



THE IMPORTANCE OF CONTINUITY OF CARE: POLICIES AND PRACTICES IN EARLY CHILDHOOD SYSTEMS AND PROGRAMS

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THE CASE FOR CONTINUITY OF CARE

Continuity of care is a term used to describe programming and policies that ensure children and families are consistently engaged in high-quality early learning experiences through stable relationships with caregivers who are sensitive and responsive to a young child's signals and needs. The recent changes to the Child Care and Development Block Grant rules, as well as state licensing rules, professional development networks, and quality rating and improvement systems represent opportunities for advocates to help policymakers and early childhood practitioners implement continuity-of-care policies and practices.

For all young children to grow and thrive, they need stable relationships with caring adults who are invested in their healthy social, cognitive, physical and language development. This begins with the immediate family and extends to other family members, neighbors, early care and education providers, health-care providers and other community members. Ensuring continuity of care, particularly for vulnerable children and families, is essential if we are to deliver on the promise of positive long-term outcomes in future academic and social success linked to high-quality early childhood programming.

Continuity of care encompasses different strategies designed to lengthen children's ability to continuously participate in a program and to support children's development and learning within programs in order to foster early learning, school readiness, and success in school and later life. This includes continuity-of-care policies and practices at the program level to support children's development and learning as well as at the systems level that lengthen children's ability to continuously participate in a program to achieve lasting gains.

Community leaders, early care and education providers, and policymakers all have a stake in designing policies and programs that support continuity of care. If investments in early childhood are to realize the significant returns often touted by advocates, continuity of care must be included in program design and implementation. This brief provides a review of the research that articulates the importance of continuity of care for young children and families, including the nurturing relationships that are developed as a result. Additionally, it highlights opportunities to support programming and policies that help children develop secure relationships by minimizing disruptions, such as changes in settings, assigned caregivers and teachers, and staff turnover.



The focus of this paper is to help advocates address continuity-of-care challenges raised in state Child Care and Development Fund (CCDF) plans, which will have to be dramatically revised in 2016. In addition, we have addressed transitional issues in the context of licensing and quality rating and improvement systems (QRISs), which are deeply intertwined with CCDF plans.¹

Research Support for Continuity of Care

A healthy attachment base is the key element in ensuring that continuity of care is a cornerstone for all early childhood programming and systems development. When caregivers foster attachment relationships with infants and toddlers that are nurturing, individualized, responsive and predictable, they are supporting the development of healthy brain architecture that provides a strong foundation for the child's immediate and future learning, behavior and health. Ross Thompson, in the classic textbook, *Handbook for Attachment: Theory, Research and Clinical Applications*, says "if the baby's needs are met, the infant forms a secure attachment—or 'base'—that creates a foundation for healthy development in early childhood and beyond."²

Helen H. Raikes demonstrated a strong link between the amount of time a young child spends with a teacher and the quality of the attachment the child develops with that teacher. There is strong evidence that healthy attachments, which form the basis of healthy social-emotional development, are established within high-quality early childhood programs.³ Recent research has firmly established the importance of social-emotional skills, especially emotional self-regulation, as critical for children's success in school.⁴

Unnecessary disruptions in services can stunt or delay social-emotional and cognitive development while safe, stable environments allow young children the opportunity to develop the relationships and trust necessary to comfortably explore and learn from their surroundings. This is of particular significance for vulnerable children and families. Jennifer Mortensen and Melissa Barnett, in a comprehensive analysis of teacher-child interactions in early childhood programs and their relationship to social-emotional development, describe several studies indicating that quality care results in positive social-emotional outcomes.⁵ Citing the 2005 Early Head Start study by J.M. Love et al., among others, they assert that healthy teacher-child relationships are the vehicle for these effects.⁶ It is important to note that this connection is especially related to self-regulatory behavior, which is recognized as critical to success in school and later life.



Behind the implementation of many publicly supported health and education services is the premise that children who experience extreme or chronic poverty, domestic violence, neglect or the loss of a significant adult are at an increased risk for poor health, cognitive, social and educational outcomes. Known as adverse childhood experiences, such circumstances can result in long-term problems in adulthood. A proximal process appears to be that young children living in adverse conditions are more likely to have impeded attachment relationships or insecure relationships at a higher rate than those from families not categorized as high-risk.

