

MINNESOTA DEPARTMENT OF EDUCATION AND THE CENTER FOR EARLY EDUCATION AND  
DEVELOPMENT, UNIVERSITY OF MINNESOTA

# Essential Elements of Quality Infant-Toddler Programs

---

June 29, 2012

**Authors: Charlyn Harper-Browne, PhD and Helen Raikes, PhD**

**Revisions by CEED, University of Minnesota**

The Essential Elements of Quality Infant-Toddler Programs were developed by Charlyn Harper-Browne and Helen Raikes in conjunction with the Minnesota Department of Education, the Center for Early Education and Development and with feedback from reviewers at multiple partnering agencies. The Essential Elements offer evidence-based guidance for infant-toddler programs in school, centers and home settings.

# Essential Elements of Quality Infant-Toddler Programs

## Table of Contents

SUMMARY .....	2
Essential Elements of Quality Infant-Toddler Programs .....	5
Introduction.....	5
Essential Element #1: Promote Relationship-Based Interactions and Experiences .....	7
Essential Element #2: Apply Knowledge of Early Brain Development to Facilitate Optimal Development .....	9
Essential Element #3: Intentionally Promote Social-Emotional Development .....	14
Essential Element #4: Intentionally Promote Language Development .....	17
Essential Element #5: Continuously Strive to Improve the “Process Quality” of the Program .....	20
Essential Element #6: Meaningfully Partner with Parents to Support Infant-Toddler Well-Being .....	22
Essential Element #7: Ensure Cultural Congruency.....	25
Essential Element #8: Structure Environments to Provide Developmentally Supportive Care .....	28
Essential Element #9: Ensure Professionals Possess Appropriate Knowledge, Skills and Dispositions by Providing Reflective Supervision and Ongoing Professional Development.....	31
Essential Element #10: Link to Health, Mental Health and Other Support Services for Young Children and Their Families, Especially for Those with Risk Factors.....	34
Essential Elements of Quality Infant-Toddler Programs References .....	37
Appendix 1: Report on themes from stakeholder practice and policy groups.....	46
Appendix 2: Questions/probes for stakeholder sessions at the Essential Elements event.....	58

This report was made possible by the American Recovery and Reinvestment Act of 2009 (ARRA) (P.L.111-5), which made funding available to Minnesota to improve coordination and collaboration among early childhood education and care programs and services.

## Essential Elements of Quality Infant-Toddler Programs

### SUMMARY

The Ten Essential Elements of Quality Infant-Toddler Programs are designed to promote high-quality caregiving in all infant-toddler programs, whether the setting is a home, classroom or center. They represent a holistic approach (to caregiving) that is based on cutting-edge research and best practices. The goal is for infant-toddler programs to support positive developmental trajectories for all children, including those children who are particularly vulnerable due to stress, poverty or other adverse early experiences. These distinct but interrelated elements promote common practices that focus on warm, responsive relationships between infants and toddlers and their caregivers. High-quality programs integrate parents as meaningful partners and support cultural continuity between home and the infant-toddler program. Quality environments also include structural supports such as low ratios and group size and are designed in ways that enable caregivers to respond promptly and sensitively to babies' cues.

Infant-toddler programs in Minnesota represent a continuum of quality of services as well as knowledge and skills of practitioners. Leaders and practitioners can affirm the strong work that is currently taking place in many programs yet also acknowledge that research offers clear evidence of work left to do. While the Essential Elements were developed with a particular focus on vulnerable infants and toddlers, the evidence-based Elements and implications for practice can raise quality for all children. When we do our best for those who have the highest needs, all children will benefit.

This summary is intended as only a brief overview with a few examples of implications for practice. The full Essential Elements of Quality Infant-Toddler Programs document offers more comprehensive definitions, evidence and examples.

#### **#1: Promote Relationship-Based Interactions and Experiences**

- Relationship-based infant-toddler programs provide warm, nurturing, responsive interactions and experiences between all parties in the infant-toddler setting.
- All areas of development depend on the quality and reliability of young children's relationships with parents and caregivers.
- Resilience research demonstrates that children facing adversity benefit from a supportive, consistent relationship with an adult beginning early in life.
- Program procedures facilitate relationship-based practice that include: ensuring a sense of belonging; facilitating language development, exploration and problem-solving; supporting family strengths; and structuring the environment to provide for small groups, primary caregivers, individualized care and continuity of care.

#### **#2: Apply Knowledge of Early Brain Development to Facilitate Optimal Development**

- Early experiences shape early brain development.
- Quality infant-toddler programs attend to (among other things) nutrition, sleep, warm, sensitive relationships, physical activities, back and forth interaction.
- Prolonged, uninterrupted stress--without the buffering relationships a child needs--can result in damaged, weakened systems and brain architecture that can have long-term adverse effects.

#### **#3: Intentionally Promote Social-Emotional Development**

- Social-emotional development is the primary task of infancy; it impacts all other domains and lays the foundation for later development.
- Experiences that enable young children to explore their emotions and form healthy relationships with others positively affect their emerging self-identity.

## Essential Elements of Quality Infant-Toddler Programs

- There is increasing evidence that addressing social-emotional development/infant mental health should be a priority when serving highly-stressed infants and toddlers and their families.

### **#4: Intentionally Promote Language Development**

- Vocabulary by age three is quite predictive of later cognitive and language skills.
- Talk to and with babies. The (parent talk) literature is compelling, with implications for infant-toddler programs. A strong focus on language development is vital.
- Research on high quality programs that serve vulnerable children and families suggests that time and continuity in the program are important contributing factors for language development.

### **#5: Continuously Strive to Improve the “Process” Quality of the Program: What Infants and Toddlers Directly Experience**

- Process quality is the *how* of infant-toddler care. It “goes to the heart of *how* children are responded to, *how* activities for their learning are structured and carried out, *how* the day is structured and *how* routines are used for both learning and loving, *how* materials are used for learning, *how* children and families are greeted and supported.” (Raikes, Minnesota Essential Elements, 2012)

### **#6: Meaningfully Partner with Parents to Support Infant-Toddler Well-Being**

- During the years from birth to age three, parents are central to the child’s self-regulation and well-being. Because of this, quality infant-toddler programs: 1) prioritize respectful, reciprocal communication that views parents as partners and 2) offer support for culturally responsive parenting practices.

### **#7: Ensure Cultural Congruency**

- Cultural sensitivity is a theme that should be woven throughout all the elements, a universal character at the core of caregiving.
- “Every individual is rooted in culture; culturally relevant ...programming requires learning accurate information about the cultures of different groups and discarding stereotypes, addressing cultural relevance in making curriculum choices and adaptations as a necessary, developmentally appropriate practice...” (from Multicultural Principles for Head Start, ACF, 2010).

### **#8: Structure Environments to Provide Developmentally Supportive Care**

- High quality infant and toddler programs can help to buffer against the multiple adverse influences that may hinder young children’s development by including structural elements such as: small groups, primary care, continuity, individualized care, available/accessible materials, consistent routines, comfortable space for parents, as well as environments that are inclusive, safe, encourage active exploration and play and responsive to cultural and linguistic differences.

### **#9: Ensure Professionals Possess Appropriate Knowledge, Skills, and Dispositions; Provide Ongoing Professional Development and Reflective Supervision**

- Appropriate skills and dispositions include knowledge of infant-toddler development (including early brain development and dispositions that are nurturing, attentive, and responsive).
- Caregivers pursue ongoing professional development that includes self-reflection.
- Reflective supervision is a necessary component of quality infant-toddler programs.

### **#10: Link to Health, Mental Health and Other Support Services for Young Children and Their Families, Especially for Those with Risk Factors**

## **Essential Elements of Quality Infant-Toddler Programs**

- Caregiving environments can be protective or introduce additional risk factors for children, but have the potential to be protective if appropriate supports are provided in conjunction with on-going quality in other respects.
- Links to additional services may be needed as part of the program supports that are offered to families at highest risk.

## Essential Elements of Quality Infant-Toddler Programs

### Essential Elements of Quality Infant-Toddler Programs

#### Introduction

The Ten Essential Elements of Quality Infant-Toddler Programs are designed to promote high-quality caregiving in all infant-toddler programs, whether the setting is a home, classroom, or center. They represent a holistic approach (to caregiving) that is based on cutting-edge research and best practices. The goal is for infant-toddler programs to support positive developmental trajectories for all children, including those children who are particularly vulnerable due to stress, poverty, or other adverse early experiences. The ten elements are inter-related, and all encompass a confluence of recommended practices that contribute to a foundation of warm, responsive relationships between infants and toddlers and their caregivers.

Early care and education programs for infants and toddlers represent a continuum of quality of services as well as knowledge and skills of personnel. Programs may already represent all or many of these ten Essential Elements. Some programs (and teachers) do very well. All are striving to do their best based on their own understanding, experience and knowledge. Minnesotans in positions of leadership and practice can affirm the good work that is taking place yet also acknowledge that research indicates there is more left to do in order to secure high quality for all infants, toddlers and their families. The Essential Elements reflects the request from the Minnesota Department of Education to focus on children with high needs, yet these evidence-based elements and implications can raise quality for all children. If we do our best for those who have the highest needs, all children will benefit.

These Ten Essential Elements for Quality Infant-Toddler Programs were developed using funding from the American Recovery and Reinvestment Act appropriated to Minnesota's Early Childhood Advisory Council. The goal of this project was to follow a similar process used in the development of The Ten Essential Elements of Effective Early Care and Education Programs completed in 2006. In the current project, two national experts, Dr. Charlyn Harper-Browne and Dr. Helen Raikes, each developed their own list of essential elements. Once they identified their individual lists, they worked in a dialogical process facilitated by the Center for Early Education and Development (CEED) at the University of Minnesota, to come to agreement. Dr. Harper-Browne and Dr. Raikes provided the research base for the importance of and implications for each individual essential element. Personnel at three state departments (the Minnesota Department of Education, the Minnesota Department of

## **Essential Elements of Quality Infant-Toddler Programs**

Human Services, and the Minnesota Department of Health) reviewed the document, as well as infant-toddler and mental health experts at CEED and elsewhere. On May 29, 2012, Dr. Harper-Browne and Dr. Raikes presented the Ten Essential Elements of Quality Infant-Toddler Programs at an event held in the Pohlad Room of the Minneapolis Central Library. Stakeholders from multiple government agencies, policy-makers, early care and education leaders and teachers, program coordinators, trainers, health (including mental health) professionals, community members and parents offered input and feedback regarding implications and applications of the Essential Elements to practice and policy in Minnesota. This document includes the Ten Essential Elements of Quality Infant-Toddler Programs, key considerations and supporting evidence behind each element, and implications for programs. Themes from the stakeholder meetings are included as an appendix. Thank you to the many reviewers, event attendees, organizers, and to Dr. Harper-Browne and Dr. Raikes for their contributions to this step in building stronger communities and services for infants, toddlers, and their families.

## Essential Elements of Quality Infant-Toddler Programs

### Essential Element #1: Promote Relationship-Based Interactions and Experiences

#### Key considerations

**Relationship-based infant-toddler programs provide warm, nurturing, responsive interactions and experiences between all parties in the infant-toddler setting.**

**Early experiences matter. The quality and reliability of relationships within the infant-toddler child care setting are critical for healthy development.** Research demonstrates that healthy development—physical, cognitive, emotional, social, moral and behavioral—depends on the quality and reliability of young children’s relationships with parents and caregivers (Brazelton & Greenspan, 2000; Dunn, 1993; Edwards & Raikes, 2002; Goleman, 2006; Howes & Hamilton, 1993; National Scientific Council on the Developing Child, 2004a; Shonkoff & Phillips, 2000).

**Consistent, responsive relationships enable infants and toddlers to develop secure attachments.**

Infant-toddler programs should reflect the critical importance of warm, nurturing, responsive interactions and relationships among all those in the setting: adult-child interactions (parent-child, caregiver-child), emerging child-child relationships, and trusting adult relationships (parent-caregiver, caregiver-caregiver) (Edwards & Raikes, 2002; Resource Toolkit, 2011). When interpersonal conflicts do occur in these settings, it is equally critical that they be handled in a mutually respectful manner that models competent, mature social problem-solving skills for young children.

