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HEART START

The Emotional Foundations of School Readiness

Five Vignettes: How Services Can Change the Lives of Infants, Toddlers and Their Families

ZERO TO THREE
National Center for Clinical Infant Programs

Recommendations Specific To Infant And Toddler Child Care

[These child care recommendations appear scattered throughout our list of recommendations. They are collected and repeated here for easy reference.]

Continuity of caregivers: best practice for child care programs

❑ *State guidance should promote continuity of care. Child care centers should be strongly encouraged to have providers move up the age range, so that they care for the same children from infancy to preschool.*

❑ *Child care programs should assign a particular caregiver for each child.*

❑ *Federal child care legislation and corresponding federal regulations should eliminate conflicting regulations, eligibility standards and funding mechanisms so that families are not forced to change child care situations in order to receive child care subsidies. States should move quickly to implement these changes.*

Stability of child care providers over time

Stronger state standards, federal leadership, and community education

❑ *The states should set timetables for bringing infant and toddler child care standards regarding group size and adult/child ratios up to at least minimally adequate levels. For children not yet mobile, group sizes should be no larger than six; ratios should be no more than 1:3. For children crawling and up to 18 months, the group size should be no more than nine; ratios no more than 1:3. For children 18 months to 3 years, group sizes should be no more than twelve; ratios 1:4. Centers and group homes with mixed age groupings should never have more than two children under 2 years of age in a single group. Family day care providers caring for mixed age groupings should never have more than two children under 2 years of age.*

❑ *Federal child care legislation should be amended to provide incentives for states to rapidly implement such standards.*

❑ *A federal entity should regularly survey the progress of states, and identify and promote promising state initiatives.*

❑ *States and localities should increase guidance to families on how to choose quality child care for their infants and toddlers.*

Higher minimum child care wages

❑ *State legislation should set the wages of infant and toddler care providers at a level substantially above the minimum wage, with mandated benefits. Infant and toddler child care providers with substantial training should have minimum salaries set by state law equivalent to the state's primary school teachers.*

❑ *Through refundable child care tax benefits or other cash subsidies to low- income parents and/or child care providers, the federal government should begin to bridge the gap between what families can afford to pay and what child care really costs if staff are paid appropriately.*

The responsive understanding of child care providers

❑ *States and communities should require that child care providers have training specifically in infant development and family-centered infant care sufficient to meet the Child Development Associate credential or similar standards. There should be no exemptions to this policy for schools or religious organizations.*

❑ *Federal funds should provide incentives for the early enactment of infant and toddler training requirements by states.*

❑ *The federal government should act as a clearinghouse for the promulgation of best practice and technical assistance in infant and toddler child care.*

Making child care a resource for parents

❑ *All preservice and inservice training for infant care providers should be broadened to emphasize the importance of establishing a relationship with parents in which discussions of the child's development, and of the parents' role in it, can naturally occur.*

❑ *State and local regulations should require that child care providers attempt to establish such relationships and that they regularly initiate discussions of developmental and parenting concerns with families.*

Adequate space in child care settings

❑ *States should require as usable play space in center-based group care:*

- 0-8 months [for a group no larger than six] — *350 square feet per group*
- 8-18 months [for a group no larger than nine] — *500 square feet per group*
- 18-36 months [for a group no larger then twelve] — *600 square feet per group*

❑ *in family child care: [for a mixed age group with no more than two children under age 2]* — *600 square feet per group*

Making child care a health resource

❑ *States should require that all child care providers be trained to recognize apparent health and developmental problems, to encourage parents to seek appropriate treatment, and to identify the appropriate services. State licensing and monitoring systems should support those practices.*

❑ *Federal funding should be structured to induce state agencies supervising health, child care and developmental disabilities to collaborate in making screening and follow-up referrals a reality.*

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