Mortensen and Barnett cite evidence by C.C. Raver that children living in economic disadvantage are at particular risk for poor socio-emotional development.⁷ Further, they describe a new look at evidence from the National Institute of Child Health and Human Development's *Study of Early Child Care and Youth Development* that showed that young children for whom both home and out-of-home-care environments were of low quality showed the highest level of behavior problems and the lowest level of prosocial behaviors.⁸ However, children with poor home environments who experienced quality nonmaternal child care showed improved social-emotional outcomes, supporting the premise that teacher-child interactions in child care ameliorate the negative effects of the home environment. Providing continuity for children with supportive teachers increases the quality of their attachment, increases the impact of their positive interactions and best supports their long-term development.

Benefits for Families

When thinking about programs designed to support vulnerable children and families, ensuring the programs and policies truly bolster the adults' capacity to care for the child is of utmost importance. Building continuity-of-care practices into a child-care program strengthens the capacity of the staff in the program as well as that of the parents and family members of the children enrolled in it.

For parents and family members, continuity in child-care settings can increase their social capital, which refers to the collective value of all social networks (whom people know) and the inclinations that arise from these networks to do things for each other (norms of reciprocity). It includes a wide variety of benefits that flow from the trust, reciprocity, information and cooperation associated with social networks. Social capital is the value created for people who are connected to others. Many vulnerable families have increased success providing for their children when their social networks are strengthened and expanded. Continuity of relationships is a key aspect of building social capital.



In his book *Unanticipated Gains*, Dr. Mario Small describes significant benefits that accrue to mothers from their child's participation in an early childhood program. Child-care centers are not just about caring for children. Rather, under the right circumstances and structures/practices they can also foster invaluable community ties among families. Longer-term participation as a result of policies and practices that support continuity of care provides more opportunities for this to happen.

DESIGNING LOCAL PROGRAMS TO SUPPORT CONTINUITY OF CARE

How can programs be structured and managed to support continuity of relationships along with other indicators of quality? Whether required by regulation, defined by voluntary association standards, or inspired by concepts of best practice, programs can promote the continuity of care through structural design and professional development.

The composition of groups provides the framework for supporting the development of healthy attachments between children and teachers. Smaller group sizes and ratios as well as flexible in licensing rules regarding developmental age ranges for groups as opposed to specific chronological age definitions make it possible for teachers to build stronger relationships with each child in their care and may contribute to staff retention, a key component to implementing continuity of care at the program level.

- *Group size and ratio:* The ratio of adults to children is a common measure of quality, and having fewer children cared for by one adult clearly offers more opportunity for forming quality relationships. However, the total number of children in the group is also a significant indicator of quality, with smaller groups creating a calmer environment and fewer relationships to manage. With the 2016 state CCDF plans now required to regulate group size, there is a rich opportunity to support strong teacher-child relationships through small group sizes.
- *Age ranges:* Frequently, children experience discontinuity at their birthday, when child-care rules often require them to be moved to a classroom with older children. Having rigid age ranges for service forces abrupt and untimely disruptions and prevents continuity. But when there is flexibility within licensing regulations for defining the age range of a group and opportunities for overlapping age groupings, children may be moved into a new group according to their developmental readiness rather than the rigidity of a specific calendar date. This offers an opportunity for the program to make decisions in support of ongoing relationships.

Teacher continuity complements continuity for children

When early childhood teachers view their job as emotionally and ideologically rewarding, that can contribute to their decision to stay in spite of the economic and socially low status of the child-care profession. Continuity-of-care practices in programs can help teachers see the growth and development of the children they

care for in greater depth, increasing their understanding of the significant role they play with each child. Examples of such practices are:

- *Stability of teachers' employment:* Policies that promote teacher retention, such as bonuses for completion of specified time periods and adequate compensation, increase the likelihood of the continuity of teachers.
- *Thoughtful consideration of changes in teacher assignments to specific groups of children:* Efforts to minimize disruptions to teacher-child relationships when restructuring staffing plans decrease the negative effects of such changes.
- *Careful attention to the teacher's schedule:* In full-day programs, children often stay longer than teachers. Because teachers who arrive early or leave late in the day may have more opportunities to interact with families, scheduling can have a significant impact on the development of relationships with children and families.

Continuity helps deepen relationships

Specific support for continuity of relationships provides the opportunity for relationships to deepen over time and for children to reap the benefits that accrue.