**Resilience research identified the common factor for children who succeeded despite adversity to be a supportive, consistent relationship with an adult early in life.** Although positive, responsive relationships are essential for all children, families faced with the challenges and impact of poverty have an even greater need for social connections that provide warm, positive relationships for both the children and adults in the family (Kreader, Ferguson, & Lawrence, 2005). Forty years of resilience research shows that a common factor among children who make successful adaptations, despite numerous challenges and adversities in their lives, is having a supportive, consistent relationship with an adult beginning early in life (Benard, 1991; Garmezy, 1991; Werner & Smith, 1992). However, research demonstrates that changes in caregiving arrangements occur frequently for infants and toddlers (Tran & Weintraub, 2006).

## Essential Elements of Quality Infant-Toddler Programs

*Implications for programs. What does this element-- relationship-based practice--look like in infant-toddler care and education programs? How do quality infant-toddler programs intentionally foster relationships between caregivers and young children, between young children, and between adults?*

- **Create environments that:**
  - Enable caregivers to be available and responsive to needs
  - Are welcoming, respectful and encourage family participation
  - Provide for small groups, assignment of a primary caregiver to each child, individualized care, and continuity of care (Black & Lobo, 2008; Edwards & Raikes, 2002; National Scientific Council on the Developing Child, 2004a)
- **Provide attentive supervision.** Adults pay close attention to infants and toddlers at all times in order to promote connections in an environment that minimizes conflicts.
- **Interact with infants and toddlers in ways that:**
  - Ensure that all young children have a sense of belonging
  - Provide consistent, predictable social experiences
  - Facilitate verbal and non-verbal communication
  - Encourage exploration and problem-solving
- **Build strong relationships with families.**
  - Understand that all families have inherent strengths—even those faced with challenges and adversity—and conscientiously identify those strengths in support of their children and the infant-toddler program
  - Encourage dialogue and shared decision-making between caregivers and families
  - Focus on the child and family within their cultural context
  - Support home-language acquisition and usage in English-language settings to nurture, reinforce, and show appreciation for the young child’s cultural identity

## Essential Elements of Quality Infant-Toddler Programs

### Essential Element #2: Apply Knowledge of Early Brain Development to Facilitate Optimal Development

#### Key Considerations:

**Early experiences matter. Early experiences shape brain architecture.** Advances in brain research have provided great insight into how young children’s experiences have a profound impact on genetic predispositions and thereby shape the processes that determine whether their brains will have adaptations or maladaptations for later learning, memory, reasoning, executive functioning, expressing a full range of positive and negative emotions, socialization, behavior control and lifelong health (Center on the Developing Child at Harvard University, 2010; Hawley, 2000; National Scientific Council on the Developing Child, 2004a; National Scientific Council on the Developing Child, 2004b; Shonkoff, 2009; Shonkoff & Phillips, 2000). The thrust of this element is to close the gap between what we have learned and what we do with infants and toddlers. Experiences that prepare the developing brain to function optimally include having warm, nurturing, attentive social interactions and conscientiously buffering young children from the adverse impact of toxic stress. Lack of these kinds of experiences can have devastating, long-term effects on brain development including cognitive functioning and social-emotional competencies. For example, unpredictable or chaotic routines or lack of consistent caregivers may jeopardize children’s foundation for identity development or self-regulation. Or, few language experiences, toys, and opportunities to explore impede the development of neural connections and pathways that facilitate learning.

**To deliver high quality caregiving, adults need to understand and recognize key developmental processes that help them understand and support infants and toddlers.** Since this essential element explicitly identifies knowledge about key developmental processes and threats to them as a factor in quality infant-toddler programs, three terms are defined as important pieces of a wider knowledge base about brain development that informs practice: serve and return, executive functioning and toxic stress.

1. A process called the “*serve and return*” interaction between young children and their parents and caregivers is key to healthy brain development (Shonkoff, 2009). Serve and return occurs when

## Essential Elements of Quality Infant-Toddler Programs

young children solicit interaction through their babbling, gestures, facial expressions or focusing on an interesting object or event (the “serve”), and adults share and support the child’s experience or focus of attention (the “return”). The serve and return interaction helps to create neural connections that build later cognitive and emotional skills.

2. “**Executive functioning** represents the cognitive skills that enable a child to focus on, hold, and think about information; filter distractions; and divert their attention to something new. The foundation for executive functioning is laid in infancy and is facilitated through early experiences. “Acquiring the early building blocks of (executive functioning) skills is one of the most important and challenging tasks of the early childhood years. The development of executive function skills begins in infancy and the opportunity to build further on these rudimentary capacities is critical to healthy development through middle childhood, adolescence, and into early adult life” (Center on the Developing Child at Harvard University, 2011).
3. **Toxic stress** is defined as strong, frequent, and/or prolonged adversity without adequate adult support (e.g., extreme poverty, neglect, abuse, or severe maternal depression). Toxic stress disrupts brain development. While some experience with manageable stress is important for healthy development, prolonged, uninterrupted, overwhelming stress—that is, **toxic stress**—without the buffering relationships a child needs, can result in damaged, weakened systems and brain architecture that can have negative long-term effects (Center on the Developing Child at Harvard University, 2010, 2006).

**Environments make a difference in brain development.** Environments that provide proper nutrition and regularly scheduled periods of sleep and physical activity; consistently promote warm, nurturing, attentive social interactions; and conscientiously buffer young children from the adverse impacts of toxic stress such as abuse and neglect—prepare the developing brain to function optimally. Conversely, lack of adequate nutrition, physical activity, appropriate sensory stimulation or social-emotional developmental experiences disrupt brain architecture and can have a decisively negative impact on future development (Center on the Developing Child at Harvard University, 2006; Grossman, Churchill, McKinney, Kodish, Otte, & Greenough, 2003; National Scientific Council on the Developing Child, 2007; Shonkoff, 2009). Studies have shown:

- The lack of basic nutrients during the prenatal period, in infancy, and in early

## Essential Elements of Quality Infant-Toddler Programs

childhood can have long-term, devastating effects on brain development and cognitive functioning (Yip, Binkin, Fleshood, & Trowbridge, 1987). Infant and toddler programs must provide the kinds of foods young children need to thrive.

- Physical play fosters the development of neural connections within the young brain. As these connections develop, a child's fine and gross motor skills, socialization, personal awareness, language, creativity and problem solving are improved (Gebbard, 1998).
- Caregivers use “serve and return” in order to support the child’s bids for attention and interaction.
- Environments support the foundations of executive function when routines are predictable and caregivers use strategies that help children focus their attention or prepare children for changes.
- Environments are calm and comforting, and stress is managed before it becomes overwhelming for the child.

### **Findings about the impact of early experiences on brain development highlight the importance of intervening early with highly stressed infants and toddlers and their families.**

Infants and children who are rarely spoken to, who are exposed to few toys, and who have little opportunity to explore and experiment with their environment may fail to fully develop the neural connections and pathways that facilitate later learning. Despite their normal genetic endowment, these children are at a significant intellectual disadvantage and are likely to require costly special education or other remedial services when they enter school. Fortunately, intervention programs that start working with children and their families at birth or even prenatally can help prevent this tragic loss of potential (Hawley, 2000, p. 3).

While high-quality infant and toddler programs are not necessarily intervention programs per se, when caregiver and parenting practices are grounded in knowledge of early brain development, caregivers and parents are much more effective in providing experiences that facilitate optimal development including strong brain architecture.

## Essential Elements of Quality Infant-Toddler Programs

*Implications for programs: What does this Element--Applying Knowledge of Early Development--look like in infant-toddler care and education programs?*

- **Apply knowledge about brain development when planning environments and routines:**
  - Provide proper nutrition and regularly scheduled periods of sleep and physical activity.
  - Physical play and movement fosters the development of neural connections within the young brain.
  - Interact with children using the “serve and return” process.
  - Respond promptly to children’s needs in order to support foundations of executive function.
- **Support caregiver knowledge.** Provide professional development and ongoing support that helps caregivers understand key developmental concepts and processes and challenges/threats to them as described above.
- **Use knowledge about brain development in relationships and interactions.**
  - Ensure infants and toddlers have experiences and interactions that are stable, sensitive, warm, and responsive to infants’ and toddlers’ cues and efforts to interact.
  - Conscientiously buffer young children from the adverse impacts of toxic stress such as abuse and neglect.
- **Share knowledge about brain development with families.** Share information with parents so they can better support social-emotional, cognitive, language and physical development.
- **Know and provide links to community resources.**
  - Developmental screenings are critical to identifying and addressing early sensory deficits that interfere with the brain’s “expected experiences.” Quality infant-toddler programs need to be aware of resources for screening and make appropriate referrals.
  - Maintain contact information about early intervention services and build relationships in order to refer families when questions arise about a child’s

## Essential Elements of Quality Infant-Toddler Programs

developmental processes.

## Essential Elements of Quality Infant-Toddler Programs

### Essential Element #3: Intentionally Promote Social-Emotional Development

#### Key Considerations:

**Early experiences matter. Having experiences that foster social-emotional development is the primary task of infancy.** Infants and toddlers develop a sense of self by how they are treated by their parents and caregivers. Consistent, affectionate, nurturing, sensitive and responsive care gives rise to secure attachments and these secure attachments facilitate the development of a sense of trust, safety, and comfort (Honig, 2002; Raikes, 1996). Such care enables young children to form close relationships with others, develop self-regulation, and have confidence to explore their environments—the components of social-emotional development/infant mental health (Bronson, 2001; Thompson, 2001). In contrast, care that is inconsistent, unresponsive, or rejecting results in an insecure attachment, placing young children at risk for developmental delays (National Scientific Council on the Developing Child, 2004b).

**Social-emotional development is the primary task of infancy; it impacts all other domains and lays the foundation for later development** (Brazelton & Sparrow, 2006; Brazelton & Greenspan, 2000; National Scientific Council on the Developing Child, 2004b). When infants and toddlers are afforded experiences that enable them to feel and enhance positive emotions and successfully manage/cope with negative emotions, they form relationships that encourage the development of the young child's emerging self-identity, language and communication, cognitive and physical skills/competencies.

**Self-regulation is a core component of social-emotional development.** As a core component of social-emotional development, self-regulation refers to:

(An) internal mechanism that enables children as well as adults to engage in mindful, intentional and thoughtful behaviors. Self-regulation has two sides: first, it involves the ability to control one's impulses and to *stop* doing something, if needed—for example, a child can resist his immediate inclination to blurt out the answer when the teacher poses a question to another child. Second, self-regulation involves the capacity to *do* something (even if one doesn't want to do it) because it is needed, such as awaiting one's turn or raising one's hand (Bodrova & Leong, 2008, p. 1).

## Essential Elements of Quality Infant-Toddler Programs

While infants and toddlers are not expected to “have” self-regulation, the seeds of self-regulation are planted during the infant-toddler period and activated and supported thereafter.

**Social-emotional development affects learning:** Poor self-regulation and social skills often manifest as challenging, disruptive behaviors which interfere with teaching and learning.

**Successful transition to school is influenced by infants and toddlers’ emerging social-emotional competencies.** School readiness is much more than a preschool or academic issue; social-emotional competencies that begin at birth provide the foundation for later learning. For example, social-emotional competencies affect a child’s ability to:

- Accurately identify their and others’ emotions
- Positively interact with peers and adults
- Manage negative emotions
- Approach school and learning with enthusiasm
- Pay attention
- Work independently and cooperatively with others

**Parents and other primary caregivers are crucial in supporting infants’ and toddlers’ healthy social-emotional development.** In order to facilitate social-emotional development, caregivers can:

- Provide care that facilitates secure attachments.
- Recognize and respond to infants’ verbal and non-verbal cues.
- Recognize that infant identity is rooted in family and home culture.

**There is increasing evidence that addressing social-emotional development/infant mental health should be a priority when serving highly stressed infants and toddlers and their families**

(Shonkoff & Phillips, 2000). Family risk factors—such as long-term poverty and maternal risk factors (e.g., maternal depression, poor attachment to the child, substance use, and domestic violence)—can impact parents’ ability to be nurturing and supportive. In 2009, the National Center for Children in Poverty (NCCP) reported that unmet social-emotional developmental needs in infancy and toddlerhood can have negative effects later in life such as conduct problems, delinquency, and antisocial behaviors. NCCP reported that: (a) between 9.5 percent and 14.2 percent of children between 0-5 years old experience social-emotional problems; (b) approximately 9 of children who receive specialty mental health services in the United States are younger than six years old; and (c) almost 40 percent of two-year-olds in early care settings had insecure attachment relationships with their mothers. Providing

## Essential Elements of Quality Infant-Toddler Programs

support to vulnerable young children and their families should be a priority given the potential for positive impact in many domains across the lifespan.

