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ABSTRACT

This special issue focuses on infant and toddler child care. The title article, by J. Ronald Lally and others, examines the sources of problems in the management and planning of quality child care. It also explores six key components of early group experience: group size, quality of the physical environment, primary caregiving assignments, continuity of care, cultural and familial continuity, and meeting the needs of the individual within the group context. Other articles include: (1) "Making Family Day Care Work for Infants and Toddlers" (Mary Larner); (2) "Helping Toddlers with Peer Group Entry Skills" (Alice Sterling Honig); (3) "Developing Supportive Relationships in Child Care: A Training Initiative of the Northeast Florida City TOTS Team" (Virginia Greiner and others); (4) "Providing Goal-Directed Technical Assistance to State Policymakers: Lessons learned by Zero to Three's Better Care for Babies Project"; and (5) "Welfare Reform, Child Care, and Families with Infants and Toddlers" (Bernice Weissbourd and J. Ronald Lally). The journal also has reviews of 3 instructional videotape series and 10 books and other publications. (MDM)

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Caring for Infants and Toddlers in Groups: Necessary Considerations for Emotional, Social, and Cognitive Development

Subjects and Predicates

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This article is based on a plenary presentation at ZERO TO THREE's Eighth Biennial National Training Institute, December 4, 1993, Washington, D.C. Most of the content of this article comes from print and video materials of the Program for Infant/Toddler Caregivers, described on page 7 . Some statements are direct quotes from these materials.

Out-of-home child care for infants and toddlers, if done well, can enrich children's early experience. It can also be a therapeutic component of services to at-risk children, providing a safe and consistent base for protection, prevention, and treatment.

Unfortunately although more and more children in this country are moving into group care at younger ages and for longer periods of time,* we are missing opportunities to provide quality care. Indeed, current practices in many infant/toddler child care settings actually hinder caregivers, children, and parents from forming and sustaining the deep, responsive, and respectful relationships that are the hallmark of quality.

In this article, we will examine two sources of problems in the management and planning of quality child care for infants and toddlers, and then explore six key components of early group experience: group size; quality of the physical environment; primary caregiving assignments; continuity of care; cultural and familial continuity; and meeting the

* According to the National Child Care Survey conducted in 1990 23 percent of babies under one year of age, 33 percent of one-year-olds, 38 percent of two-year-olds, and 50 percent of three-year-olds are cared for outside their home in regulated and unregulated family day care and in infant/toddler centers.

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Two ZERO TO THREE training opportunities in 1994 see page 27 for details

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needs of the individual within the group context. How these components of group care are addressed determines, to a large extent, the opportunities for responsive caregiving and caring relationships in infant/toddler child care.

Two sources of current problems

American society remains unwilling to take the profession of infant/toddler child care seriously. We have traditionally viewed the care of children from birth to three as a job done in the home, as part of daily life, for free. Despite overwhelming research evidence for the social benefits of high quality infant/toddler child care and family support, we are not yet willing to pay infant/toddler caregivers a living wage. We still

American society remains unwilling to take the profession of infant/toddler child care seriously.

demand that caregivers get their training on Saturdays or after the work day is over. Unless and until we treat group care of infants and toddlers as a profession and provide funds for training, careful staff selection, and supervision — as well as for worthy wages — we cannot expect to achieve high quality care.

We must also remember that good care for infants and toddlers in groups must draw on two sources of knowledge: 1) a grounding in infancy; and 2) experience with groups. Unfortunately, over the past several decades many infant/toddler child care programs have been created by well-intentioned people who lacked this essential double background: they were either not familiar with infants, or they were not familiar with groups.

