

Chapter 2

Transition to Group Care for Infants, Toddlers, and Families

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The focus of this chapter is to shed light on the significance of infants, toddlers, and their families making the *transition* from care-at-home to out-of-home care. Parents or primary caregivers as well as their children profit from focused support during this process because the event arouses deep feelings and uncertainties. How the transition itself is accomplished sets the stage for the child's *entire* experience in the early care or Early Intervention (EI) group setting.

Infant and toddler care is a major and rapidly growing form of child care in this country today. With 56% of women with children under age three employed outside the home, child care for infants and toddlers is in high demand. Although nearly 6 million infants and toddlers spend all or part of their day being cared for by someone other than their parents, more than 40% of those infants and toddlers are in child care classrooms of poor quality (Cohen and Ewen 2008). This deeply disheartening fact challenges the accepted requirements for healthy early child development in quality care settings.

Good-quality childcare has been associated with a range of outcomes, including better cognitive, linguistic, and social development. Moreover, good-quality care can promote the school readiness and success of children from at-risk families. (Zigler et al. 2009, p. 90)

According to Zero to Three (2009), the pre-eminent national organization devoted to the optimal development of children from birth to age three and their families, the central components of *quality care* for infants and toddlers are:

- Small groups
- High staff-to-child ratio
- Primary caregiving (see p. 11)
- Adherence to health and safety policies
- A highly trained, well-compensated staff
- Well-planned physical environments
- Cultural and linguistic competence and continuity

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The Nature of Transitions

Transitions form a life-long matrix of human life through which all children and adults move gradually from known into unknown realms of experience. Birth, the original transition propels infants from their warm, dark, nine month inner home into the outer world of light and variability. Many transitions follow this first foray: an infant or toddler goes to child care, an adolescent starts high school, an adult takes a new job, one graduates from college, another gets married, some get divorced, a worker retires, and at the ultimate transition, a person dies.

These transitions are mileposts on the path from babyhood through adulthood. Each involves a *separation* from a familiar environment and an entry into an unfamiliar one. A range of emotions from anticipation to apprehension often accompanies each transition. Inevitably, these transitions offer challenges and hopefully, new opportunities for accomplishment and competence.

A potential for growth and change exists in every separation experience even though a temporary sense of loss predominates. Few people set out on a new venture without thoughts of what they have left behind. Sometimes ceremony lessens the impact of a loss by acknowledging a particular separation as a legitimate transition to a new phase of development. In some primitive cultures, rituals such as shaving a child's head may symbolize cutting him off from his past connections and indicate his entry into another stage of life. Spanking at a birthday party may be an old-fashioned counterpart of this custom. In an elaborate ceremony in some Hispanic communities, a 15-year-old girl, wearing a floor length dress, makes her debut before church and society in a rite of passage from childhood to adulthood known as quinceañera. Other present-day events such as baptisms, bar and bat mitzvahs, graduations, and weddings mark the transition from one stage of life to another. Entering early care and education is a transition to a new stage for children as well as parents, but there is no unique ritual that is culturally shared (Balaban 2006, pp. 16–17).

Entering Early Care

The entry process itself can be considered a microcosm, containing significant characteristics of a high-quality program. The *essence* of high-quality care, on which all the above features depend, is the *relationship* the caregiver creates with the child (Shonkoff and Phillips 2000).

The quality of the relationships between child care providers and the children for whom they are responsible carry the weight of the influence of child care on children's development [emphasis added]. The relationship between the child care provider and parent is also critical. However, in order for these relationships to flourish, program policies as well as caregiving environments need to facilitate their growth. It is the skilled and stable relationship-oriented provider working in the high quality conditions described above that promotes positive development. Mentoring and coaching supports, a stable workforce with

low turnover, and adequate compensation have also been linked to high quality of care. (Cohen and Ewen 2008, pp. 1–2)

This relationship is set in motion the moment infants, toddlers, and their families arrive at the child care setting on their first day, facilitated by the program's *gradual entry* policy that eases them into the new setting, encouraging the growth of trust. The infant/toddler care teacher starts to forge a connection with the *whole* family, recalling the words of psychiatrist D. W. Winnicott, "There is no such thing as a baby...if you set out to describe a baby, you will find you are describing a baby and someone. A baby cannot exist alone, but is essentially part of a relationship" (Winnicott 1978, p. 88).