***Implications for programs: What does this element—intentionally promote social-emotional development--look like in infant-toddler care and education programs?*** Healthy social-emotional development can be facilitated by:

- Looking at, listening to, and responding promptly to infant and toddler cues
- Gently touching, holding, and cuddling infants; soothing crying infants
- Holding and reading to infants and toddlers
- Modeling positive emotions and appropriate responses to negative situations
- Naming feelings
- Encouraging infants and toddlers to explore
- Showing pleasure in activities and accomplishments
- Culturally responsive interactions with children and families
- Providing consistent, predictable social experiences, including opportunities to interact with each other

## Essential Elements of Quality Infant-Toddler Programs

### Essential Element #4: Intentionally Promote Language Development

#### Key Considerations

**Children's acquisition of communication skills and learning the language of their own culture is considered by many early childhood experts to be a major milestone in the first three years of life.** Research over the past three decades has shown that language acquisition, vocabulary development, and the foundation for literacy are established in infancy and toddlerhood through the quality interactions and experiences young children have with adults (cf. Baldwin, 1995; Nakeman & Adamson, 1984; Tomasello & Farrar, 1986).

**Vocabulary by age three is quite predictive of later cognitive and language skills as well as aiding social interactions.** Despite tremendous variation in the ways children acquire early language (e.g., some learn strings of nouns and some begin with action words), language learning is actively occurring throughout the infant-toddler period and is linked to long-term implications for child outcomes.

**Adult inputs in language development predict child language outputs.** The literature on parent talk is compelling as it suggests that the amount and kind of adult language stimulation that infants and toddlers receive has long term impacts on their language skills. While this literature has implications for all children's early language interactions with adults, it may particularly inform programs that serve children at-risk. Knowledge of the importance of parental input comes primarily from studies conducted with parents in the home. The seminal Hart and Risley study (1995) found that parental language directed to young children was highly correlated with child language at both age three and in elementary school. Hart and Risley findings also indicated that parents who talked more also used richer and more diverse language. This study raises awareness of a disparity in parent talk among families that fell along income and parent education lines, with parents in lower income communities with less education using less language than those in higher income communities with more education. A deeper examination of the data suggests that the children of low income parents who did talk more with their children had language development that measured equal to their more advantaged peers. This study foreshadowed findings from the Early Head Start Research and Evaluation study (Rodriguez & Tamis-LeMonda, in press; Rodriguez, et al, 2009). These two studies examined low income communities and found that there is a large variation in parental language inputs among low-

## **Essential Elements of Quality Infant-Toddler Programs**

income families in terms of direct language stimulation, books and materials and overall parental interactions. By age five, children from homes where all the language inputs were high had language development at or above national averages. Children who were lacking some of the inputs had lower language outcomes; and those lacking all the inputs were two standard deviations lower than the highest group. So, while there were group differences that fell along family income lines, further analyses of the data and other studies show that there is variation in language use within each of the income groups. It was not the case that all children in higher income groups heard more language than all children in lower income groups. Some children from higher income groups did not receive as much exposure to language as other children in higher income groups, and some children in lower income groups were exposed to more language than other children lower income groups. The children who were exposed to more language, regardless of family income level, had the most favorable academic outcomes. Exposure to language for all children is a key factor in language development and long-term school success.

**Ongoing research is attempting to further explore adult language inputs among and within communities to determine key factors that contribute to language development in children.**

**Research is lacking about adult language inputs for children in infant-toddler programs.**

Unfortunately, there are VERY few studies of language inputs in 0-3 early childhood programs, save the work of Walker and colleagues (2008), who demonstrate that language inputs to infants and toddlers in center-based care are quite limited. Yet the literature on the importance of parental inputs during this period is so compelling it suggests strong focus on language development for infant-toddler programs. This may be especially critical in infant-toddler programs serving children at risk, where children may be less likely to hear the language that is so important for their language and brain development.

Where early childhood programs could actually help to compensate for language children may not be hearing in the home, the irony is that they may actually be hearing even LESS in early childhood settings. Unpublished descriptive studies and Walker, et al (2008), show that children use more limited vocabulary in child care settings than they do when with their parents (Raikes, 1994). Why might this be the case? One possibility is that within the group setting adults may not hear very young children's first utterances. First utterances with meanings may sound a lot like babbling. On the other hand, there is some hope for the mediating effects of high quality infant-toddler programs. The

## Essential Elements of Quality Infant-Toddler Programs

Educare program is a high-quality Early Head Start/Head Start program for low-income infants, toddler and preschool age children. Data collected over the past five years in the Educare study (Yazejian & Bryant, 2010) show that children who begin the program early as infants and toddlers have language development at national averages by school entry, compared to much lower scores of children who attend only for one or two years. This is true for both Spanish and English speakers. Moreover, Spanish speakers do not decrease in Spanish ability as happens in some studies where English language is the dominant language. The Educare study suggests that true simultaneous bilingualism, where young children hear both languages concurrently (in this case one language at home and another language in the Educare program), maintains the attendant advantages of bilingualism and implies positive potential of high quality infant and toddler programs. The Educare study does not tell us all of what the operative elements are in children's language acquisition, although there are clues. Time and continuity in the program seem to be important factors. The Educare program emphasizes continuity of teachers; children are in very small groups (of nine), with a low ratio (three teachers) and the same teachers and children stay together for three years. Since these structural components are most likely synergistic, it is hard to tease out specific operative factors.

### ***Implications for programs: What does this element—Intentionally Promote Language Development—look like in infant-toddler care and education programs?***

- Talk to children (a lot)
- Overcompensate for group experiences (talk even more)
- Provide language and literacy experiences (reading, storytelling)
- Have abundant literacy materials
- Form warm, sensitive relationships
- Keep children and teachers together over time (continuity)
- Have small groups and low ratios

## Essential Elements of Quality Infant-Toddler Programs

### Essential Element #5: Continuously Strive to Improve the “Process Quality” of the Program: What Infants and Toddlers Directly Experience

#### Key Concepts

**“Process” quality refers to the quality of child care infants’ experience.** Process quality refers to the interactions, activities, routines, procedures that are experienced directly and daily by the infants and toddlers in care settings. In infant-toddler programs the ways we think about and measure process quality may be slightly different in center-based vs. home-based settings, but in all cases, process quality goes beyond the *what* (curriculum, activities, type of program, structure) to the heart of *how* children are responded to, *how* activities for their learning are structured and carried out, *how* the day is structured and *how* routines are used for both learning and loving, *how* materials are used for learning, *how* children and families are greeted and supported. While responses, activities, structure, routines, materials, greetings and family support are all components of infant-toddler care, the *how* is at the heart of the process.

**Process quality matters for the optimal development of infants and toddlers.** Research suggests that good process quality is required for early care and education programs to enhance the development of infants and toddlers (Love et al., 2000) and that less than highest quality can compromise the early development of infants and toddlers in centers (Burchinal, Nabors, Roberts, 1996) and in family child care (NICHD, 1997, 2000). It is perhaps not surprising that process quality relates to children’s development given that process quality refers to the aspects of care and education that infants/toddlers experience, as opposed to structural quality features that are also important but more distal (e.g., ratios, program policies). Even the dynamic infant-parent system is affected by the process quality. In the NICHD study of Early Child Care and Youth Development, high quality programs supported maternal sensitivity while poor quality diminished maternal sensitivity (NICHD, 1997).

**Process quality is an essential focus because of the notably low incidence of good quality in care and education programs serving infants and toddlers.** The Cost, Quality and Child Outcomes Study indicated that eight percent of infant-toddler centers provided good quality and 40 percent

## Essential Elements of Quality Infant-Toddler Programs

provided poor quality; rates of good quality in preschools were higher. Similarly, the Baby FACES study showed average quality to be in the mid “three” range in Early Head Start programs (on a seven-point scale with “five” denoting good quality; Administration for Children and Families, 2011). The only nationally representative study of family child care also found average process quality to be below levels known to promote positive development. There are some indications that infants in family child care may experience lower process quality than older children in the same settings (Kryzer, Kovan, Phillips, Domagall, & Gunnar, 2007). Another consideration is the need for good quality services for children at risk who are most negatively affected by low quality and most positively affected by good quality (Cost, Quality and Child Outcomes Study Team, 1995). When high-quality services begin early and provide continuous follow up, all children, including those at risk for negative outcomes, can experience the continuous presence of the safety net that good quality care and education can provide (Love et al., 2012). Such findings suggest it is important to keep measures of process quality uppermost as an essential element infant-toddler programs.

**Every program can strive for highest process quality; learning from process quality measures is an on-going effort.** Process quality is measured by the Infant Toddler Environment Rating Scale (Harms, Cryer & Clifford, 2006), the Family Child Care Environment Rating Scale-Revised Edition (Harms, Cryer, & Clifford, 2007), the Classroom Assessment Scoring System (CLASS) Toddler (La Paro, Hamre, & Pianta, 2012), and a more recently developed measure, the Quality of Caregiver-Child Interactions for Infants and Toddlers (Q\_CCITT; Tarullo et al., 2012). For example, the Infant Toddler Environment Rating Scale includes the following subscales: Personal Care Routines, Listening and Talking, Activities, Interactions, Program Structure, Parents and Staff, and Space and Furnishings. Programs using the Environmental Rating Scales are challenged to move to a score of 5 (found to be “good quality” and associated with positive child outcomes) and onto even higher levels on other scales. The Toddler CLASS measures the domains of emotional and behavioral support (including positive climate, negative climate, teacher sensitivity, regard for child perspectives, behavior guidance) and engaged support for learning (facilitation of learning and development, quality of feedback, and language modeling).

While there are multiple measures of process quality—given that some infants are in centers and some are in family child care or family friend and neighbor care-- there are indications no matter how or

## Essential Elements of Quality Infant-Toddler Programs

where it is measured, it is not as universally good as research indicates it needs to be for optimum child outcomes.

*Implications for programs: What does this element—continuously strive to improve process quality—look like in infant-toddler early care and education programs? To continuously improve process quality:*

- Measure it.
  - Find an outside observer to measure the program’s process quality.
  - Use reliable observers from inside the program to measure process quality.
- Identify opportunities to reflect with others about how to make improvements and support each other in making those improvements. In center-based programs, group support could take place as the staff reflects together. In home-based programs, caregiving professionals can use formal or informal networks and meet in facilitated groups or reflect with coaches or other outside professionals who provide caregiver support.
- Visit other programs to get ideas about how to solve process quality challenges.
- Keep your eye on the prize—what is the infant experiencing? Every infant.
- Infant experiences are enhanced through warm, positive relationships, small ratios, small groups and continuity. Strive towards this.

<b>Essential Element #6: Meaningfully Partner with Parents to Support Infant-Toddler Well-Being</b>
---

### Key considerations

**Parents are central to children’s ability to regulate, trust and explore.** Parent sensitivity and the warmth and skill with which parents respond to the child’s needs in timely and appropriate ways predicts children’s well-being and positive development in infancy and beyond (Ainsworth, 1978; Thoman & Browder, 1987; Raikes & Edwards, 2009). Thus, it is not enough to provide good care for infants and toddlers in the infant/toddler setting; it is crucial to also work closely with and in support of parents/guardians as well.