- **Primary Caregiving:** The practice of assigning each teacher primary responsibility for assuring that a small group of children receive the care they need gives staff concrete ways and opportunities to deepen relationships with those children and their families.
- **Extended time for children to stay with the same teacher or teaching team:** Time with one teacher or team can range up to three years or more, rather than ending every year or even sooner. This can be achieved by:
 - Having a cohort of children within a narrow age range (usually one year) who stay with the same teaching team for two or more years
 - Employing mixed-age groups with a wider age range (two or three years) that children enter and leave individually as it is age appropriate and where the teaching team remains in place



STATE POLICIES THAT SUPPORT CONTINUITY OF CARE

State and local leaders have multiple funding, policy and regulatory levers they can use to promote continuity of care. Subsidy policies and procedures, licensing regulations, QRISs, and professional-development networks and initiatives all play a role in influencing what happens between adults and the children in their care.

When we look at the policy levers that influence the capacity of a program to provide continuity of care, we find five areas with the greatest concentration:

Child care subsidy eligibility status, time frame and reasons for redetermination

The essential components of each state child-care subsidy system include defining who is eligible for the program, for how long, and how to determine eligibility at specific times. Redetermination of subsidy eligibility can trigger unnecessary subsidy loss when eligible parents with low incomes face difficulties in meeting state/territory-set requirements to maintain their subsidy. Some policies and procedures common make it difficult for eligible families with low incomes to maintain access to subsidies.

The following definitions are used by Administration for Children and Families (ACF) of the US Department of Health and Human Services:

Eligibility: meeting criteria established by law and state for receipt of subsidy (income, work activity, age, child's residency status, etc.)

Authorization: the period of time, number of hours (and in some cases schedule) for which the state (or its agent) determines a family can receive a subsidy before having its eligibility checked again (re-determined or re-certified)

Certification: interchangeable with determination (or recertification and redetermination if they're not newly on subsidies). This is establishing or reestablishing that a family meets eligibility criteria.

Provider payment rates and payment mechanism policies

Adequate, stable payments are essential to provide quality care. Effective payment practices within a state child-care-subsidy system recognize the costs associated with operating child-care businesses and employing qualified staff. They support continuity in the child-care setting and provide stable payments. When child-care programs have access to reliable, consistent revenue streams, caregivers are



ensured wage stability, which contributes to continuity of care. When state child-care-subsidy systems are more aligned with the payment practices in the private child-care market, low-income, vulnerable families are more likely to have access to quality programs and continuity of care.

Licensing regulations on group size and ages

Continuity of care is made possible when providers are able to ensure appropriate group size, staff-to-child ratios and general age-group cohorts. Licensing regulations that allow for a mixed-age grouping with the same teacher and do not mandate groups by chronological age support program design for continuity of care because children are not forced to transition at their birthday. State licensing requirements for group size and staff-to-child ratios should reflect industry best practices, as established by organizations such as the [National Resource Center for Health and Safety in Child Care and Early Education](#).

Professional development network focus and investments

Continuity of care contributes significantly to the quality of experiences for young children, particularly the vulnerable populations most often served by child-care subsidy. States can ensure that the principles and practices of continuity of care are embedded in the core knowledge and competencies for the early childhood workforce.



POLICIES TO SUPPORT CONTINUITY OF CARE: BEST PRACTICE RECOMMENDATIONS AND STATE EXAMPLES

The most immediate opportunity to develop stronger policies in support of continuity of care is in the recent changes to the CCDF regulations. Some key requirements in the new regulations are clearly designed to address continuity of care.

Eligibility Status, Time Frame and Redetermination

This is the policy area in which the CCDF regulatory changes have the greatest focus and impact on continuity of care. The new rules require:

- A 12-month eligibility period, provided the family income is not above the federal threshold of 85% of the state median income
- Redetermination policies that do not unduly disrupt a parent's employment
- A three-month (90 days) job-search period when a parent loses employment
- Procedures for enrolling homeless children, and training and outreach to promote access to services for homeless families

States are also encouraged but not required to develop policies for tiered eligibility, or a graduated phase-out of assistance for families whose income has increased at the time of redetermination but remains below the federal threshold.

