



## Continuity of 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**



## Continuity of Care: Training Activities

### Slide 5. Reflection

- ◆ Reflect on an experience of loss and an experience of belonging.

### Slide 7. Continuity of Care

- ◆ Reflect on an experience you had helping a child overcome separation anxiety. Consider the following:
  - What did the child experience?
  
  
  
  
  
  
  
  
  
  
  - What did the caregiver experience?
  
  
  
  
  
  
  
  
  
  
  - What did the family experience?

### Slide 9. Continuity of Care Rationale

- ◆ Why is continuity of care important for infants and toddlers?



- ◆ How does continuity of care promote positive child outcomes?

### **Slide 11. Continuity of Care Supports Infant/Toddler Development**

- ◆ What are some examples of how continuity of care supports infant/toddler development?

### **Slide 12. Video Example: Continuity of Care**

- ◆ How might continuity of care be supporting these children and the caregiver?

### **Slide 14. Practice Considerations**

- ◆ What comes to mind when you think about building continuity of care into practice?

### **Slide 20. Reflection**

- ◆ What are you already doing to support continuity in your daily care?





# Questionnaire: I like it like this!

Respond to the following questions:

1. If I were an infant, I would like my bath water to be:

\_\_\_\_ very cool, \_\_\_\_ warm, \_\_\_\_ or very warm.

2. If I were an infant, I would like my food to be served:

\_\_\_\_ very cool, \_\_\_\_ fairly cool, \_\_\_\_ or very warm.

3. If I were an infant, I would like to sleep in a room where the temperature is:

\_\_\_\_ very cool, \_\_\_\_ fairly cool, \_\_\_\_ or very warm.

4. To fall asleep, I would like adults to:

\_\_\_\_ lay me down and leave me alone, \_\_\_\_ sing to me, \_\_\_\_ or rock me.

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Adapted from an activity developed by Edna Rivera. © WestEd (2020). The Program for Infant/Toddler Caregivers (PITC). PITC is a project of the California Department of Education and WestEd conducted since 1985.



## Continuity of Care

Use this resource to help communicate the importance of continuity of care. It will help promote essential program practices to ensure quality in 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 **continuity of care**—the practice in which primary caregivers and children stay together for as long as possible, preferably for the children's first 3 years, creating opportunities for caregiver-child, caregiver-family, and child-child relationships to develop and deepen over time (Lally & Mangione, n.d.). Continuity of care practices support the development of secure attachments and strong positive relationships as well as a secure base for exploration and learning (Honig, 2002). Research shows that attachment security significantly contributes to children's long-range social-emotional development and self-confidence (Sroufe et al., 2005).

Continuity of care can be provided in either same-age or mixed-age group care settings. In same-age settings, the most frequent strategies are (1) to keep a group of children in one environment and change it to fit the children's needs as they grow or (2) to move the caregiver with the small primary group of children to rooms or spaces that are appropriate for their developing abilities (Lally et al., 2009). In mixed-age settings, the program needs to ensure that the environment meets the needs of each age group served.

### Why Is Continuity of Care Important for Infants and Toddlers?

- ◆ Continuity of care increases the amount of time caregivers and children spend together and therefore increases the opportunity for caregivers to develop more meaningful relationships with the children over time (Ruprecht et al., 2016).
- ◆ When an infant has a chance to develop a relationship with a sensitive and responsive caregiver, the infant learns who to trust and who will meet his or her needs (Howes & Spieker, 2008).
- ◆ The secure emotional base provided by healthy relationships gives infants and toddlers the safety they need to explore their world and gain experiences (Ahnert et al., 2006; Howes & Spieker, 2008).
- ◆ Continuity of care increases opportunities for caregivers to learn about individual infants and toddlers as well as time to develop positive working partnerships with families (McMullen et al., 2016).
- ◆ The presence of a consistent, nurturing caregiver not only enhances positive experiences but also buffers infants and toddlers from stressful life events (Raikes & Edwards, 2009; National Scientific Council on the Developing Child, 2014).



## How Does Continuity of Care Promote Positive Child Outcomes?

- ◆ Consistent and responsive caregiver interactions support infant and toddler learning and development in areas such as emotion regulation, attention, memory, planning actions, and self-control (Tarullo et al., 2009).
- ◆ Sensitive and responsive caregivers increase the likelihood of infants showing higher levels of peer play and greater language development (National Institute of Child Health and Human Development Study of Early Child Care and Youth Development, 2005).
- ◆ Infants and toddlers who have experienced a consistent, secure, responsive relationship with a care provider are more effective in their peer relationships than their counterparts are (Raikes & Edwards, 2009).