## Essential Elements of Quality Infant-Toddler Programs

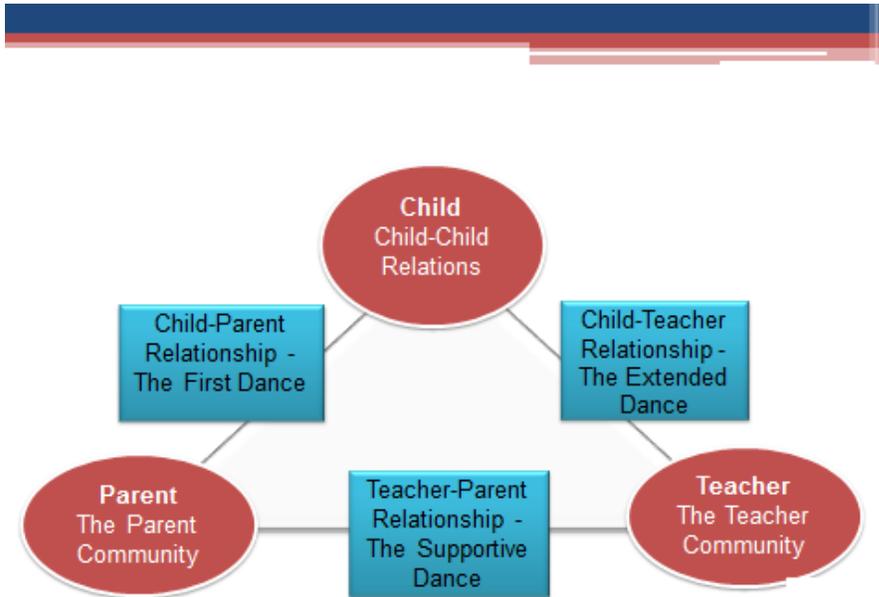
**All adults (caregivers and parents) work closely together to best meet needs of the child – teachers and parents are partners.** The communication from one to the other enables sharing information about the child that facilitates the other's ability to maintain continuities in children's experiences and be attuned to the child's health, states and learning. The teacher/provider and parent/s are really partners in this process (Raikes & Edwards, 2009; Elicker, Noppe, Noppe & Fortner-Wood, 1997). In order to build partnership, intentionally seek continuities. For example, a provider may solicit information from the parent. When a parent talks about what mood the child is in, what he had to eat, how she slept the night before, parent expertise is valued. In a similar vein, teachers and providers can tell parents similar stories and bits of information about the child's day in the program. This builds continuities in the child's experiences across environments. When caregivers find out how routines are done at home, they are able to provide congruence in the early care and education setting. Since infants and toddlers are not able to report, they depend on the adults in their world to build consistency whenever possible.

**The teacher/provider can support optimal parenting.** By listening, supporting, affirming, modeling and sharing insights about the child, the teacher/provider is able to convey best practices that support both parenting and the early care and education program. Some parents are very young themselves (e.g., teen parents) or have multiple stressors in their lives (e.g., families with multiple risk factors), and modeling may be helpful. However, all parents of infants and toddlers benefit from sensitive support from the teacher/provider.

**Parenting infants and toddlers has a strong cultural component.** People parent in ways that are familiar within their own culture and reflect their values. Therefore, it is important for providers to reinforce parenting in ways that are congruent to the cultures of the families, thus demonstrating cultural understanding in the infant and toddler setting (Raikes & Edwards, 2007). The visual that

## Essential Elements of Quality Infant-Toddler Programs

follows illustrates the relationships that surround and support the child, describing them as a “dance” between parent and child, child and teacher, and parent and teacher (Raikes & Edwards, 2007).



***Implications for programs: What does this element—meaningfully partner with parents—look like in infant-toddler care and education programs?***

- Prioritize respectful, reciprocal communication that views parents as partners.
  - Use daily communication.
  - Support consistent teachers/providers.
  - Schedule formal conferences.
- Offer support for parents in culturally responsive ways.
  - Model and/or modify practices that promote parent-child attachment.
  - Ask for parent ideas and suggestions for activities, interactions, guidance.
  - Support parents directly when needed.

## Essential Elements of Quality Infant-Toddler Programs

### Essential Element #7: Ensure Cultural Congruency

#### Key Considerations

**Culture influences every aspect of human development and is reflected in childrearing beliefs and practices designed to promote healthy adaptation** (Shonkoff & Phillips, 2000). There are a number of strategies that infant toddler programs in centers and homes can follow to implement more culturally sensitive practices. Review Head Start’s “Multicultural Principles for Head Start Programs” (ACF, 2010) for an excellent overview of principles to consider in any early childhood program, not just Head Start. The principles remind teachers and caregivers that every individual is rooted in culture, that it is one’s own families who are the primary source for culturally relevant programming, that culturally relevant and diverse programming requires learning accurate information about the cultures of different groups and discarding stereotypes, that addressing cultural relevance in making curriculum choices and adaptations is a necessary, developmentally appropriate practice, that every individual has the right to maintain his or her own identity while acquiring skills to function in our diverse society and others.

**Cultural sensitivity is an essential theme that should be woven throughout all the essential elements of quality infant toddler programs.** Certainly, good process quality includes features that enable children and families to recognize themselves (e.g., Spanish books when there are Spanish-speaking families in the setting) and to feel included. Increasingly, we are learning about the importance of cultural sensitivity as a component of high-quality caregiving and about how to implement this element into all others (Shivers, 2004). As an example of how culture weaves through all other elements, consider language learning. Culture is a factor in both how language is learned as

## Essential Elements of Quality Infant-Toddler Programs

well as in the more obvious factor of whether the language the infant or toddler is learning is English or another language. As Pan and colleagues point out (Pan, Imbens-Bailey, Winner & Snow, 1996), western cultures regard conversation as a vehicle for language learning but some non-Western cultures presume children learn language by listening and not by conversing. As many as 20 percent of lower income children in the United States are from homes where English is not the primary language (ACF, 2012). When it comes to language acquisition, the child care teacher or provider's role is to support the child's language development and communication overall and that includes supporting the family language in every way possible. However, many children can readily learn two languages simultaneously during the period of rapid language acquisition (Katz & Snow, 2000). Thus, infant toddler programs support the primary language of families by speaking to the child in English or the family's primary language (if there is a person in the program who speaks the family's language). Infant-toddler early care and education programs can approach the two languages in a variety of ways that make sense for the personnel available. Most programs with a number of non-English speaking families will seek to hire a teacher or staff person who speaks the families' language, since this is generally considered to be a basic first step in cultural congruence.

**There is also evidence that the important elements of sensitive caregiving have a universal character** (Garcia-Coll, 2000; Ainsworth, 1978). Teachers and providers can be assured that the essential core of sensitive and responsive caregiving elements provided here can be broadly applied to all cultural communities.

***Implications for programs: What does this element—Ensure Cultural Congruency—look like in infant-toddler early care and education programs?***

- Study and act on Head Start Multicultural Principles.

## Essential Elements of Quality Infant-Toddler Programs

- Develop cultural knowledge, competencies and cross-cultural communication skills.
- Create environments where children and families recognize themselves, for example:
  - Spanish books where Spanish speaking children are enrolled.
  - Pictures that look like the children.
  - Culturally familiar images, materials, foods and routines.
- Ensure every child has someone on staff who can communicate with parents and child in the home language.
- Develop strategies for bridging between home and program language.
- Remember, in the years 0-3, the critical consideration is about how children communicate and learn a language, not about which language is spoken.

## Essential Elements of Quality Infant-Toddler Programs

### Essential Element #8: Structure Environments to Provide Developmentally Supportive Care

#### Key Considerations

**Infants and toddlers are not too young to benefit from high-quality early learning environments and experiences** (Lally, 2009; Lally, & Mangione, 2006; Lally, et al., 2003; Shonkoff & Phillips, 2000). Early experiences matter, including the nature of infant-toddler environments.

**Every community needs a variety of settings that will meet the preferences and needs of families.** Options should include center-based; family child care homes; family, friend, and neighbor care; home visiting programs; military child care; part-time care; care during nontraditional work hours; care for children with special needs; and care for sick children (Wilén, 2003). Parents should have access to linguistically appropriate information about high quality infant and toddler care options. Regardless of the care and education setting, there are structural characteristics such as ratios, group size, and continuity of care that are important (more of these characteristics are listed below in the “implications” section).

**High quality infant-toddler care environments can help buffer against multiple, adverse experiences that can negatively impact young children’s development.** Highly stressed infants and toddlers and their families, like those living in impoverished conditions, are faced with day-to-day stressors that can negatively impact their development. High quality infant and toddler programs can help to buffer against the multiple adverse influences that may hinder young children’s development. Consistently, researchers have identified several essential structural characteristics (listed below) of infant-toddler program environments that serve to foster supportive, responsive care for infants and toddlers (Cryer, Hurwitz, & Wolery, 2000; Edwards & Raikes, 2002; WestEd, 2005).

***Implications for programs: What does this element—structure environments—look like in infant-toddler care and education programs?*** Lalley, Torres, and Phelps (2003) described these essential structural characteristics:

- **Small Groups** – Small groups are essential to providing relationship-based infant and toddler care. In small groups, caregivers can develop a close relationship with each child, and children

## Essential Elements of Quality Infant-Toddler Programs

can form friendships with each other. “We create chaos and confusion when we put too many infants or toddlers in one group, even with an appropriate number of adult caregivers. As the number of infants in a group goes up, so do noise level, stimulation and general confusion. The group's intimacy is gone.” Various recommendations for group size and adult-child ratios should be reviewed. The high-quality Educare program includes a group size of nine and a ratio of one adult per three children.

- **Assignment of a Primary Caregiver to Each Child** – When each child is assigned a primary caregiver this means that everyone—parents, the program director, other caregivers, and the caregiver herself—knows who is *principally* (not exclusively) responsible for each child. “Primary caregiving does mean that the infant or toddler has someone special with whom to build an intimate relationship. Primary caregiving assignments are an excellent example of program policy that takes the encouragement of relationships seriously” (Lalley, Torres, Phelps, 2003). The primary caregiver understands that the parent-child attachment is primary (as the primary “dance” in the visual under Element #6). It is important to support early care and education professionals to maintain appropriate boundaries that protect them emotionally over possible long term relationships (see reflective practice in Essential Element #9).
- **Continuity of Care Approach**– A continuity of care approach supports the development of attachment between caregivers and young children by keeping infants and toddlers in the same setting with a consistent team of providers over a period of time. This approach can also strengthen the relationship between caregivers and parents as well as support early learning and social-emotional development (Howes, 1999).
- **Available and Accessible Materials** – Having a sufficient number of and easily accessible play materials can support positive interactions between young children, as well as the development of autonomy.
- **Consistent Routines** – Infant and toddlers who experience consistent/repetitious routines—“activities that happen at about the same time and in about the same way each day” (ZERO TO THREE, 2012)--develop a sense of trust, security and emotional stability. Consistent routines also support learning and self-regulation, and help young children with transitions.
- **A Comfortable Space for Parents to Gather** – Providing a space for parents demonstrates regard for parents and supports positive parent-caregiver relationships.
- **Individualized Care** – Each infant and toddler reflects a unique blend of genetic, temperament, relationship and cultural influences. Thus, in order to support each child’s development and learning most effectively, programs must individualize care to meet the needs and uniqueness of each child. Individualized care can be achieved through primary care and the continuity of care. The relationship that grows between the child and primary caregiver supports the development of a secure attachment and self-regulation.
- **Safe and age-appropriate materials.** The environment offers choices for safe exploration with of appropriately challenging materials. Attentive adults are present to read cues and offer materials as infants and toddlers indicate interest. Furnishings are child-sized.

## Essential Elements of Quality Infant-Toddler Programs

- **Facilitation of active exploration and play.** Sensitive caregivers notice and respond when children are interested and curious, and facilitate their ongoing active exploration. Accessible materials invite children to move, discover and manipulate and are set up in well-designed areas.
- **Responsive and attentive supervision of infants and toddlers.** The environment is structured so that adults can easily see and interact with all of the children and ensure their safety.
- **Inclusive of children with special needs.** Materials and space are adapted so that each child can participate at their own level.
- **Responsive to cultural and linguistic differences.** Children in culturally and linguistically responsive environments see themselves represented in photographs and other visual media, hear familiar language and music and are surrounded by textures that are comforting and familiar. Adults in the environment intentionally seek parent suggestions routines, materials and experiences so that children gain a sense of belonging and emotional safety.

## Essential Elements of Quality Infant-Toddler Programs

### **Essential Element #9: Ensure Professionals Possess Appropriate Knowledge, Skills, and Dispositions by Providing Reflective Supervision and Ongoing Professional Development**

#### **Key Considerations**

**The provision of high quality early learning experiences must be led by individuals who have appropriate knowledge, attributes, and commitment to the work of caring for very young children.** Specifically, infant-toddler caregivers need to

- (a) have knowledge about the unique developmental needs of infants and toddlers, including early brain development and health and safety care specific to this age group;
- (b) be committed to the care and education of infants and toddlers;
- (c) have a temperament that promotes nurturing, attentive, and responsive caregiving;
- (d) engage in ethical decision-making; and
- (e) understand the value of pursuing professional development opportunities, as well as engaging in self-reflection, to strengthen their caregiving capacities (Lally, et al., 2003; Phillips, 1993; Winton, McCollum, & Catlett, 2007).