If the center's policy also involves a prior home visit, the care teacher can make another alliance by reminding the toddler that they have met before. "I remember that I saw your teddy bear when I came to your house." As a welcome gesture, the teacher may offer a toy that will engage the family members with their child. If the care teacher is not familiar with the child's home language, she or he might ask for few key words to use when speaking with the child. The care teacher's goal is to help the child and family feel comfortable, safe, and welcome in the room.

The Developmental Meaning of Transition for Infants and Toddlers

Although most school age children rely on their solid sense of self as a bulwark to ease their passage from one life condition to another, the same is not true for infants and toddlers. Infants and toddlers are still in the *process* of forming their preliminary sense of self (Lally 1995) and must rely on caring, familiar adults for psychic stability. Thrusting babies into a strange child care setting without thoughtful preparation and support invites difficulties.

Infants and toddlers learn the lesson of who they are by the way they are cared for. "Through multiple experiences, the child builds an internal working model or representation that says: 'This is how my caregiver cares for me. This is how I am.'" (Howes 1998, p. 8). Because infants and toddlers rely on the care of others in the process of defining themselves, entry to child care demands sensitive, responsive, well-trained infant/toddler care teachers who possess an understanding of early development. The entry process itself requires a well-designed plan that includes several features:

- A director's meeting with family members prior to the child's starting in the program. This gives parents an opportunity to ask questions, to learn the program requirements, and to meet other adults whose children will be attending.
- A gradual entry that welcomes and supports a family member to stay with the child in the classroom until both feel safe. This may take place over a few days with each day's stay shorter than the day before. If a parent cannot manage this,

another family member or close friend can substitute. This process is an investment in a baby who feels safe and trusting in the new environment.

- A discussion between the care teacher and the family about the baby's home routines.
- An acknowledgement that separation reactions, crying and clinging, are appropriate and expected. Care teachers always respond to the infants' and toddlers' demonstrations of these emotions and soothe them.
- A primary caregiver system. (see p. 11)
- Photographs of the family, covered with clear, adhesive plastic and posted low on a wall where the baby can see and touch it.
- A welcome for *transitional objects*—favorite stuffed animals, or a piece of blanket that bring the infant/toddler's home into the center and provide a large measure of security.
- A book of photos of the child taken at the center to keep at home.

Recognizing and legitimizing the wide range of emotions that accompany this transition is not only basic but *essential*. Parents of very young infants have been known to burst into tears after leaving the room. Others may phone to make sure all is well with their toddler. After saying "goodbye" many children cry—sometimes every day, sometimes for weeks. It is important to legitimize these feelings rather than try to distract them. Children need to know "You feel sad when your mom leaves. I will try to help you feel better. Your mom (dad, grandma, aunt) *always* comes back."

Sensitive early care teachers can engage in play that enables infants and toddlers to work through their separation reactions. There are many variations on the "hide and seek" game that essentially recapitulates, symbolically, parents' leaving and returning. In the sand table, one teacher hides individual photos of all the children enabling each to "find" him/herself again. Here is a description of a 31-month-old boy at play as he copes with the daily *hello* and *goodbye*. In play he is in charge, unlike the real situation in which his family is in charge of leaving and returning.

Mano holds a small shovel and two plastic figures in the sand table saying, "Bye-bye people. I'm going to make you go bye-bye." He buries the figures under a mound of sand. Once they are out of sight, he digs into the sand, grabs them and raises the two figures high in the air. "I found you!" he exults. (Rajan 2009)

Feelings about the morning separation may surface at the end of the day when the child is tired and eager to go home. Lisa (19 months) is standing by her cubby watching the care teacher help another toddler with his sweater.

Lisa takes out her coat and sticks one arm through the sleeve, trying to put on her jacket. Dragging her jacket on the floor, she walks to her teacher saying, "Ugh-ugh." "It's not time to go home yet, Lisa," the teacher says as she hangs Lisa's jacket back in the cubby. Lisa walks over to a child who is bundled up in his coat and tries to unzip it. She tugs at the other child's sleeve yelling, "Home! Home!" The teacher sits on the floor close to Lisa, saying "Your mom will be here soon to take you home" and guides her to a table where other toddlers are doing puzzles. Uninterested, Lisa walks back to her cubby, reaches for her jacket and yells, "Home!" (Eastzer 2009)

Caregiver–Child Attachment: The Bottom Line

Infant/toddler care teachers build intimate and important relationships with infants and toddlers over time out of their day-to-day interactions, as they soothe distress, repair conflicts, observe and support play, change diapers, assist napping, and share the children’s successes as well as their disappointments.

