Some move easily along the continuum in a textbook-like progression. Others move more slowly toward mastery, while still others experience developmental delays that require special intervention. For example, one infant might begin cooing sounds like *aaaaaaa*, *ooooooo*, and *eeeeeee* and begin gurgling at three months. Another child might make babbling sounds like *dada* and *gaga* at four months. Because such a wide range of mastery exists, early childhood professionals define the ages and stages for children from birth to age three in various ways. In this book, I identify children as young infants (birth to six months), older infants (six to twelve months), young toddlers (twelve to twenty-four months), and older toddlers/twos (twenty-four to thirty-six months). Certain developmental characteristics within these age ranges are common:

Characteristics of Children from Birth to Age Three

AGE	CHARACTERISTICS
Young infant: Birth to six months	<ul style="list-style-type: none"> • Vocalizes, including cooing, babbling, gurgling, and laughing • Smiles and imitates adults' facial expressions • Raises chest and head while lying on stomach • Reaches for hanging objects with hands • Watches faces and follows moving objects • Turns head toward sounds • Shows social smiles directed to other people • Laughs and smiles in response to active stimulation • Enjoys social play and shows a special relationship with caregivers • Grasps and shakes hand toys • Explores books with mouth and hands

Characteristics of Children from Birth to Age Three (cont'd)

AGE	CHARACTERISTICS	
Older infant: Six to twelve months	<ul style="list-style-type: none"> • Uses vocal sounds to express joy and displeasure • Repeats babbling sounds • Begins to respond to “no” • Rolls over easily • Sits with, and later without, support • Reaches with one hand and passes objects from hand to hand • Crawls and creeps on hands and knees 	<ul style="list-style-type: none"> • Pulls self to standing position with assistance • Finds partially hidden objects and explores them with hands and mouth • Enjoys smiling and laughing • Demonstrates playful engagement with caregivers by reaching for and seeking them out to play • Can show distress and wariness around strangers
Young toddler: Twelve to twenty-four months	<ul style="list-style-type: none"> • Tries to imitate words and responds to simple verbal commands • Responds to and shakes head to gesture “no” • Uses two- to four-word sentences and follows simple directions • Begins to walk and to push and pull toys • Kicks a large ball and climbs up and down furniture and stairs with assistance 	<ul style="list-style-type: none"> • Places two to three cubes or small blocks on top of each other • Turns the pages of books • Becomes aware of self as separate from others and demonstrates increased independence • Shows first signs of empathy, embarrassment, and pride
Older toddler/ two-year-old: Twenty-four to thirty-six months	<ul style="list-style-type: none"> • Uses four- to five-word sentences • Language more understandable and grammatically correct • Understands and recognizes common objects and pictures • Sorts objects by shape and size • Matches pictures to objects • Uses crayon to draw strokes on paper • Walks and runs with ease and can pedal a tricycle 	<ul style="list-style-type: none"> • Can say own name, age, and sex • Engages in pretend play and can take turns with peers • Understands concepts of <i>me</i>, <i>mine</i>, and <i>his/hers</i> • Imitates others and is aware of self as separate from others • Show signs of pride, embarrassment, and self-consciousness

FINAL THOUGHTS

Choosing to care for very young children is an important decision. As a responsive caregiver, you play a critical role in providing children with optimal learning opportunities. Best practices recommend that care be provided by nurturing, caring, and knowledgeable professionals. The program you work in provides quality care by promoting children’s development in all domains. It focuses on best practices and strives to meet individual children’s needs. You and your program offer developmentally appropriate activities to support the growth and development of the whole child.

WHAT CAREGIVERS CAN DO

- Support families while they make the move into the early care setting.
 - Provide responsive primary care to infants and toddlers.
 - Respect the needs of all children, including those with special needs.
 - Ensure that your program meets health and safety standards.
 - Design programs that are developmentally appropriate.
 - Maintain small group size and low adult-to-child ratios.
 - Plan child-directed activities.
 - Acquire knowledge about early child development.
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BIG IDEAS FOR CAREGIVERS

- Young children are assigned a primary caregiver.
 - Continuity of care offers children the chance to form strong attachments.
 - Meet children's needs individually.
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REFLECTION AND APPLICATION

1. How can you increase your knowledge of infants, toddlers, and twos?
2. What are the benefits of continuity of care for infants and toddlers?
3. Name five things you can do to provide a nurturing and caring environment for all children.
4. What are three best practices you can apply to your work with young children?