**Programs support this Essential Element by considering the above personal and professional characteristics in their hiring practices.**

**Infant and toddler caregivers increase their competence and strengthen the professional relationships that support families and young children through reflective supervision/consultation** (Fenichel, 1992; Heffron, 2005; Heffron & Murch, 2010; Heller & Gilkerson, 2009). Reflective supervision involves regular, ongoing conversations; thoughtful, non-threatening questioning; and active listening between caregivers and their supervisors and/or colleagues. Through reflective supervision, caregivers are able to self-reflect and explore their own beliefs, attitudes and behaviors that may be contributing to or interfering with effective work with young children and their families (Eggbeer, Mann, & Seibel, 2007).

When positioned as ongoing professional development aimed at improving and maintaining quality service provision, reflective consultation emerges as a powerful strategy for facilitating effective, trusting relationships between interventionists and families as well as for increasing practitioners' skills. This, in turn, leads to more effective problem solving and intervention

## Essential Elements of Quality Infant-Toddler Programs

planning and implementation. Reflective consultation provides regular opportunities for early interventionists to gain perspective on challenges and problems, plan, implement and reflect on the results of their work (Watson & Gatti, 2012, p. 109).

Self-awareness is an important component in caring for young children. Adults may react to behaviors on an emotional level based on their own beliefs or early experiences. Caregivers and parents may experience tension as they navigate feelings and protective urges for the very young. Reflective supervision is a method to support providers as they handle the emotional complexity of working with young children and their families. In addition, professional development that includes training that is tied to practice and includes feedback can support caregivers as they grow in their knowledge base, theory, and practical strategies that support them in their work.

***Implications for Programs: What does this element—Provide professional development and reflective practice—look like in infant-toddler care and education programs?***

- Design professional development that fits recommendations for adult learners. For example, offer sequenced sessions that educators attend over time with practice-based approaches and follow-up feedback.
- Distribute recommendations about key knowledge and attributes of effective infant-toddler teachers. Program administrators hire staff (or in the case of family child care, the provider considers his/her own qualifications) accordingly so that infants and toddlers are cared for by sensitive and responsive early care and education professionals.
- Programs may vary in how they provide facilitation for reflective practice. Center-based programs may hire a consultant. Home-based programs may use their existing family child care associations and identify trained reflective consultants. The following recommendations are found in the best practice guidelines for reflective supervision (Michigan Association for Infant Mental Health, 2004) and can be adapted to models that fit the particular program.
  - Work with a trained consultant. (Identify a trained reflective consultant or offer reflective practice training to a program supervisor.)

### **Essential Elements of Quality Infant-Toddler Programs**

- Integrate clinical processes by using key practices of reflection and parallel practice. (Refer to the Michigan and Minnesota guidelines<sup>1</sup> for more details.)
- Include a focus on infant parents and emerging relationships.
- Integrate exploration of emotions in addition to content and attend to individual reactions.

---

<sup>1</sup> See “Reflective Supervision Guidelines” of the Minnesota Association of Children’s Mental Health [www.macmh.org/infant-early-childhood-division/guidelines-reflective-supervision/](http://www.macmh.org/infant-early-childhood-division/guidelines-reflective-supervision/)

## Essential Elements of Quality Infant-Toddler Programs

### **Essential Element #10: Link to Health, Mental Health and Other Support Services for Young Children and Their Families, Especially for Those with Risk Factors**

#### **Key Considerations**

**Caregiving environments can be protective or introduce additional risk factors for children, but have the potential to be protective if appropriate links or supports are provided in conjunction with on-going quality in other respects.** Risk factors can include poverty (about 1 in 4; Aber & Jones, 2000), abuse or neglect (Kaufman & Henrich, 2000), caregivers suffering from mental illness or substance abuse (Seifer, Dickstein, Sameroff, Magee, & Hayden, 2001; Knitzer, 2000); having been or are currently in institutional (Zeanah, 2000) or foster care (Dicker, Gordon, & Knitzer, 2001); experiencing significant trauma (Scheeringa & Gaensbauer, 2000). Indeed, writers (Love et al., 2000; Hagen, Shaw, & Duncan, 2008) have developed models for how health services can be introduced into child care settings and for conceptualizing the close relations between health and other aspects of behavior beginning in infancy (Guyer, 2012). The American Academy of Pediatrics and collaborators have developed best practices related to how programs can use health consultants to help programs apply best practices to provide routine health, nutrition and safety functions within a child care program and for providing the comprehensive service connections needed for families at highest risk (American Academy Of Pediatrics, 2011).

**Increasingly, programs find they can provide different add-on services for children and families that need them.** Some programs refer to these as tiered services with tiers referring to the base services that all children receive (e.g., good quality care, health screening), the next tier might be services that some children and families receive (e.g., follow up visual screening for children with

## Essential Elements of Quality Infant-Toddler Programs

suspected problems) and finally, a top tier can refer to intensive services that only a few children might need on an on-going basis or for a short period of time (e.g., mental health services).

**Other services may be needed as part of the program supports offered families at highest risk.**

Head Start provides a good model of comprehensive two-generation programming but programs interested in providing more supports may also decide to either concentrate in one or two areas (e.g., helping parents to obtain more education or literacy) or try to be responsive when parents have a particular need (e.g., mental health). Nearly all programs will need to refer young children who display developmental concerns for an evaluation that may make them eligible for infant toddler intervention (Part C). In addition, every program needs to ensure that all staff has been properly oriented to required child abuse reporting procedures and that staff within a program have developed best practices for handling such cases professionally and supportively.

While few programs may be structured to offer the above-mentioned services in-house, they can develop a catalog, folder, or list of resources and, where appropriate, build partnerships with community professionals. High-quality infant-toddler programs that partner with strong relationships with parents and community members offer a trusted bridge to and between services and resources for families.

***What are the implications of this element—Provide linkages-- for infant-toddler care and education programs?***

- Form partnerships with staff of infant toddler intervention (Part C) and preschool special education (Part B)
- Inform staff around sensitive approaches to child abuse and neglect
- Link to or provide some routine health services in program
- Use a health consultant if possible
- Have a health advisory committee or access to health services and screening information

## **Essential Elements of Quality Infant-Toddler Programs**

- Learn about most prevalent needs of your parents—provide programs and links accordingly

## Essential Elements of Quality Infant-Toddler Programs

### Essential Elements of Quality Infant-Toddler Programs References

#### 1. Promote Relationship-Based Interactions and Experiences

- Bakeman, R., & Adamson, L. B. (1984). Coordinating attention to people and objects in mother-infant and peer-infant interaction. *Child Development*, 55, 1278–1289.
- Benard, B. (1991). *Fostering resiliency in kids: Protective factors in the family, school, and community*. San Francisco: Far West Laboratory for Educational Research and Development.
- Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing*, 14(1), 33-55.
- Brazelton, T. B., & Greenspan, S. (2000). *The irreducible needs of children: What every child must have to grow, learn, and flourish*. Cambridge, MA: Perseus Books.
- Butterfield, P. M., Martin, C., Prairie, A., & Martin, C. A. (2004). *Emotional connections: How relationships guide early learning*. Washington, DC: ZERO TO THREE.
- Dunn, J. 1993. *Young children's close relationships: Beyond attachment*. Newbury Park, CA: Sage.
- Edwards, C. P., & Raikes, H. (2002). *Extending the dance: Relationship-based approaches to infant-toddler care and education*. Baltimore, MD: Brookes Publishing.
- Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist* 34: 416-430.
- Goleman, D. (2006) *Social intelligence: The new science of human relationships*. New York, NY: Bantam Dell
- Howes, C., & Hamilton, C. E. (1993). The changing experience of child care: Changes in teachers and in teacher-child relationships and children's social competence with peers. *Early Childhood Research Quarterly*, 8, 15-32.
- Kreader, J. L., Ferguson, D., & Lawrence, S. (2005). *Infant and toddler child care quality*. Retrieved from [http://www.nccp.org/publications/pub\\_626.html](http://www.nccp.org/publications/pub_626.html)
- PITC's Six Program Policies*. Retrieved from [http://www.pitc.org/pub/pitc\\_docs/policies.html](http://www.pitc.org/pub/pitc_docs/policies.html)
- Petersen, S. H., & Wittmer, D. S. (2008). *Endless opportunities for infant and toddler curriculum: A relationship-based approach*. Upper Saddle River, NJ: Merrill-Prentice Hall.

## Essential Elements of Quality Infant-Toddler Programs

- Resource Toolkit for Programs Serving Infants, Toddlers and Their Families: Implementing a Research-Based Program Model.* (2011). Retrieved from [http://www.isbe.net/earlychi/pdf/ec\\_0-3\\_resource\\_toolkit.pdf](http://www.isbe.net/earlychi/pdf/ec_0-3_resource_toolkit.pdf)
- National Scientific Council on the Developing Child. (2004a). *Young children develop in an environment of relationships: Working paper no. 1*. Retrieved from <http://developingchild.harvard.edu/index.php?CID=151>
- Shonkoff, J., & Phillips, D. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.

### 2. Apply Knowledge of Early Brain Development to Facilitate Optimal Development

- Center on the Developing Child at Harvard University (2011). *Building the brain's "Air Traffic Control" system: How early experiences shape the development of executive function: Working Paper No. 11*. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)
- Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from <http://www.developingchild.harvard.edu>
- Center on the Developing Child at Harvard University. (2006). *Early exposure to toxic substances damages brain architecture*, Working Paper No. 4. Retrieved from [http://www.developingchild.net/pubs/wp/Early\\_Exposure\\_Toxic\\_Substances\\_Brain\\_Architecture.pdf](http://www.developingchild.net/pubs/wp/Early_Exposure_Toxic_Substances_Brain_Architecture.pdf)
- Gabbard, C. (1998). Windows of opportunity for early brain and motor development. *The Journal of Physical Education, Recreation, and Dance*, 69.
- Gillispie, L. G., & Seibel, N. L. (2006). Self-regulation: A cornerstone of early childhood development.
- Grossman, A.W., Churchill, J.D., McKinney, B.C., Kodish, I.M, Otte, S.L., & Greenough, W.T. (2003). Experience effects on brain development: Possible contributions to psychopathology. *Journal of Child Psychology and Psychiatry*, 44, 33-63.
- Hawley, T. (2000). *Starting smart: How early experiences affect brain development*. Washington, DC: Ounce of Prevention Fund and ZERO TO THREE. Retrieved from <http://main.zerotothree.org/site/DocServer/startingsmart.pdf?docID=2422>.
- National Scientific Council on the Developing Child. (2007). *The timing and quality of early experiences combine to shape brain architecture: Working Paper #5*. Retrieved from [http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/working\\_pa](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_pa)

## Essential Elements of Quality Infant-Toddler Programs

[pers/wp5](#)

National Scientific Council on the Developing Child. (2004a). *Young children develop in an environment of relationships: Working Paper No. 1*. Retrieved from [http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/working\\_papers/wp1/](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp1/)

National Scientific Council on the Developing Child. (2004b). *Children's emotional development is built into the architecture of their brains: Working Paper No. 2*. Retrieved from [http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/working\\_papers/wp2/](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp2/)

Shonkoff, J. P. (2009). Investment in early childhood lays the foundation for a prosperous and sustainable society. Retrieved <http://www.child-encyclopedia.com/documents/ShonkoffANGxp.pdf>

Shonkoff, J., & Phillips, D. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York, NY: Families and Work Institute.

Yip, R., Binkin, N. J., Fleshood, L., & Trowbridge, F. L. (1987). Declining prevalence of anemia among low-income children in the United States. *Journal of the American Medical Association*, 258(12), 1619-1623.

### 3. Intentionally Promote Social-Emotional Development

Brazelton, T. B., & Sparrow, J. D. (2006). *Touchpoints birth to 3: Your child's emotional and behavioral development*. Cambridge, ME: Da Capo Press.

