



## Small Group Care Participant Worksheet

**Directions:** Use this worksheet to take notes on how this information relates to your work with infants, toddlers, and their families and to engage in the activities during this session. For additional space to take notes, use the back of this page.

**Training Notes**









## Small Group Care

Use this resource to help communicate the importance of small group care 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). The Program for Infant/Toddler Care recommends six essential program practices as a framework for relationship-based care. One of these practices is **small group care**—the practice in which primary caregivers provide care for infants and toddlers in discrete groups, creating an intimate setting for interactions, care routines, and exploration (Lally & Mangione, n.d.).

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

Small groups, 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 Is Small Group Care Important for Infants and Toddlers?

- ◆ Small group care increases opportunities for one-on-one interactions and individualized care (Raikes & Edwards, 2009).
- ◆ The intimacy of small group care allows infants and toddlers to learn about, understand, and form caring relationships with adults and other children (Lally et al., 2010).
- ◆ Infants and toddlers need adult support in regulating environmental stimuli and benefit from separate spaces that limit contact with other groups. Small group care helps with the regulation of environmental stimuli (Tarullo et al., 2009).
- ◆ Small group care gives caregivers the opportunity to provide personalized care, offer support during social interactions, and model peaceful exchanges that promote the development of intimate relationships (Lally, 2013).
- ◆ Low adult-child ratios and small groups are strong predictors of an increase in positive staff interactions (Kreader et al., 2005).



- ◆ Small group care allows for fewer distractions and less overstimulation for infants and toddlers and their caregivers, supporting a quality environment (Lally et al., 2010).

## How Does Small Group Care 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 et al., 2010; McMullen & Dixon, 2009).
- ◆ Responsive interactions that are respectful to the individual needs and interests of each child support healthy emotional development and self-regulation, providing an environment that allows infants and toddlers to focus (Lally et al., 2010; Tarullo et al., 2009).
- ◆ Small group care helps facilitate meaningful peer relationships for infants and toddlers and promotes opportunities for problem solving and discovering their world (Lally et al., 2010).

## Planning to Implement Small Group Care 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 care throughout the program. This guidance includes staff and family handbooks that share the importance of, as well as practices for, small group care as defined by the American Academy of Pediatrics.
  - Use criteria for center-based programs and family child care in the 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 caregivers that include expectations for developing primary caregiving relationships with a small group of children.
- ◆ Attend, create, or advocate for professional development on the concepts and implementation of small group care. Support ongoing conversations with center-based or family child care administrative staff to sustain small groups and low adult-child ratios.
- ◆ Use an intentional review process to continually strengthen the practice of small group care across the center or family child care program.



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# Vignette Activity: Primary Caregiving, Continuity of Care, and Small Group Care

## Vignette A

Anna is 2½ years old. This is her first day back in group care after a week at home with family to welcome her new baby sister. Although she has been enrolled at this family child care home for a year and has many friends there, she threw herself on the floor and started to cry and kick the ground when her dad was ready to say good-bye.

- ◆ What are some ways in which primary caregiving, continuity of care, and small group care might help Anna feel secure and comfortable during this transition?
- ◆ How might these practices support her dad?
- ◆ How might these practices support the caregivers?

## Vignette B

Yas is an active 2-year-old who is just beginning to talk. He is in a class of 12 toddlers. Over the last few months, he has been pushing children more than usual and knocking down block structures that other children have built. Today, for the second time this month, he bit a child on the arm. The children are starting to scream whenever he approaches them, and they tell him to go away. In the parking lot, Yas's parents are embarrassed to hear another parent say that Yas is a problem in the class.

- ◆ What are some ways in which primary caregiving, continuity of care, and small group care might support Yas?
- ◆ How might these practices support the caregivers?
- ◆ How might these practices support the children and families?

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