Considerations

Eligibility Status

In order to best support continuity of care, the 12-month eligibility period should not be disrupted by requirements for reporting small changes in family income. This has been found to be a contributing factor to disruption in child-care arrangements. States that have moved from 6-month to 12-month eligibility have documented the change to be cost neutral, and it can also result in a reduction in administrative costs.⁹ States can also align the eligibility period with Head Start, Early Head Start and public pre-k for families that are simultaneously enrolled in one of those programs and child care. States should also ensure the authorization process does not create extensive wait periods for families to access child care or create gaps in service.

New York and Illinois allow continuous income eligibility for up to two years when a child is dually enrolled in child care and either Head Start or the state's pre-k program.

Fifteen states, including New Jersey and New Hampshire, have a two-tiered income-eligibility structure with the exit point for eligibility higher than the entry point, so that small gains in income do not push families out of the program. Many states have set the end eligibility threshold at 250% above the federal poverty level, basing this amount on the cost of child care, to prevent the much-documented “cliff effect” for families who become ineligible for child care and then end up paying as much as 35 percent of their income on child-care expenses.¹⁰

Redetermination and Reporting Changes

When parents are required to attend meetings during work hours or submit documentation in person, it can put them at risk for loss of employment, contributing to discontinuity of child-care arrangements. States can establish policies that provide parents with multiple ways to submit eligibility information, coordinating with other agencies and programs so that parents do not have to submit multiple forms or meet separate sets of requirements for each program. State policy can disrupt continuity of care by requiring families to report small changes such as fluctuating employment schedules and income levels, education schedules, ill health and medical leave or sick-child or vacation days. Disrupting subsidy receipt every time these changes occur adds to the instability of child-care arrangements.

Washington’s policy on reporting changes in family income during the period in which a family is authorized to receive a subsidy requires families to notify the Department of Social and Health Services only if its countable income exceeds the maximum eligibility limit identified in rule rather than of any change in family income.

Colorado requires parents to only report changes during the 12 month eligibility if their income increases above the federal eligibility level (85% of state median income) or if they have experienced a loss of work activity.

Job Search

The loss of employment is one of the most significant contributors to disruption in child-care arrangements. The new Child Care and Development Block Grant (CCDBG) rules require that states allow for a job search period of three months (90 days). Prior to these rule changes, 14 states allowed for a job-search period, with six states allowing 90 days and eight states allowing 60 days. States can design this policy to allow parents to use up to 90 days within the course of the 12-month eligibility period and not limit the job search to a single time period.



Maine's job-search allowance of 90 days can be applied throughout the 12-month eligibility period. Parents may use two weeks or a full month in a given job search and be allowed to access the remaining time allowed if needed over the 12-month period.

The District of Columbia also allows for a 90-day job search and allows 20 hours a week for child care when conducting the job search.

Enrolling Vulnerable Populations

Recognizing that continuity of care is most important for vulnerable populations, the new CCDF regulations focus on ensuring high-risk families have access to child-care subsidy. Ensuring these families have consistent, stable child-care arrangements is a key strategy for supporting children in high-risk situations. States can allow for presumptive eligibility in high-quality programs for vulnerable populations such as homeless children, children of teen parents and families at or below the poverty level.

Massachusetts and Illinois have designated community organizations to determine eligibility on-site with the state agency confirming eligibility, typically within a 30-day period. This reduces the wait time for confirmation of eligibility for families and lessens the paperwork burden.

Georgia, Massachusetts, Mississippi and New Jersey allow eligibility exemptions for elderly primary caregivers. Such policies are designed to address the growing number of grandparents with custody of their grandchildren.

In many states, parents who do not establish the paternity of their children or who do not receive child support cannot obtain a child-care subsidy. States should eliminate child-support-cooperation provisions for families applying for subsidy. This requirement is particularly difficult for teen parents, victims of domestic violence and parents who may lack access to noncustodial parents for other reasons. These policies prevent vulnerable populations from accessing quality child care and reduce opportunities for building the social capital so essential for reducing generational poverty.



Provider Payment Rates and Payment Mechanism Policies

The new CCDF regulations require states to establish policies that reflect generally accepted payment practices for child-care providers, including (to the extent practicable) paying for absence days and timely reimbursement for child-care services.

All of these policies contribute to continuity of care by reducing the likelihood of providers' refusing to continue to care for children on subsidy due to poor payment by the state. Subsidy-payment policies also influence the capacity of low-income families to access quality child care. Effective payment practices recognize the costs associated with operating child-care businesses and employing qualified staff. They support continuity in the child-care setting and provide stable payments.