Brazelton, T. B., & Greenspan, S. (2000). *The irreducible needs of children: What every child must have to grow, learn, and flourish*. Cambridge, MA: Perseus Books.

Brodova, E., & Leong, D. J. (2008). Developing self-regulation in kindergarten: Can we keep all the crickets in the basket? *Young Children* on the Web. National Association for the Education of Young Children. Retrieved from [http://www.naeyc.org/files/yc/file/200803/BTJ\\_Primary\\_Interest.pdf](http://www.naeyc.org/files/yc/file/200803/BTJ_Primary_Interest.pdf)

Bronson, M.B. (2001). *Self-regulation in early childhood: Nature and nurture*. New York, NY: Guilford Press.

Cooper, J. L., Masi, R. & Vick, J. (2009, August). *Social-emotional development in early childhood: What every policymaker should know*. New York, NY: National Center for

## Essential Elements of Quality Infant-Toddler Programs

### Children in Poverty.

- Crockenberg, S., & Leerkes, E. (2000). Infant social and emotional development in family context. In C. H. Zeanah, Jr. (Ed.), *Handbook of infant mental health* (2nd ed., pp. 60-90). New York, NY: Guilford Press.
- Eckerman, C., & Peterman, K. (2004). Peers and infant social/communication development. In G. Bremner, & A. Fogel (Eds.). *Blackwell handbook of infant development* (pp. 326-350). Malden, MA: Blackwell.
- Honig, A.S. (2002). *Secure relationships: Nurturing infant/toddler attachment in early care settings*. Washington, DC: National Association for the Education of Young Children.
- Landy, S. (2002). *Pathways to competence: Encouraging healthy social and emotional development in young children*. Baltimore, MD: Paul H. Brookes Publishing.
- National Scientific Council on the Developing Child. (2004b). *Children's emotional development is built into the architecture of their brains: Working Paper No. 2*. Retrieved from [http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/working\\_papers/wp2/](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp2/)
- Raikes, H. (1996). A secure base for babies: Applying attachment theory concepts to the infant care setting, *Young Children*, 51(5), 59-67.
- Shonkoff, J., & Phillips, D. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York, NY: Families and Work Institute.
- Thompson, R. (1998). Early sociopersonality development. In W. Damon & N. Eisenberg, (Eds.). *Handbook of child psychology. Vol. III: Social, emotional, and personality development* (pp. 25-104). New York, NY: Wiley.

#### **4. Intentionally Promote Language Development.**

- Baldwin, D. A. (1995). Understanding the link between joint attention and language. In C. Moore & P. J. Dunham (Eds.), *Joint attention: Its origins and role in development* (pp. 131–158). Hillsdale, NJ: Erlbaum.
- Hart, B. & Risley, T. R., (1995). *Meaningful differences in the everyday experiences of young american children*. Baltimore: Paul H. Brookes Publishing Co., Inc.
- Raikes, et al. (2003). *Child care quality and workforce characteristics in four midwestern*

## Essential Elements of Quality Infant-Toddler Programs

states. Omaha, NE: The Gallup Organization.

Rodriguez, E., Tamis-LeMonda, C., Spellman, M., Pan, B., Lugo-Gil, Julieta, Raikes, H.H., and Luze, G. (2009). The formative role of children's literacy experiences across the first three years of life. *Journal of Applied Developmental Psychology*, 30, 677-694.

Rodriguez E., & Tamis-Lemonda, C. (in press). Literacy environment trajectories across children's first four years: Links to cognitive development. *Child Development*.

Tomasello, M. & Farrar, M. (1986). Joint attention and early language. *Child Development*, 57, 1454-1463.

Walker, D., Bigelow, K. M., & Harjusola-Webb, S. (2008). Increasing communication and language-learning opportunities for infants and toddlers. *Young Exceptional Children Monograph Series*, (Series 10).

Yazejian, N. & Bryant, D.M. (2010). Promising early returns: Educare implementation study data, January 2010. Chapel Hill: FPG: Child Development Institute, UNC-CH.

### **5. Continuously Strive to Improve the “Process Quality” of the Program: What Infants and Toddlers Directly Experience**

Administration for Children and Families (2011). Learning As We Go: A First Snapshot of Early Head Start Families, Staff, Families and Children. OPRE Report #2011- Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Burchinal, M., Roberts, J.E., Nabors, L.A., & Bryant, D. (1996). Quality of center child care and infant cognitive and language development. *Child Development*, 67, 606-620.

Cost, Quality and Child Outcomes Study Team (1995). Cost, quality and child outcomes in child care centers, Public Report, second edition. Denver: Economics Department, University of Colorado at Denver.

Harms, T., Cryer, D.R., & Clifford, R.M. (2006). Infant Toddler Environment Ratings Scale Revised Edition. New York: Teachers College Press.

Kryzer, E., Kovan, N., Phillips, D., Domagall, L., & Gunnar, M. (2007). Toddlers' and preschoolers' experiences in family day care: Age differences and behavioral correlates. *Early Childhood Research Quarterly*, 22, 451-466.

LaParo, K.M., Hamre, B.K., & Pianta, R. (2012). Classroom Assessment Scoring System (CLASS) Toddler. Baltimore: Brookes Publishing Co., Inc.

Love, J., Raikes, H., Paulsell, D., & Kisker, E. (2000). New directions for studying quality.

## Essential Elements of Quality Infant-Toddler Programs

In Cryer, D. & Harms, T., *Infants and toddlers in out of home care*. Baltimore: Brookes Publishing Company, p. 117-162.

Love, J., Chazan Cohen, R., Raikes, H., Brooks-Gunn, J., Vogel, C., Kisker, E.E., Klute, M., & Martin, A. (2012). What makes a difference? Early Head Start evaluation findings in a longitudinal context. *Monographs of the Society for Research in Child Development* (in press).

NICHD Early Child Care Research Network (2000). Characteristics and quality of child care for toddlers and preschoolers, *Applied Developmental Science*, 4, 116-135.

NICHD Early Child Care Research Network (1997—April). Mother-child interaction and outcomes associated with early childhood care: Results of the NICHD study. Paper presented at the biennial meeting of the society for research in child development. Washington, DC.

Tarullo, L.B., Atkins-Burnett, S., Monohan, S. (2012). *Quality of caregiver-child interaction for infants and toddlers*. Washington, DC: Mathematica Policy Research.

### 6. Meaningfully Partner with Parents to Support Infant-Toddler Well-Being

Ainsworth, M.S.B., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.

Elicker, J., Noppe, I.C., Noppe, L.D., & Fortner-Wood, C. (1997). The Parent-Caregiver Relationship Scale: Rounding out the relationship system in infant care. *Early Education and Development*, 8(1), 83-100.

Raikes, H. & Edwards, C., (2009). *Extending the dance in infant and toddler caregiving*. Baltimore, MD: Brookes Publishing Company.

Thoman, E. & Browder, S. (1987). *Born dancing: How intuitive parents understand their baby's unspoken language*. New York: Harper & Row.

### 7. Ensure Cultural Congruency

Administration for Children and Families (2010). Multicultural Principals for Head Start Programs. Retrieved from [http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC\\_Bookstore/PDFs/Revisiting%20Multicultural%20Principles%20for%20Head%20Start\\_English.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/Revisiting%20Multicultural%20Principles%20for%20Head%20Start_English.pdf)

Ainsworth, M.S.B., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.

## Essential Elements of Quality Infant-Toddler Programs

- Garcia-Coll, C. & Meyer, E. (2000). Cultural influences on parenting, in C.H. Zeanah, Handbook of Infant Mental Health, 2nd Ed., New York, N.Y.: Guilford Press.
- Katz, J. & Snow, C. (2000). Language development in early childhood: The role of social interaction. Cryer, D.H. (Ed.) *Infants and toddlers in out of home care* (pp. 49-86). Baltimore: Brookes Publishing Co., Inc.
- Pan, B. A., Imbens-Bailey, A., Winner, K., & Snow, C.A. (1996), Communicative intents expressed by parents in interactions with young children. *Merrill-Palmer Quarterly*, 42, 248-266.
- Shivers, E. (2004). Teacher-articulated perceptions & practices with families: Examining effective teaching in high quality child care settings. *Early Education and Development*, 15 (2), 167-186.V.
- Shonkoff, J., & Phillips, D. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

### 8. Structure Environments to Provide Developmentally Supportive Care

- Cryer, D., Hurwitz, S., & Wolery, M. (2000). Continuity of caregiver for infants and toddlers in center-based child care: Report on a survey of center practices. *Early Childhood Research Quarterly*, 15(4), 497-514.
- Edwards, C. P., & Raikes, H. (2002). *Extending the dance: Relationship-based approaches to infant/toddler care and education*. Retrieved from <http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1015&context=famconfacpub>.
- Wilen, J. R. (2003). *Ready for school: The case for including babies and toddlers as we expand preschool opportunities*. Chicago, IL: Ounce of Prevention Fund. Retrieved from [http://www.buildinitiative.org/files/ready\\_for\\_school.pdf](http://www.buildinitiative.org/files/ready_for_school.pdf).
- Lally, J. R. (2009). The science and psychology of infant–toddler care: How an understanding of early learning has transformed child care. *Zero to Three*, (30)2, 47-53.
- Lally, J. R., & Mangione, P. (2006). The uniqueness of infancy demands a responsive approach to care. *Young Children*, 61(4),14–20. Retrieved from <http://www.wested.org/pdf/YCLally.pdf>.
- Lally, J. R., Griffin, A., Fenichel, E., Segal, M. et al. (2003). *Caring for infants and toddlers in groups: Developmentally appropriate practice*. Washington, DC: ZERO TO THREE.
- Shonkoff, J., & Phillips, D. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

## Essential Elements of Quality Infant-Toddler Programs

WestEd. (2005). *Infant and toddler spaces: Design for a quality classroom*. Retrieved from <http://www.communityplaythings.com/resources/articles/RoomPlanning/Spaces/InfantToddlerSpaces.pdf>.

### **9. Ensure Professionals Possess Appropriate Knowledge, Skills, and Dispositions by Providing Reflective Supervision and Ongoing Professional Development**

Phillips, D. (Ed.) (1993). *Quality in child care: What does the research tell us?* Washington, DC: National Association for the Education of Young Children; Peisner-Feinberg, et al. (2000).

Eggbeer, L., Mann, T. L., Seibel, N. L. (2007). Reflective supervision: Past, present, and future. *Zero to Three*, 28(2), 5-9.

Fenichel, E. (Ed.) (1992). *Learning through supervision and mentorship to support the development of infants, toddlers and their families: A source book*. Washington, DC: ZERO TO THREE.

Heffron, M. C. (2005). Reflective supervision in infant, toddler and preschool work. In K. Finello (Ed.), *The handbook of training and practice in infant and preschool mental health* (pp. 114-136). San Francisco, CA: ZERO TO THREE.

Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: ZERO TO THREE.

Heller, S. S., & Gilkerson, L. (2009). *A practical guide to reflective supervision*. Washington, DC: ZERO TO THREE.

Lally, J. R., Griffin, A., Fenichel, E., Segal, M. et al. (2003). *Caring for infants and toddlers in groups: Developmentally appropriate practice*. Washington, DC: ZERO TO THREE.

Watson, C., & Gatti, S. N. (2012). Professional development through reflective consultation in early intervention. *Infants and Young Children*, 25(2), 109-121.

Winton, P. J., McCollum, J. A., & Catlett, C. (2007). *Practical approaches to early childhood professional development: Evidence, strategies, and resources*. Washington, DC: ZERO TO THREE.

ZERO TO THREE. (2012). *Love, learning, and routines*. Retrieved from <http://www.zerotothree.org/child-development/social-emotional-development/love-learning-and-routines.html>.

### **10. Link to Health, Mental Health and Other Support Services for Young Children and Their Families, Especially for Those with Risk Factors**

Aber, L.J., Jones, S., & Cohen, J. (2000). The impact of poverty on the mental health and development of very young children. In C. H. Zeanah, Ed., *Handbook of Infant Mental*

## Essential Elements of Quality Infant-Toddler Programs

Health, New York: Guilford Press.

American Academy Of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association.

Dicker, S., Gordon, E., & Knitzer, J. (2001). *Improving the odds for the healthy development of young children in foster care*. New York, NY: National Center for Children in Poverty.