People who are unfamiliar with infants (often individuals who ran preschool or traditional child care programs) tend to create settings that look like preschool — classes, yearly movement from one "grade" to the next, and few links with families' childrearing practices. Caregivers are seen as "teachers." Such programs tend to be too large and too impersonal for infants. This is not the result of evil intent — indeed, these programs may reflect "best practice" for kindergartens — but, rather, a failure to understand the profound differences between a preschooler and an infant. Simply put, a preschooler has already formed a pretty solid sense of identity, with definite likes, dislikes, inclinations and attitudes, but an infant or toddler is forming his or her sense of identity. Part of what the infant gets from the caregiver is a sense of who that caregiver is; this sense is incorporated into the infant's own definition of self. The process of forming a strong positive identity should occur in a setting that offers security, protection, and intimacy. It doesn't happen in "school"; it happens in a continuing relationship with a caregiver.

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Insights about the importance of infant/caregiver relationships are familiar to psychologists, pediatricians, parent educators, and other professionals who have worked with children in a one-to-one setting. But these professionals may not recognize the power of group context to affect social/emotional exchanges between child and caregiver. When they design or administer infant/toddler child care programs or train staff, they may emphasize the importance of relationships but fail to pay attention to the power of group context — the environment, the peer group, the number of children in a group, and the temperamental mix of those children. As a result, child care programs based only on knowledge of one-to-one relationships may not design groups appropriately or create enough supports in the environment to free caregivers to treat children as individuals, in responsive ways.

Editor's note:

This is the fourth issue of *Zero to Three* in a decade to be wholly devoted to infant/toddler child care. (Articles of lasting interest that appeared in our 1984, 1986, and 1990 infant/toddler child care issues, as well as child care-related articles from other issues through 1992, have been collected in *The Zero to Three Child Care Anthology*, available by calling 1-800-899-4301.)

We are fortunate to have as contributors to this issue researchers, program developers, program administrators, trainers, and providers of technical assistance. (A number of the contributors are, or have been, "all of the above.") Their hands-on knowledge about the daily experiences of children, parents, and caregivers in child care and their hard-won expertise in efforts to achieve a quality child care system have much to tell us — about the serious challenges we face and about resources we can draw upon for guidance.

For the infant in care, the type of group the child is placed in is crucial. It can't be like preschool, and it can't ignore the fact that children are affected by groups. Infant care structures and policies must clear the way for rich relationships to develop, and groups must be formed that foster intimacy.

In the day-to-day give and take of good infant/toddler child care, children and their caregivers relate in a way that looks much like a dance, with the child leading, the caregiver picking up the rhythm and following. When a caregiver reads and responds to the young child's messages with sensitivity, the child's hunger to be understood is satisfied. The conviction that "I am someone who is paid attention to" becomes part of the infant or toddler's identity. Our challenge in group care for very young children is to make the

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setting intimate. It doesn't "just happen." We must create a context for responsive caregiving and caring relationships — not just between caregiver and child but also between caregiver and parent, and child and child.

In order to create and sustain intimacy in group child care, we must address six key components of early group experience.

1. Group size

We create chaos and confusion when we put too many infants or toddlers in one group, even with an appropriate number of adult caregivers. Yet child care regulations have begun only recently to address the total number of children in a group as well as the ratio of adults to children. As the number of infants in a group goes up, so do noise level, stimulation, and general confusion. The group's intimacy is gone. Children look lost and wander aimlessly, not quite knowing what to do. When there are too many children, shared experience and discovery through play are inhibited. Smaller groups mean fewer distractions and children's activities that are more focused. In small groups, very young children are able to make connections, form caring relationships, and learn to understand other children.

For children not yet mobile, **ZERO TO THREE** (1992) recommends that group sizes should be no larger than six; the caregiver/infant ratio should be no more than 1:3. For children crawling and up to 18 months, the group size should be no more than nine, ratios no more than 1:3 (explorers are active and need a watchful eye). For children 18 months to three years, group size should be no more than 12, ratios, 1:4. Centers, group homes, and family day care homes with mixed age groupings should never have more than two children under two years of age in a single group.

Infants and toddlers with disabilities who do not require special medical support can easily be included in environments with this suggested ratio and group size. Children with disabilities are children first; the care they need is often exactly the same as the care typically developing children need.