Considerations

Subsidy-reimbursement payments are lower than the private market rate, capped by federal regulation at the 75th percentile of the market rate, and very few states reimburse at that rate. Most states reimburse at the 50th percentile of the market rate, and the market rates states use to calculate reimbursements are often based on outdated surveys that understate the true cost of care. Additionally, providers are typically reimbursed based on attendance-only payment structures, using electronic benefit cards. The new CCDF rule changes allow states to develop payment practices based on enrollment rather than on attendance. Although few states pay in this manner, many states do pay for certain child absences or when a child-care facility may be closed due to inclement weather or for professional-development days.

States can develop policies that allow for child sick days, vacation days and program closures for professional-development activities. If states are going to adjust policies to be aligned with generally accepted payment practices in the private market, paying based on enrollment must be one of the key changes made.

Vermont reimburses for up to 10 days when a child or family is on vacation, up to 15 days when a child-care facility is closed, and an unlimited number of days if a child is absent because of illness. The family must inform the provider that the child is ill, and for extended absences, the state may request an explanation for the absence.

Illinois reimburses licensed center-based and family child-care providers the full amount if a child attends child care for at least 80 percent of days eligible for reimbursement.



States can define full-time, part-time, quarter-time and extended-time payment ranges to provide increased flexibility and predictable reimbursements, and to reduce payment errors associated with more-finite hourly payment units. When the definitions of time ranges are more flexible, children experience fewer disruptions in their day-to-day schedules and have greater continuity of care.

Indiana provides full-time reimbursement if a parent needs at least 25 hours of care per week. The hours are averaged over the course of a month.

Alaska considers a family eligible for full-time care if the family needs 17 or more full-time days per month. A full-time day is defined as five hours up to and including 10 hours.

Contracts with established providers are also tools for ensuring continuity of care. State administrators typically use contracts to target services for underserved families, such as teen parents or families experiencing homelessness; to increase access to quality in specific geographic areas that do not have enough quality programs; or to address a documented gap between the reimbursement rate and the actual cost of quality. States can use contracts to build the supply of quality child care and ensure payments more aligned with practices in the private market. Contracts can be developed with a family child-care network, a community hub model, at a county level or with individual providers.

Oregon contracts with organizations to serve special populations and provide eligibility-determination services. This includes school district teen-parent programs, migrant/seasonal farm-worker programs, inclusive child-care programs through the Oregon Council on Developmental Disabilities and alcohol- and drug-treatment programs.

Kansas, Illinois, Connecticut and the District of Columbia use contracts to provide access to infant/toddler and school-age care for families with subsidy. Hawaii uses contracts to ensure access to child care for teen parents.

Most states offer child-care subsidies to parents during their working hours only. This means that if parents work evening or overnight shifts, they cannot use their subsidies for services during the normal business hours when typical high-quality programs—like Head Start or public pre-k—operate and often when parents need to sleep. This prevents children from experiencing the full benefit of quality child-care programs and can prevent a program from providing continuity of care.



States can delink parent work hours from early childhood program attendance hours to allow parents who meet child-care eligibility requirements and choose to enroll their children in high-quality programs that operate during their nonworking hours to use their subsidy to do so. States can also allow parents who are students to continue to access the subsidy during school breaks and vacation times, in addition to allowing for study time and travel. This allows for the child to continue participating in the child-care program, as opposed to possibly losing ground in key developmental areas because of a decrease in quality early learning experiences.

Oregon reimburses for child care between shifts for parents who work split shifts if picking up their child from child care in between shift times would be difficult for the parent or disruptive for the child.

Virginia allows sleep time to be included in a parent's schedule when a parent works nontraditional hours and must sleep for some of the hours while his or her child is awake.

Pennsylvania reimburses for child care during sleep time if a parent's work shift ends between 12am and 9am. Connecticut, Florida, Kansas, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania and Washington allow reimbursement travel time without specified time limits.

Alaska, Vermont, Maine and New Hampshire allow reimbursement of one hour of study time per credit hour.

Massachusetts has a policy called Approved Breaks in Service, which allows for providers to be reimbursed for services to families with seasonal employment or other short-term situations, such as summer break for parents attending school.

Illinois allows continued enrollment in child care during the summer for children of teen parents attending school

Licensing Regulations

The new CCDF regulations require states to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care. This creates an opportunity for advocates to address regulations that may prevent providers from being able to implement continuity-of-care practices.