Guyer, B. (2011). Promoting child health and school readiness in early life: Life course perspective. Secretary's Advisory Committee on Research and Evaluation, Washington, DC: September 22.

Hagen, JF, Shaw, JS, Duncan, P. (Eds.) (2008). *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. Third Edition. Pocket Guide. Elk Grove Village, ILL. American Academy of Pediatrics.

Kauffman, J, & Heinrich, C.C. (2000). Exposure to violence and early childhood trauma. In C.H. Zeanah, Jr., (Ed.) *Handbook of Infant Mental Health*, 2nd Ed., pp. 195-207. New York, NY: The Guilford Press.

Knitzer, J. (2000). Early childhood mental health services: A policy and systems development perspective. In J.P. Shonkoff and S.J. Meisels (Eds.), *Handbook of Early Childhood Intervention* (2nd Ed.), pp. 416-483. Cambridge, UK: Cambridge University Press.

Scheeringa, M.S., & Gaensbauer, T.J. (2000). Post traumatic stress disorder. In C.H. Zeanah (Ed.), *Handbook of Infant Mental Health*, 2nd Ed., pp. 369-381. New York: The Guilford Press.

Seifer, R., Dickstein, S., Sameroff, A.J., Magee, K.D., & Hayden, L. C. (2001). Infant mental health and variability of parental mental illness. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40 (12), 1375-1382.

Zeanah, C.H. (2000). *Handbook of Infant Mental Health*, 2nd Edition. New York: The Guilford Press.

## Essential Elements of Quality Infant-Toddler Programs

### **Appendix 1 Report on themes from stakeholder practice and policy groups Essential Elements of Quality Infant-Toddler Programs Stakeholder Event**

#### **Stakeholder input process:**

On May 20, 2012, the Essential Elements of Infant-Toddler Program Quality event attracted 76 stakeholder participants to hear the presentation of the Essential Elements and give feedback about dissemination and application to policy and practice. In order to attract a cross-disciplinary audience, event planners used a snowball approach to determine key participants. Minnesota state government workers generated a list of programs and people that serve infants, toddlers and their families across a range of disciplines. MDE Essential Element managers and CEED staff then contacted people from those groups in order to receive suggested names at all levels of advocacy and service, including policy-makers, agency leaders, community representatives, direct service providers from all types of infant-toddler programs, higher education instructors, trainers and parents. The cross-disciplinary efforts were successful in that participants hailed from all of the above groups.

Small group facilitators were given instructions and a list of proposed questions (with flexibility to move as directed by the group. The questions are listed in Appendix 2.

After the national experts presented the Ten Essential Elements of Quality Infant-Toddler Programs, participants divided into four stakeholder focus groups around two specific arenas: policy and practice. This Appendix will summarize the key themes that emerged from the stakeholder groups. Since both policy and practice groups discussed similar implications for Minnesota infant-toddler programs, the report will identify the theme first and then divide comments into policy and practice implications (although there is substantial overlap between the two). In some cases, the themes relate to one particular element. In other cases, the themes relate to implications from a variety of elements, since some promising practices meet a variety of purposes.

Twenty-nine stakeholders chose to participate in the policy stakeholders' discussion. The practice focus groups numbered twenty-seven participants (not all participants remained for the break-out portion of the event).

#### **Coding and Theme Analysis Process**

Initially, distinct themes were coded and listed separately under "policy" and "practice". However, there was enough common ground across policy and practice groups that this report is organized around the overall themes themselves. In cases where one particular group of stakeholders offered distinct comments or rationales, the source of the comment is identified (by "policy" or "practice," not by individual). Where there was more variation between groups, the writer used sub-headings of "policy" and "practice" so that readers could identify the originator of the remarks. Examples are listed in order to illustrate the themes.

## Essential Elements of Quality Infant-Toddler Programs

It will be evident to readers that strong comments were made by both policy and practice group stakeholders about the need for visibility and consideration of infants and toddlers in funding and statewide initiatives, particularly in relationship to the QRIS, Race to the Top, and the Child Care Assistance Program (CCAP) funds. This theme is represented strongly because individual comments were frequent, strongly worded, and were part of the discussion in all four groups. All groups indicated a common concern, frustration and hope regarding the need for infants and toddlers to be recognized more explicitly and all groups spoke of the need to get the message out to the public, to policy-makers, and to funders. Other commonly identified themes were the need for training. While many stakeholders offered statements like “this isn’t anything new to us,” there was a sense in the stakeholder notes that because this particular group (those attending the event) knows about the critical role of early experiences does not mean everyone does. Therefore, a common theme was the need to disseminate knowledge and implications for practice to practitioners, but also to the public. Finally, the need for cultural congruence in infant-toddler care was discussed in all groups. Many of the comments were about recruitment; some identified the dilemma of needing to recruit a diverse pool of caregivers and yet also expect more training and developmental knowledge.

The facilitators were instructed to first ask about general reactions, so the list of themes begins with “initial reaction” themes followed by overall themes. As mentioned earlier, while some comments related explicitly to one element or another, many comments addressed the work as a whole or else practices that support multiple elements.

## Essential Elements of Quality Infant-Toddler Programs

### Initial reactions to the Essential Elements

All four groups indicated similar initial reactions, which seems a salient item to report.

#### **Most of the Essential Elements are not new information.**

1. Multiple stakeholders reported relief that the elements are not a new body of knowledge.
2. The research is familiar and ready to put into action. *We have known for a long time what infants and toddlers need; these Essential Elements reinforce and re-emphasize familiar information and implications.* In some cases, programs are meeting these needs, but there is much work to be done.
3. Focus on dissemination and spreading the knowledge (since we know this information, use what we know)

#### **All groups report frustration about lack of resources following the research about what matters for infants and toddlers.**

1. The comment of “there are no surprises here” (as per #1 and #2 above) was followed in all cases by questions and/or frustrations about commitment to Minnesota’s youngest children and their families. “We have the science and the understanding but the systems do not change in response to that knowledge.”
2. Lack of commitment is evidenced by lack of changing systems or funding to reflect what we know. Many comments were directed at lack of funding that explicitly supports this critical developmental stage.
3. Lack of visibility or seats at the table for voices that speak to zero to three programming perpetuates the lack of systems or funding changes. While commitment of resources (including funding) is listed as a separate theme, it arose throughout the discussion in both practice and policy groups.

**Parents are a key component to this work with infant-toddler programs.** While this theme is listed separately, consideration of parents came up early in all four groups. In some cases, comments were specific to “infant-toddler work always includes a focus on parent strengths and needs.” In other cases, comments related to parents as a target group for dissemination of information as well as advocacy for infant-toddler issues.

## Essential Elements of Quality Infant-Toddler Programs

### Funding

Not surprising, funding was a common theme, whether the element was about ratios, training, recruiting caregivers from diverse communities, or supporting continuity of care. Specific themes and comments are identified below, and they arose from both policy and practice groups. Most of the comments related to: using/aligning current funding to acknowledge the critical developmental time period of infancy; building cross-disciplinary partnerships with funding and/or services; and funding relationship-based professional development. Many of the comments could be summed up in this one: “Make changes within the existing funds we already have because we’re not going to get more funding necessarily.”

**1. Assess needs and use funding accordingly.** (Consider doing a health impact assessment that includes race, ethnicity and language – make sure you attend to disparities – pay attention to these as we accommodate all the new ECE funding streams coming in).

**2. Use current funding and reallocate existing resources to incorporate and align with these Essential Elements of Quality Infant-Toddler Programs.** One group worded this as, “Use more intentionality in infusing the essential elements into our publically funded programs and services.”

- Example: there were multiple comments about Race to the Top Early Learning Challenge Grant (RTT) funds lacking infant-toddler and family child care observation measures, support for parent involvement.
- Example: Reevaluating the parent aware standards to reflect the infant-toddler essential elements.
- Example: Using ECFE funds to support and train family, friend, and neighbor care providers and family child care providers.

**3. Fund relationship-based professional development.** “Evidence is strong nationally and in Minnesota– but we need to FUND it – it costs money to have this relationship based guidance through the system of supportive services.” Examples are:

- **Family connectors** like in the NAZ act as navigators.
- **Use ECFE teachers to mentor family child care providers or FFN.**
- Create a home visiting-like model to use with family child care providers, particularly those who may have some of the risk factors as high-needs families.
- Train and fund mentors, coaches, others to support ongoing practice-based professional development.
- Fund reflective practice mental health consultation along with reflective practice training for others who support teachers (directors, trainers).

## Essential Elements of Quality Infant-Toddler Programs

**4. Child care subsidies were a common theme.** CCAP is mentioned in comments about ratios, continuity of care and parent support.

### Messaging and Communication

Another common theme across policy and practice groups was that of “getting the message out.” This included public awareness campaigns, informing policy makers, business leaders or parents. The message most often mentioned was that of the critical developmental period of children aged zero to three and its impact on a child’s life.

**Key messages for policy makers.** Both the policy and practice groups brainstormed key messages for policy makers, from how Minnesota compares to other states to the critical nature of the challenge to positive messages of hope and success.

- It would be helpful for our policy makers to be aware of the fact that we are very behind other states “There needs to be some aspect of helping those in the legislature understand what’s happening *right now* – ignorance is killing us *right now* – we need to acknowledge that there’s a problem *right now* and let policy makers know how dire it is that we help those kids.
- We need to tie these arguments into how it affects the workforce and make arguments applicable to stakeholders.
- Many legislators want to see short term outcomes – two years out – “perhaps we should focus on finding a way to measure short term outcomes.” “Use DATA: We have to show legislators that funding early education/care is defensible and rational by using data.”
- We don’t need more information – we know what we need to know – we need to tell legislators that you’ve got the information you need to make a decision.

### Key public awareness messages.

- Identify a key message for a media blitz (like “back to sleep”) and spread it everywhere children are. Examples to think about: “0-3 year olds need language and touch “ or “Serve and return” (with a strong visual that connects with the public).
- Pair strong, compelling message with systematic means of delivery (inclusive, targeted, consistent, coordinated). Help people get a vision of why this important (brain development).
- **Discussion of tying 0-3 to school readiness was mixed.**
  - Plus: if teachers believe that what they do with that infant impacts xyz in school readiness then might help with changing practice.
  - Plus: integration with K-5 could potentially access resources and share what is working in 0-5.
  - Challenge: reason for integration with K-5 might focus on school needs/requirements and K-5 policies and way of doing things might be forced on birth to 5).

## Essential Elements of Quality Infant-Toddler Programs

- Challenge: School readiness and accountability have a downside if policy makers do not understand and then just want results.
- Celebrate successes publicly. More storytelling about model practice, for example, Sauk Rapids received a national award for program yet not many in Minnesota even know what is going on.
- Identify a comprehensive way of handling 0-3 messaging; a clearing house for information, recognition, and publicity of what is already happening in Minnesota.
- Vision of consistency in practice so potentially all providers are delivering and doing quality work
- Remember the power of the voters. (“Nothing is more powerful than 5 or 6 voters who are up in arms about these things. We got so many people up in arms about the stadium – we need mirror that kind of energy and that kind of leadership.”)
- Also the challenge of high-needs families who may not vote or have hope for change.

### Leadership

**Policy and practice groups both mentioned leadership** as a key means of spreading the message, addressing funding, and overcoming challenges. Suggestions ranges from the need for expressing appreciation to those who do support this work (including the governor) with a plea for more explicit leadership, to finding a champion (or a “stadium guilt legislator.”) Other states have a set aside for infants and toddlers.

### Visibility for 0-3

Both policy and practice groups spoke of visibility. It relates to messaging and communication but goes beyond that to active participation in cross-disciplinary programs that serve children (of all ages) and families.

- **Infant toddler people need to be at the table** (currently the table includes preschool and school readiness). By “table,” notes referred to a variety of settings and specific initiatives, from participating in meetings, to planning, having specific 0-3 input in Parent Aware, Race to the Top and contributing to other planning and collaborative efforts using the specific lens of birth to age three.
- **Tie Essential Elements to other programs and systems in order to share** what we have (e.g. Children’s Cabinet, Home Visiting, Health services, social services, churches).
- Alignment with other resources, initiatives, funding.
- GAIN VISIBILITY FOR 0-3! We are our own entity not just a tie in to others groups.