When these interactions are sensitive, responsive, and caring, infants and toddlers become *attached* to their care teachers in ways that are reminiscent of their attachment to their parents. Both these important relationships are powerful because they produce emotions, thoughts, and special meanings. A number of studies show that young children prosper when they have strong, positive relationships with their teachers. They do better with peers, are happier, and are more successful later in school. Having a close, supportive relationship with a caregiver/teacher in early childhood has been seen as a “resiliency factor” for high-risk children (Elicker and Fortner-Wood 1995 p. 72). Tierney and Nelson (2009) state that “psychosocial experiences are necessary for the development of a healthy brain” (p. 13). During the early years of life, brain development is rapid and highly reliant on positive and supportive relationships. “Sensitive and responsive caregiving becomes a powerful regulator of emotional behavior” and “of the stress response to the threat of separation” as well (Gunnar and Cheatham 2003, p. 195, 204). The attachment engendered by attentive caregiving creates a *secure base* from which the baby and toddler can explore, learn, and form wider relationships with peers and other adults. Secure attachment is the foundation of an independent, resourceful, self confident, and learning child.

Infant/toddler care is personal. A *primary caregiving system* (Bernhardt 2000) in which each caregiver has primary, but not exclusive, focused care of two or three children, assures very young children that attention will be paid. The primary caregiver is the one who greets the child and family each day, diapers or toilets, feeds and puts to nap—is an anchor in a sea of activity. The child knows to whom to go for special comfort. The family knows whom to contact for daily information. This is *secure base* behavior. It has many advantages:

[I]nfants explore more, have more productive play, and interact more and more resourcefully with adults in group settings when their attachments to teachers are secure. (Raikes 1996, p. 61)

Some infant/toddler programs use a “school model” rather than an “attachment model,” grouping children

according to age—babies in one room, one-year-olds in another, and two-year-olds in yet another—[which] may require children to move from one group to another before they or their families are ready. When infants begin to walk, for example, they move to the toddler group. However, transitions are stressful for both children and teachers because they disrupt attachments. Babies’ departure for a toddler group affects their caregivers, who miss them and the experience of following their development. These transitions also affect parents, who must disconnect from familiar caregivers. To counteract these disruptions, some centers enact a continuity of care model in which the teachers stay with the same children for their entire three years in a center. (Casper and Theilheimer 2009, p. 327)

The Impact of Culture

It is not unusual for early care teachers to assume that they share the same values as the children and families in their care. Yet families differ widely in their beliefs about the role of children in the family and society. “A number of contemporary researchers have observed that adults set goals for their children with one of two cultural ideas in mind: individualism or collectivism” (Pena and Mendez-Perez 2006, p. 35). Groups favoring an individualistic orientation view children as independent and self-directed, while those incorporating a collectivistic approach regard children as part of and responsible to the family group. While these two ideas produce different parental behaviors and expectations, they are not mutually exclusive. “Every culture depends on children’s ability to do both, but in some cultures, one or the other can take greater priority. Even within a family, various ideas about what is best for a child may be in competition” (Casper and Theilheimer 2009, p. 324). Nevertheless, teachers need to be aware not only of these differences, but of their own child rearing beliefs as well. Becoming alert to other’s ideas of what behavior is important for young children is necessary in our increasingly diverse society. Cultures vary greatly in their childrearing practices such as multigenerational households that share child care, children co-sleeping with parents, use of pacifiers, and age of self-feeding and of toilet learning. These practices are highly potent issues in the first three years of life.

Since most early childhood programs in this country value independence and individualism, it is a formidable task for teachers to distinguish a “collective” cultural style from dependence. In order to embrace both major cultural patterns, perhaps teachers should think about separation and attachment not only as a child’s movement *away* from a parent but also as movement *toward* a connection with others. (Balaban 2006, p. 20)

Transition for Children Receiving Early Intervention (EI) Services

EI programs provide critical services for infants and toddlers from birth to age two regardless of income or citizenship. “EI can enhance the healthy development of children by providing vital health, developmental, and therapeutic services to promote early learning and strengthen crucial relationships with caregivers” (Dicker 2009, p. 1). Currently all states participate in EI provided by Part C of Public Law 105-17 (Individuals with Disabilities Education Act of 1997).