Continuity of care is made possible when providers are able to ensure appropriate group size, staff-to-child ratios and general age-group cohorts. Licensing regulations that allow for a mixed-age grouping with the same teacher and do not mandate groups by chronological age support program design for continuity of care.

Continuity of Care Recommendations

State licensing requirements for group size and staff-to-child ratios should reflect industry best practices, as established by organizations such as the [National Resource Center for Health and Safety in Child Care and Early Education](#).

Licensing rules should allow for mixed-age groups and gradual transitions from one classroom/primary caregiver to the next. Transition plans focused on promoting attachment between child/caregiver/family should be required for all enrolled children and children transitioning to a different child-care setting.

Indiana and Maine licensing rules allow mixed-age groups for the purpose of maintaining continuity of care.

Improving the Quality of Child Care

The new CCDBG regulations were written with the overall goal of increasing access and supply of quality early care and education. Continuity of care contributes significantly to the quality of experiences for young children, particularly the vulnerable populations most often served by CCDF. The new regulations require:

- States to spend quality funds on at least 1 of 10 specified quality activities, which include developing tiered quality rating systems and supporting statewide resource and referral services
- States to establish professional-development and training mandates with ongoing annual training and progression to improve knowledge and skills of CCDF providers

Considerations

States can embed continuity-of-care practices at each level of their QRISs, including requiring smaller group sizes and staff-to-child ratios, as well as requiring primary caregiver assignments at the higher levels of the QRISs.

Continuity-of-care practices can be used be as an approved strategy for QRIS family-engagement activities at the higher levels.



States can require that continuity-of-care concepts and implementation practices are included within the core knowledge areas for professional development.

Maine, New Hampshire, Indiana, Georgia, Virginia and South Carolina have continuity of care as part of the core knowledge curriculums for child-care providers.

Sixteen states participate in the Program for Infant/Toddler Care, which emphasizes the importance of continuity of care.



CONCLUSION

Continuity of care must be a cornerstone or guiding principle for state or local early childhood policy agendas focused on improving outcomes for at-risk children and families. We hope that the rationale, policy examples and resources provided here will be used by state advocates and adapted to their specific needs. Opportunities to include continuity of care in early childhood systems and programs include immediate and unique moments, such as the recent changes to the CCDBG rules and regulations, as well as when states engage in review-and-revision processes for licensing regulations, QRISs or the design of their professional-development networks.

Advocates can work to share resources and information with local providers and community leaders, building an awareness of the importance of continuity of care, the rationale and research supporting the positive outcomes for vulnerable families, and the policies and practices at the system and program levels that are necessary for successful implementation.

CONTINUITY OF CARE TALKING POINTS

Continuity of care is a key factor in ensuring quality early childhood experiences, particularly for vulnerable children. Community leaders, child-care providers and policymakers all have a stake in designing policies and programs that support continuity of care.

WHY?

Continuity of care for children and families ensures the strongest return on investments in early childhood.

WHAT?

Benefits for Children

Research has shown that children have better educational and developmental outcomes when they have continuity in their child-care arrangements because safe, stable environments allow young children the opportunity to develop the relationships and trust necessary to comfortably explore and learn from their surroundings.

Benefits for Families

- Consistent relationships with staff ensure greater trust.
- Trusting environments encourage families to share more information.
- Friendships among families are more sustained, creating greater social capital.

Benefits for Staff

- Deeper understanding of child development across all age ranges
- Deeper knowledge of families' strengths and needs, which leads to more-effective interventions
- Greater emotional satisfaction from longer-term relationships with children and families
- Higher retention rates as a result of greater job satisfaction

HOW?

Policies That Support Continuity of Care

- Licensing regulations that allow programs to place children in groups related to developmental stages rather than chronological age



- Mandated group size and staff-to-child ratio aligned with established best practice standards (e.g., National Association for the Education of Young Children, Early Head Start/Head Start)
- Child-care-subsidy-eligibility rules aligned with programs such as Early Head Start/Head Start
- Provider-payment policies for subsidy programs that reflect private-market practices and incentivize quality practices, such as small group size and low staff-to-child ratios
- Professional-development networks focused on strengthening caregiver-child relationships

Program Approaches That Support Continuity of Care

- Children remaining with same teaching team for multiple years (e.g., birth to three years, three to five years)
- Mixed-age groupings, primary caregiver assignments and small group sizes
- Daily communication and partnering with family using a variety of methods
- Teachers who strive to provide responsiveness, sensitivity and stability in their relationships with children and their families



RESOURCES

Infant and Toddler Continuity of Care Assessment Tool, jointly-funded by ACF's Office of Child Care and Office of Head Start Convened by the National Center on Child Care Professional Development Systems and Workforce Initiatives (PDW).

https://childcareta.acf.hhs.gov/sites/default/files/public/201211_pdwcenter_infant_toddler_continuity_of_care_assessment_tool.pdf.