## Planning to Implement Continuity of Care in Diverse Child Care Settings

**Goal:** High-quality infant and toddler programs practice continuity of care for all infants and toddlers.

- ◆ Develop a system of continuity of care so that children have the same primary caregiver for up to 3 years of age or during the length of enrollment.
- ◆ Implement written guidance to support continuity of care throughout the program. This includes creating staff and family handbooks that share the importance of, as well as practices for, continuity of care.
- ◆ Create job descriptions for infant and toddler caregivers to include expectations for continuity of care practices.
- ◆ Attend, create, or advocate for professional development that addresses continuity of care. Support ongoing conversations with center-based or family child care administrators to sustain continuity of care.
- ◆ Use an intentional review process to continually strengthen continuity of care across the center or family child care program.



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# Three Ways to Achieve Continuity of Care

## Option One: A same-age group stays in the same environment.

- Modify the environment to adapt to developmental changes of the children.
- Change furniture and equipment to fit the children's growing size and activity level.
- Store or use elsewhere furniture and equipment not currently in use (cribs, indoor climbers, small chairs, and tables).
- Convert the infant nap room to a two-year-old play space as children grow into the older infant stage.
- Install low sinks and toilets in every room for (eventual) toilet learning.
- Replace a child who leaves the group with a child of the same age range.

## Option Two: A same-age group moves to a different room as the children grow and their interests and abilities change.

- The oldest group of children leaves the program, making room for younger children to move up.
- When infants move to the next room, replace them with a new group of babies.
- Allow time and patience for children and adults to adjust to a new room.
- Allow infant/toddler care teachers and children to move favorite items with them to the new environment.
- Add new children (or another primary group) to the room as children grow older and ratios and group-size recommendations change.
- If necessary, move one primary group of children and care teacher, rather than the whole group.
- As a temporary measure, if necessary, move the primary care group with a secondary care teacher who has developed a close relationship with children in the group.

## Option Three: A mixed-age group remains in the same environment.

- Environments must be flexible enough to accommodate young, mobile, and older infants at one time.
- Infant/toddler care teachers are trained to work with a mixed-age group, and to learn about the different stages of development.
- Children within the group may be divided into same-age primary care groups or mixed-age primary care groups.
- A child who leaves the group may be replaced by a child of any age within the age range of the group.
- A child of similar developmental level can fill an opening in a mixed-age group of active toddlers. It is not required that the opening be filled by a young infant.

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WestEd. 2014. "Handout II.3A: Three Ways to Achieve Continuity of Care." In *The Program for Infant/Toddler Care Trainer's Manual, Module II: Group Care*. 2nd ed. (p. 42). Sacramento, CA: California Department of Education. This document may be reproduced for educational purposes.

# Mixed-age or Same-age Grouping? It Depends!

Aspect of Care	Same-age Grouping (Close in Age)	Mixed-age Grouping
Peer Friendships:	Children at a similar developmental level who stay together over time can develop strong peer relations. The range of differences between children is smaller.	Family Feeling: Siblings within the age range of the group can be cared for together. This may be important to families from cultures where interdependence is highly valued. Children have the benefits of older and younger children to relate to, imitate, learn from, and nurture.
Enrollment:	A child who leaves is replaced by a child of the same or similar age.	Newly enrolled infants and toddlers of any age within that range can be added to the group.
Environment:	The room must be large and flexible enough to accommodate changing interests and abilities as the children grow, or the group must move together to a room designed for the next stage.	The environment must be flexible and easily adapted to the interests and abilities of children of a wide range of ages. Infant/toddler care teachers and children can remain in the same room together as the children grow.

Aspect of Care	Same-age Grouping (Close in Age)	Mixed-age Grouping
Age-grouping Regulations:	Children in same-age groupings are more likely to be ready to move up at the same time, making it easier to keep primary care groups together.	Licensing or other regulatory agencies may prohibit mixing younger and older infants in center programs, although in some states, licensing exemptions may be obtained. If the primary care teacher cannot remain with the whole group because of age restrictions, the older children may move with another familiar infant/toddler care teacher (for example, the team care teacher or a secondary care teacher from another shift), while the younger children remain with the primary care teacher.
Toys, Equipment, and Activities:	It is easier to provide developmentally appropriate routines, toys, equipment, and activities for each primary group when children are close in age.	Infant/toddler care teachers in mixed-age groups must be able to meet the very different interests and abilities of the youngest infant and the oldest toddler with respect to routines, the environment and toys, equipment, activities, safety, and so forth.
Meeting Needs:	An infant/toddler care teacher may have difficulty adapting to the care of, for example, four young infants who require a great deal of one-on-one attention or, conversely, four older infants in the throes of identity formation and nay-saying.	Primary care teachers working in a room with a wide age range may divide the children by age, but are less likely to have a whole primary group of children of the same age, stage, and interests and abilities.
Training:	Specialized training for working with children as they move from one stage of infancy to another is recommended.	Specialized training for working with children of different ages at the same time is recommended.

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WestEd. 2014. "Handout II.3B: Mixed-age or Same-age Grouping? It Depends!" In *The Program for Infant/Toddler Care Trainer's Manual, Module II: Group Care*. 2nd ed. (p. 42). Sacramento, CA: California Department of Education. This document may be reproduced for educational purposes.