Although some information is available about the transition from home-based care to a group-based EI program or an inclusion program serving both typically developing and children with special needs (Bennett et al. 1991; O’Brien 1997), major attention is focused on the Part B transition process, at age three, to preschool special education and/or from preschool programs to kindergarten or primary school (Hains et al. 1991).

Since the law requires that EI services take place in “natural environments—settings that are natural or normal for the child’s age peers who have no disabilities,”

(www.Wrightslaw.com), it is evident that a *quality* program designed for typically developing infants and toddlers is obligatory for EI group programs. The fact that so little is written about the transition from home to group setting for infants and toddlers with disabilities is surprising since the central thrust of the law recognizes the predominant role of the family in making decisions about the education and care of their child. Such a decision is difficult for a family to make without sufficient information.

Suggestions below for enabling the transition of infants and toddlers, in EI, from home to center are based on plans described by Bennett et al. (1991). Other suggestions, drawn from Rous et al. (2007) that are focused on three-year-olds entering special education preschool or kindergarten, can also be applied to the EI home-to-group-care transition. We must always remember that the baby is an infant or toddler *first*, and has special needs *second*.

Arrangements designed to stabilize the transition include those described above as well as:

- Clarifying objectives and discussing roles and responsibilities
- Developing a transition plan from the home-based EI sending staff to the center's receiving staff
- Developing a checklist of the infant/toddler's abilities and needs
- Securing support of the child's place in the program from the receiving administrator and staff
- Preparing and supporting families via specific meetings with the receiving administrator and staff focused on the transition
- Visiting and evaluating the receiving program prior to a family's enrolling their child, accompanied, if possible, by the home-based service provider
- Visiting, on a frequent, regular basis by the parent and toddler before the actual attendance. Attending thereafter for short periods of time, gradually working up to full-time
- Building interagency relationships

A short history of Sarah and Tom and their twelve-month-old daughter Kate, who had many medical complications as a result of premature birth, making a transition from home-based EI to an integrated child care setting is described in Bennett et al. (1991).

After 12 weeks in the NICU (Neonatal Intensive Care Unit) Kate was sent home on an apnea monitor. Her parents

were concerned about how she would fare in a child care setting when Sarah returned to work during Kate's second year of life. Would the classroom staff be able to give her the kind of attention she needed? Would Kate be safe in a group of freely mobile children? Would she be left out of activities because she couldn't follow the other children? How would Kate respond when Sarah left her?

Sarah and Tom shared these concerns with the home visitor [Debbie] who had seen Kate during her first year. [They] planned to designate one classroom teacher as Kate's "special person," who initially would respond to Kate and set up situations that would allow her to interact with a limited number of children at a time. (1991, p. 19)

The center staff, naturally, had concerns about Kate's apnea monitor that they discussed with Sarah and Tom. In order to ease the family's settling-in, the staff arranged Kate's first day at the center many days before Sarah had to return to work.

Sarah and Tom brought Kate to the center and stayed for several hours, helping to involve Kate in activities and introduce her to other children. For the next few days, Sarah stayed with Kate at the center, becoming...more familiar with the program as the staff and children got to know her. After Kate had attended the center for several days part-time, Sarah was ready to leave Kate for the full day.... Gradually, over several days, Sarah decreased the time she spent in leave-taking, and parting became easier for Kate.

The classroom teacher was careful to make frequent contact with Sarah and Tom, both formal and informal, to give them information about Kate's daily activities and to discuss [their] questions and concerns. (1991, p. 20)

Family Concerns Unique to Early Intervention

Families have many concerns related to and during the transition to an infant/toddler center-based program that must be recognized by the receiving program.

Stress for families of young children with special needs increases when the diagnosis is made, during entry into early intervention services, and during the child's transition to a new program. Parental adjustment and adaptation to the child's disability typically is most difficult at the beginning of each of these events. A planned approach by the early intervention team can help families prepare for and better cope with early transitions. (Hains et al. 1991, p. 39)

Such concerns include "saying goodbye to their current intervention team and form[ing] new relationships with new service staff" (Hains et al. 1991, p. 39). Although a therapist who served in the home might arrange to continue working with the child in the new setting, it is more usual to find itinerant occupational therapist, physical therapist, and speech therapists providing services at an inclusion site. An EI group will very likely have their own on-site staff of therapists. Because of their widely differing schedules, communication among the therapists, teachers, and family is a demanding, often overwhelming task.

Many infant/toddler care teachers have limited experience with children with disabilities and look to the EI team for consultation and support. When that consultation and support is difficult to arrange, the child's progress may be at risk. When making the transition from home-based EI services to group care, the emphasis on family involvement and family services remains as a crucial element in the process, as required by law.