Implementing the Child Care and Development Block Grant Reauthorization: A Guide for States (CLASP and NWLC 2015). <http://www.clasp.org/resources-and-publications/publication-1/ccdbg-guide-for-states-final.pdf>.

Blending and Braiding Early Childhood Program Funding Streams (Ounce 2013)
<http://www.theounce.org/pubs/policy-pubs/NPT-Blended-Funding-Toolkit.pdf>.

Baby Matters: A Gateway to State Policies and Initiatives. Search the Baby Matters database for resource information on state policies and initiatives that impact infants, toddlers and their families. <http://policy.db.zerotothree.org/policyp/home.aspx>.

State of Indiana, Administrative Code 470 IAC 3-4.7-51. (2005), 1(19) 38, (51)60, (52) 60.
<http://www.in.gov/legislative/iac/T04700/A00030.PDF>.

Adams, G., Snyder, K., and Banghart, P. (February 4, 2008). "Designing Subsidy Systems to Meet the Needs of Families: An Overview of Policy Research Findings." Urban Institute, <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/411611-Designing-Subsidy-Systems-to-Meet-the-Needs-of-Families.PDF>.

Adams, G., Snyder, K., and Sandfort, J.R. (March 2002). "Getting and Retaining Child Care Assistance: How Policy and Practice Influence Parents' Experiences." Urban Institute, <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/310451-Getting-and-Retaining-Child-Care-Assistance.PDF>.

Adams, G., Snyder, K., and Sandfort, J.R. (March 2002). "Navigating the Child Care Subsidy System: Policies and Practices That Affect Access and Retention." Series A, No. A-50. Urban Institute, <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/310450-Navigating-the-Child-Care-Subsidy-System.PDF>.

Chainski, M.J. (June 2010). "Happy to Be Stuck With You: Why Continuity of Care Is So Important to Babies and Toddlers and How to Support It." Presentation at the NAEYC National Institute for Early Childhood Professional Development, Phoenix, AZ.

Early Head Start National Resource Center. (2012) "School Readiness Goals for Infants and Toddlers in Head Start and Early Head Start Programs: Examples From the Early Head Start National Resource Center." eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc

Elicker, J., and Ruprecht, K. (2007). "Early Child Care Quality Initiative Final Evaluation Report: January to December 2006." Retrieved from the Wellborn Baptist Foundation website: http://www.welbornfdn.org/Purdue_Paths_to_Quality_Evaluation_%20Phase_I.pdf.

Howes, C., and Hamilton, C.E. (1992). "Children's Relationships With Caregivers: Mothers and Child Care Teachers." *Child Development*, Vol. 63, No. 4, 859–866.

Lally, R., and Tsao, C. (2004). "Continuity of Care." Program for Infant/Toddler Care. https://www.pitc.org/cs/pitclub/view/pitc_res/710

Matthews, H., Schulman, K., Vogtman, J., Johnson-Staub, C., and Blank, H. (2015). "Implementing the Child Care and Development Block Grant Reauthorization: A Guide for States." Center for Law and Social Policy and National Women's Law Center. <http://www.clasp.org/resources-and-publications/publication-1/ccdbg-guide-for-states-final.pdf>.

National Association of Child Care Resource and Referral Agencies. (2011). "We Can Do Better: 2011 Update: NACCRRRA's Ranking of State Child Care Center Regulation and Oversight." <http://www.naccrra.net/publications/research-reports/2011/9/we-can-do-better-2011-update-naccrra%E2%80%99s-ranking-of-state-child-c>.

National Association for Regulatory Administration and National Child Care Information and Technical Assistance Center. (2010). "The 2008 Child Care Licensing Study." http://www.naralicensing.drivethq.com/2008_Licensing_Study/1005_2008_Child%20Care%20Licensing%20Study_Full_Report.pdf.