Amid the comments about challenges, both policy and practice groups indicated there was much hope that it is possible to take what we have and put it to better use.

The following section of the stakeholder notes relate to specific Essential Elements.

**Essential Element #1: Promote Relationship-Based Interactions and Experiences**

## Essential Elements of Quality Infant-Toddler Programs

### Themes

- Structural elements that impact continuity of relationships (described in Element #8 themes). (Policy and practice).
- Relationship-based practice goes beyond those of the caregiver-child, child-child, and caregiver-parent to a broader issue of relationships among service providers, which also has funding implications. Participants expressed the challenge of building cross-agency or cross-disciplinary relationships when time is assigned to specific funding, automated processes interrupt human relationships. For example, even as a college advisor so much happens online now that it is challenging to build relationships. (Practice)
- Integrate and refer to programs that include coaches and mentoring (like the nurse-family partnership efforts). (Practice)

### **Essential Element #2: Apply Knowledge of Early Brain Development to Facilitate Optimal Development**

#### Themes:

- Training. (Training comments are addressed in Essential Element #9; brain development is an oft-mentioned topic for all levels of service providers and parents).
- Nutrition is a critical issue in 0-3 work.
  - Breastfeeding relationship can begin a good nutritional program for kids – basics and cues of infants need to be taught, but breastfeeding really gets at all the essential components of a quality caregiving relationship. How do programs support mothers and breastfeeding? (practice)
  - One specific example from the group addressed the recent growth of Somali child care centers. “Somali families are bringing their children to child care centers more and more but many of the child care workers there may not have training about nutrition. Many of these centers are not a part of a food program – many people in these settings are not even aware of these resources.”
  - If you want to open a center you should need to be part of a food program –and gain intentional teaching about nutrition. (policy)
  - Evaluate the food program (policy)

### **Elements #3 (Intentionally Promote Social-Emotional Development) and #4 (Intentionally Promote Language Development)**

## Essential Elements of Quality Infant-Toddler Programs

Both of these Essential Elements are addressed by themes around program structural components that support relationships, continuity, and interactions; these Elements are also addressed in Element #9 about professional development and reflective practice. A positive note about these two elements is that if the caregiver is well trained, skilled, and cares for infants and toddlers, many applications to practice do not depend on funding. Sensitive and warm interactions, talking and holding babies, modeling respectful interactions: all of these are free.

### **Essential Element #5: Continuously Strive to Improve the “Process Quality” of the Program: What Infants and Toddlers Directly Experience**

**Support teachers.** Essential Elements, through a teacher lens, ties strongly to the strengths (quality) of the teacher—how the teacher interacts with the child, facilitates experiences, plans activities. What investments are made in the teacher (orientation, support, PD, relationship between admin and employees as well as employee and employee)—these investments pay off. Consider how to make administration see that the best investment is their employees!

#### **Documentation and measurement; using data and observation tools**

- Study what is working (policy)
- Document work in the field (practice)
- Include infant-toddler and family child care settings in Parent Aware (policy and practice)

### **Essential Element #6: Meaningfully Partner with Parents to Support Infant-Toddler Well-Being**

#### **Policy themes/comments:**

- **All systems that serve families need to be child and family centered.** There were many stories told from practitioners about how families feel left behind by the system which led to the idea of putting families and children at the center of all decisions made.
- **Stronger reflection of parent involvement in Race to the Top Early Learning Challenge Grant (RTT).** Parent and community being involved is important in the Essential Elements, but RTT does not include much involvement of parents (helping to determine funding allocation or how the QRIS is administered). “RTT is not going to close the opportunity gap by leaving out parents.” “The QRS has no infant or toddler observations and none in family child care. Once again 0-3 is invisible.”

## Essential Elements of Quality Infant-Toddler Programs

- Award and maintain funding for programs that promote healthy parent-child relationships (includes comments about funders moving on to the next new thing and parent involvement funds are dropped).

### Practice themes/comments

- Essential Elements offer a developmental lens on what parents need and how to interact with parents.
- Support/train caregivers with skills for self-awareness and communication with adults, including confidentiality. (Caregivers are trained to work with children, not adults. Build skills for being proactive, sensitively handling conflict.)
- Get Essential Element information to parents so they have the knowledge and can bring to providers as well vice versa.
- Build on existing practices for creating connections. Find the entry points in programs in order to reach parents. Offer parenting information from the start, using strengths based approach.
- Establish systems for observing and reporting to parents (conferences, etc.).
- Clearly define roles so that caregivers work with/alongside instead of teaching to parents.

### Essential Element #7: Ensure Cultural Congruency

Comments and themes related to cultural congruency were embedded in two other Elements: #6 (Meaningful Partnerships with Parents) since cultural competence is a key component of effective parent partnerships and #9 (Ensure Professionals Possess Appropriate Knowledge.) in the theme around intentional recruitment and meeting the challenge of access to training.

### Essential Element #8: Structure Environments to Provide Developmentally Supportive Care

The themes related to structural elements actually apply to numerous Elements. For example, small groups and ratios are identified as implementation strategies in Elements #1, #4, #5 and #8 since they help programs facilitate relationships, language and interactions. The themes and comments about structural components are significant because they are connected to a variety of Essential Elements

### Policy and practice themes:

- ***Ratios need addressing in Minnesota.*** Stakeholders in both groups voiced concern about Minnesota's ratios as compared to recommended quality practices and other states' ratios. Current ratios for center-based programs are 1:4 for infants and 1:7 for toddlers; research suggests an optimum of 1:3. Family settings have different ratios that are based on a formula that considers multiple ages. Regardless of setting, stakeholders indicate concern about the support for babies and toddlers when there are not enough adults present.

## Essential Elements of Quality Infant-Toddler Programs

- ***There is tension between ratios, continuity, and compensation*** (*practice groups*). At an average pay of \$11 an hour, high turnover impacts continuity of relationships that are identified in these Elements as critical. At the same time, programs have limited resources (as do parents), so they operate at the maximum allowed ratio. The combination of high ratios and low pay impacts workforce retention. One participant said, “Some centers don’t even have an infant care room because it is not cost effective.”
- **Define continuity of care: then advance as standard of care.** (Family child care does offer continuity. Center-based care is driven by licensing requirements.)
- **Primary care vs. team care.** (Participant mentioned emerging research to explore.)
- **Solutions**
  - Change the rules and regulations) to support lower ratios, continuity of care in centers (when older infants have a higher ratio, programs cannot afford to maintain caregiver-child continuity. (policy)
  - **CCAP changes.** Reflect developmental needs and support lower ratios in reimbursement rates. (policy)
  - **Use volunteers (practice group).** Volunteers were a proposed potential solution, but this requires recruitment and training, and is not necessarily sustainable. (*practice*)

<b>Essential Element #9: Ensure Professionals Possess Appropriate Knowledge, Skills, and Dispositions by Providing Reflective Supervision and Ongoing Professional Development</b>
--

Themes related to Essential Element #9 include those around workforce hiring/recruiting, training and reflective supervision.

**Workforce recruitment and hiring. Policy and practice groups both mentioned the challenges of recruitment, compensation, training and reflective practice.**

### **Recruitment.**

- Both policy and practice mentioned to be strategic and intentional so that the system can open up to hiring a more diverse workforce that is representative of the families in the programs. (“I want to be sure that the educators both look like my kid and are trained sufficiently to work with my kid.”)
- Policy mentions addressing CCAP rules for addressing turnover (children are in and out of programs, affecting continuity, hiring and retention).
- Educate those who hire program staff about the dispositions, skills and value of caregivers who care for infants and toddlers. Some adults are a better fit for older children. Others (because of lack of training, awareness or pay) see working with preschoolers as more highly esteemed than an infant teacher.

## Essential Elements of Quality Infant-Toddler Programs

- Pay is an issue for recruiting and retention (affecting continuity); even for those who value caring for infants, pay may increase as a preschool teacher.

### Training

- **Policy and practice groups both advocate more support for infant-toddler caregiver training.** Practice groups had more specific ideas (listed below) and policy groups spoke of using resources wisely for training that supports ALL children. (One participant cited military child care that brought in pre-service experience and unannounced visits and quickly turned around their system to create one of the best child care systems in the US. And, from a bilingual policy group participant: “We need to examine our own race and culture issues, but more importantly we need to emphasize what we know works for all kids,” “We need to keep our eyes on our babies and keep them safe– the race and culture piece may be somewhat of a distraction from that.”)

#### Policy training themes/comments:

- **Training can be both a benefit and a barrier for diverse caregivers to enter the field and offer cultural and language continuity for infants and toddlers.** (“As we raise the bar for who can work with young children, it becomes increasingly difficult for young bilingual adults to have access to this work with infants and toddlers.”)
- **Address infant-toddler training needs in pre-service higher education.** (Higher education focuses on lifespan, but not enough emphasis on Birth to 3.”)
- **Align and relate Minnesota Core Competencies and ECIPs revisions with Essential Elements of Quality Infant-Toddler Programs.**
- **Offer incentives for on-going professional development** (required for licensing, compensate for time)

#### Practice training themes/comments

- **Develop** tailored trainings about these Essential Elements and offer it to: mentors, coaches, family child care providers, FFN, and parents. (“Do not ask someone to do something—care for infants and toddlers—before they know how to do it.”)
  - Design/deliver a universal training for all approved trainers that incorporates essential elements
  - Train CCRR staff and other trainers get them into centers! Increase capacity for customized training that addresses infant-toddler needs.
  - Explore training on Essential Elements of Quality Infant-Toddler programs that links providers and home visitors.

## Essential Elements of Quality Infant-Toddler Programs

- Make training more accessible (affordable, location)
- **Use existing** training curriculum and connect dots to Essential Elements (“Do not reinvent the wheel.”)
- **Include brain development information into RTT and other required trainings.** Remember to include the WHY, not just the WHAT and HOW

### Reflective Practice

#### Policy themes about Reflective Practice

- Policies should allow and support collaborative cross-sector professional development at both the pre-service level and in an on-going way
- Build reflection and intentionality in at the system level. Change professional development to reflect what we know works – basically not just doing workshops, but including reflective supervision.

#### Practice themes about Reflective Practice

- Questions emerged about how to implement reflective practice in a day to day manner across the continuum of providers. Some participants could not imagine how it can happen, others reported that they “enjoyed the reflective supervision piece because it is something that can be done”.
- *Learning how to care for children can have personal attachments (not like learning chemistry). How we care for children involve an imbedded history, so when someone questions a provider’s way of doing things they can be defensive because that may be how they raised their children and “they turned out fine” and are you saying I was not a good parent?” Reflective practice can help develop understanding when interactions feel like a personal “attack”.*

<p>• <b>Essential Element #10: Link to Health, Mental Health and Other Support Services for Young Children and Their Families, Especially for Those with Risk Factors</b></p>
---

- **Coordinate services.** For example, create a one-stop shop for getting people jobs and services – the information we are discussing is often out there, but families have a hard time finding it and using it.
- **Coordinate outreach and dissemination**
  - Intentional effort to get information into diverse communities (identify messenger and tailor message for dissemination)

## Essential Elements of Quality Infant-Toddler Programs

- Systematic approach to dissemination
- Use existing connections
- Work with *Way to Grow* or culturally diverse staffed programs to begin to identify community leaders.
- Don't forget existing connections with FCC networks, etc. There is better buy in when it comes from within.

### Appendix 2: Questions/probes for stakeholder sessions at the Essential Elements event

***Sample questions/probes:*** Any/all of the following questions could fit for particular Elements or else practices that support multiple Essential Elements. Use these as guides for the overall goal and to move towards gathering voices and ideas for implementation, challenges, how to meet challenges, etc.

***Practice-focused groups:*** Describe the implications and potential for program practice (center and home-based).

- How can (particular) Essential Elements influence practice?
  - What are the practice recommendations/actions?
  - What steps need to be in place to make that happen? (and where is it already happening)
  - Who needs to be at the table?
  - What are the resources required?
  - How can the Essential Elements be disseminated?

***Policy-focused groups:*** Describe the implications and potential for policy.

- How can (particular) Elements influence policy?
  - What are the policy recommendations/actions?
  - What steps need to be in place to make that happen? (and where is it already happening)
  - Who needs to be at the table?
  - What are the resources required?
  - How can the Essential Elements be disseminated?