Some family concerns are related to the bus transportation provided to EI programs. Concerns relate to the child's safety and security as well as limiting contact between the family and the infant/toddler care teacher. Although arrangements can be made for parents to ride the bus, it is not always convenient, especially if they need to be at work at a certain time. Unwittingly, the bus can be a barrier between the family's familiarity with the program and their daily ability to support an on-going separation process with their child. *The onus is on the teacher to find ways to*

communicate. Teachers may need to make special arrangements to bridge this gap. For example, one program creates a communication book that travels daily from center to home and back, in which the teacher writes comments to the family and the family responds with their comments to the teacher. The book may also include comments from any therapist who is providing services at the center. Below is an entry to a communication book:

Teacher: G. was very sad when his dad left but he was able to be comforted by teacher W. He played with play dough and made a birthday cake. He worked on reducing his tongue thrust.

Parent: G's turtleneck shirt is missing. He didn't sleep well last night. Make sure he eats lunch. He's been lining up toys. What does that mean?

If a family member and a teacher feel the need to talk together they may set up a face-to-face conference time, arrange a telephone call, exchange e-mails, or make a plan for the parent to bring the child in one day. The parent may share some of her thoughts with the teacher who needs to listen carefully. Is there a "hidden message" behind the disclosure that "he didn't sleep well" or "Make sure he eats lunch."? A response of "How are *you*? You must be tired or worried." will be closer to the parent's real concern and desire for understanding. Parents of these babies with special needs require huge amounts of support, encouragement, and patient understanding from teachers.

Parents of children with disabilities may have a host of worries. "Will she fall down? Will he get hurt? Will she be protected? He has a language delay—will teachers understand him? Will other children like her? He's not walking yet; will they think he's a baby? How will she do in this setting? She's used to adults in our family helping her—will the teachers have enough time to attend to her? What will other parents think of him?" Parents, confronted with a group of children who are developing typically, may experience what one teacher called "re-wounding"—a reminder that their child is different and needs special attention. It may, therefore, be harder for the parent to leave the child at the initial transition period than it is for the child to leave the parent. This places an additional responsibility on the teacher to help both parent and child feel comfortable and reassured. Here we see the vital role of the primary caregiver as described previously.

A *central issue* for many parents in the transition to group care is that they are no longer in charge of managing the EI home services. While this may be a relief for some parents, it is a conflict and loss for many others. Without the case management load, the parent now "has to learn to be *only* a parent" (Murray Kelley, 1 April, 2010, personal communication). Teachers need to be sensitive to this issue should it arise in their relationships with the parents.

Attachment: Children with Disabilities

Supporting and encouraging the attachment that exists between children with disabilities and their parents falls under the teacher's and the program's purview. Com-

pared to the attachment of children without disabilities, the attachment of children with disabilities may appear “less complex, less provocative, and less differentiated” (Blacher 1984, p. 181). Conversely, it may appear quite complicated, because in some parent-child pairs the “existence of a developmental disability has been found to impair the normal development of attachment” (Foley 1986, p. 58). Foley reported on a small study showing that children with disabilities may not be able to engage in behaviors that promote interaction and reciprocity—the building blocks of attachment. Children may exhibit reduced cueing, delayed locomotion, unpredictable temperament, irritability, and/or a high incidence of illness that interfere with the usual give and take of attachment formation. For example, a child who is born blind is unable to make the eye contact that the mother anticipates when nursing or holding the baby face-to-face (Fraiberg and Fraiberg 1977). These impediments to attachment may require more of the care teacher’s capability than she is able to do without support of expert consultation. In some states EI may provide funds for a staff to hold clinical meetings focused on specific children and their families. Crucial to the integrity of *every* program is the need for reflective supervision and mentorship.

All Infant/Toddler Care Teachers Need Support

There are challenges to creating relationships with infants and toddlers whether they are developing typically or have special needs. Teachers may rely on their own experiences of being parented or on social myths about relating to children. If the well-regarded technique of following a baby or toddler’s lead is an unfamiliar way of working, care teachers may tend to “entertain” in their effort to play, or hold a baby too long in their attempt to be close.