National Scientific Council on the Developing Child. (2007). "The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do." http://developingchild.harvard.edu/wp-content/uploads/2015/05/Science_Early_Childhood_Development.pdf.

Owen, M.T., Ware, A.M., and Barefoot, B. (2002). "Caregiver-Mother-Child Interactions." *Early Childhood Research Quarterly*, Vol. 15, No. 3, 413–428.

Raikes, H. (1996). "A Secure Base for Babies: Applying Attachment Theory Concepts to the Infant Care Setting." *Young Children*, Vol. 51, No. 5, 59–67.

US Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (September 21, 2011). "Policies and Practices That Promote Continuity of Child Care Services and Enhance Subsidy Systems." Information Memorandum CCDF-ACF-IM-2011-06. http://www.acf.hhs.gov/sites/default/files/occ/im2011_06.pdf.



US Department of Health and Human Services, Administration for Children and Families, Office of Child Care and Office of Head Start. (January 25, 2013). "Infant and Toddler Continuity of Care Assessment Tool."

https://childcareta.acf.hhs.gov/sites/default/files/public/201211_pdwcenter_infant_toddler_continuity_of_care_assessment_tool.pdf.

Whitebook, M., and Sakai, L. (2003). "Turnover Begets Turnover: An Examination of Job and Occupational Instability Among Child Care Center Staff." *Early Childhood Research Quarterly*, Vol. 18, No. 3, 273–293.

Zero to Three: National Center for Infants, Toddlers and Families. "Baby Matters: A Gateway to State Policies and Initiatives," Search the database for resource information on state policies and initiatives that impact infants, toddlers and their families.

<http://policy.db.zerotothree.org/policyp/home.aspx>.

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- ¹ It should be noted that other kinds of key life-moment transitions are important to young children, particularly the transition into kindergarten. For more information about best practices for that significant time, see Kielty, M., Passe, A.S., and Mayle, S.R. "Transitions to Kindergarten." *Teaching Young Children*, Vol. 6, No. 4. National Association for the Education of Young Children, <http://www.naeyc.org/tyc/ARTICLE/TRANSITIONS-TO-KINDERGARTEN>,
- ² Thompson, R., (1999) in *Handbook for Attachment: Theory, Research and Clinical Applications*, Jude Cassidy; Phillip R Shaver (Eds.) New York : Guilford Press, ©1999.
- ³ Raikes, H. (1993). "Relationship Duration in Infant Care: Time With a High-Ability Teacher and Infant-Teacher Attachment." *Early Childhood Research Quarterly*, Vol. 8, No. 3, 309-325.
- ⁴ Ursache, A., Blair, C., & Raver, C. C. (2012). The promotion of self-regulation as a means of enhancing school readiness and early achievement in children at risk for school failure. *Child Development Perspectives*, 6(2), 122-128. doi:10.1111/j.1750-8606.2011.00209.
- ⁵ [Mortensen, J.A.](#), and [Barnett, M.A.](#) (2015). "Teacher-Child Interactions in Infant/Toddler Child Care and Socio-Emotional Development." *Early Education and Development*, Vol. 26, No. 2, 209-229.
- ⁶ Love, J.M., Kisker, E.E., Ross, C., Raikes, H., Constantine, J., Boller, K., and Vogel, C. (2005). "The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs." *Developmental Psychology*, Vol. 41, 885-901.
- ⁷ Raver, C.C. (2004), "Placing Emotional Self-Regulation in Sociocultural and Socioeconomic Contexts." *Child Development*, Vol. 75, 346-353.
- ⁸ Watamura, S.E., Phillips, D.A., Morrissey, T.W., McCartney, K., and K. Bub. (January-February 2011). "Double Jeopardy: Poorer Social-Emotional Outcomes for Children in the NICHD SECCYD Experiencing Home and Child-Care Environments That Confer Risk," *CHILD DEVELOPMENT*, VOL. 82, NO. 1, 48-65.
- ⁹ Ewen, D., and Matthews, H. (2010). "Adopting 12-Month Subsidy Eligibility: Impacts on Children, Families, and State Child Care Programs." Center for Law And Social Policy
- ¹⁰ Minton, S., and Durham, C. (2013) "Low Income Families and the Cost of Child Care: State Child Care Subsidies, Out-of-Pocket Expenses and the Cliff Effect." Urban Institute