Many demanding situations arise every day. What does the early care teacher do with his/her frustration when a baby doesn’t stop crying, or a toddler has frequent, inconsolable tantrums, or a two-year-old refuses to comply? Infants and toddlers may not *love the teacher back* when she stops an unsafe interaction like a toddler climbing on the table, throwing sand, or hitting or biting another child. Infant/toddler care is physical and emotional hard work (Eliot 2007). It calls for regular, supportive, reflective “supervision and mentorship [that] offer ongoing opportunities to recognize, understand, and cope successfully with the challenges of becoming an infant/family practitioner” (Fenichel 1992, p. 103).

Teamwork that forges the endeavors of care teachers and assistants is fundamental to a relationship-based quality program. When the room team meets regularly, works together with a spirit of cooperation and trust, it provides a model for children of how adults get along. The well functioning team creates a safe and affectionate environment. There must be space, and time, however, for disagreements and for confronting, and resolving, issues that have the potential for disruption.

Optimistic Outlook

Parents who are searching for infant/toddler care, are often at a loss as to what constitutes good care and what features to look for. They may not know key questions to ask a center director or a family child care provider. They may not understand the significance of transition planning. They may be unsure where to get information, other than from friends or neighbors. What they can afford is a serious consideration because care for children from birth to age three is “labor intensive” and therefore expensive. In addition, there are more infants and toddlers needing care than available slots. This report from the mother of a 26-month-old toddler is not atypical.

I started looking for child care when I was 6 months pregnant. I’ve yet to come across a class or workshop for new parents-to-be that discusses what child care is really about and what the options are for families who have to go back to work. In fact, no one discusses how difficult it is for new parents to put a three-month-old baby into an environment for up to ten hours a day. It is usually such a traumatic break for the primary caregiver and though an infant can’t tell you with words, it can also be a very difficult adjustment for the baby. (McSharry 2009)

Although this mother contacted a local child care bureau, she found it difficult to get information on what is “really going on in daycare centers and family care.” She had to change child care arrangements several times because of bad experiences. Finally, she settled for what she could afford—“but it falls short of what my child needs” (McSharry 2009).

This scene has been replicated in various forms across our country for many years. Although our early childhood programs have remained inadequate, often compromising children’s development, there *is* optimism.

Today, the quest for quality has been invigorated by a dramatic shift in national policy. The research is driving unprecedented federal support for early childhood quality initiatives, which promises to move the field forward in ways that were previously unimaginable. (Policy Brief 2009, p. 2)

This Policy Brief describes the Quality Rating and Improvement Systems (QRIS) as

a strategy for assessing, improving, and disseminating information about the level of quality across the full continuum of ECE programs, including school-based pre-kindergarten, Head Start, and center- and home-based child care...creating an industry-wide standard for quality assurance and a framework for improving consumer knowledge and influencing choice.

The standards used to assign ratings are based on research about the characteristics of programs that indicate quality and are linked to positive outcomes for children.... Standards may be aligned with a state’s early learning guidelines, and are based on widely accepted existing quality standards for programs and practitioners, such as those developed by the National Association for the Education of Young Children (NAEYC), Head Start, and the National Association for Family Child Care (NAFCC). In many states, programs that have been accredited by NAEYC, or NAFCC, in the case of family child care, automatically receive the highest rating. (Policy Brief 2009, p. 3)

According to Zero to Three Policy Center, the Obama administration and Congress, using vehicles such as the economic stimulus package, health care reform,

and student loan reform, have worked together to increase federal support for Early Head Start, child care, and EI, as well as challenge states to improve the quality of early learning settings for very young children. Signed into law on Feb. 17, 2009 the American Recovery and Reinvestment Act includes significant funds targeted for infants and toddlers much of which is dedicated to improving the quality of infant and toddler care as well as funding for Part C EI services for infants and toddlers.

Among the programs established, a Congressional Baby Caucus was formed in May 2009 to educate members of Congress about the role federal policymaking plays in the healthy development of very young children and to advance federal policy change on behalf of infants, toddlers, and their families (Zero to Three, 2009). “Elements of such early care and education systems are interrelated and rely on effective collaboration and the interaction of participants to be effective” (Goldstein 2006, p. 30).

Across the country, states and communities are developing comprehensive systems to help all children from birth to five years old have good health, strong families, and positive early learning experiences. In aligning policies and programs across the ages of children served, states can establish an array of services supporting the healthy development of babies, toddlers and their families. A variety of strategies represent the initiatives that states and federal government are using. (Goldstein 2006, p. 30)

These indications of a focus on children’s very early development are encouraging and a cause for an optimistic outlook.

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