2. The environment

The physical environment — indoors and out — can promote or impede intimate, satisfying relationships. The environment affects **caregiver/infant** relationships. Carollee Howes discovered that in family day care homes in which dangerous objects and fragile prized possessions had been removed from the area in which infants and toddlers played, caregivers smiled more, encouraged exploration, and gave fewer negative comments ("Don't touch that!") to infants and toddlers. In an infant/toddler center, a hammock invites a caregiver to cuddle one or two babies. The environment affects **caregiver/parent** relationships. A comfortable place for adults within the children's environment can encourage parents to visit throughout the day and can also be used to encourage continued breastfeeding with infants. A place for parents to sit comfortably for a moment at the end of the day acknowledges the parent's needs and encourages conversation. The environment affects **relationships between children**. The amount and arrangement of space and the choice and abundance of play materials can either increase the chances that young children will interact positively with each other or increase the likelihood of biting, toy pulling, and dazed wandering.

The environment can encourage or impede flexible, individualized care in a group setting. With easy access to the outdoors, the daily rhythms of infants and toddlers can be accommodated. In too many centers, however, infant/toddler time on the playground is rigidly scheduled and subordinated to the schedules of groups of older children. Infants and toddlers need small amounts of food and drink throughout the day to support their emotional, social, and physical well-being. A child who is thirsty or hungry cannot interact successfully with other children or adults. A small refrigerator and modest equipment for warming food will allow caregivers to feed infants on demand and offer snacks to toddlers frequently. But too often in child care settings, feeding routines accommodate the kitchen rather than the child.

Often environmental impact is invisible but powerful. Convenient storage, soft lighting, and comfortable surroundings help to keep the caregiver available to the children and in a positive mood.

3. Primary caregiving assignments

The assignment of a primary caregiver to every child in group care means that when a child moves into care, the child's parents know, the director of the program knows, and the caregiver knows who the person is who is principally responsible for that child. Primary caregiving does not mean that one person cares for an infant or toddler exclusively, all of the time — there has to be teaming. 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.

Two vignettes adapted from **ZERO TO THREE** 's *Heart Start: The Emotional Foundations of School Readiness* (1992), illustrate the difference a special relationship can make to a young child's experience in child care.

The way it shouldn't be

> **Tim stood just inside the entrance to the playroom. He was sturdy for one-and-a-half, but short. The noise was jarring, and he looked around for the woman his mother talked to when they came in. She had said to his mother, "He'll be fine — I'll get him started," and she**

had taken his hand. But now, just as fast, she was gone. It scared him as much as the other time. This was not a good place to be. He wanted his mother and he wanted to go home. A boy bumped him hard, and Tim fell. He crawled over to that woman. He sat down and fingered some colored blocks on the floor. A big boy came and grabbed one and stepped on his hand. Tim yelped and cried and looked around. He held his hurt hand in the other and the tears ran down his cheeks. No one saw.

Two weeks later:

Tim stood just inside the entrance to the playroom. It was very noisy. A boy ran past him and bumped him. Tim lunged for him and pushed him down. The boy cried, and Tim walked over to the blocks. He picked some up, and a bigger boy came and grabbed them. Tim gave them up quickly and then turned and saw a smaller boy who had some. He pulled them away from him. The boy cried. Tim looked at the blocks. He couldn't remember what he'd been going to do with them, so he threw them down. They made a very satisfying sound. He picked up several other toys nearby and threw them. Suddenly one of the women was there yelling at him and holding his arm very hard. She was saying lots of things to him, and now she said, "time out," and scrunched him on a stool. He tried to get up but she wouldn't let him. She waved a finger in his face. He thought about biting it. She went away. He didn't like this place. He wanted his mother. He wanted to go home.

What Tim is learning in this child "care" center is almost everything we would not want him to. He is important to no one here and must fend for himself, as must others. For some it's like home — for others it's newly terrible. For all, it is a potentially damaging experience.

The way it should be

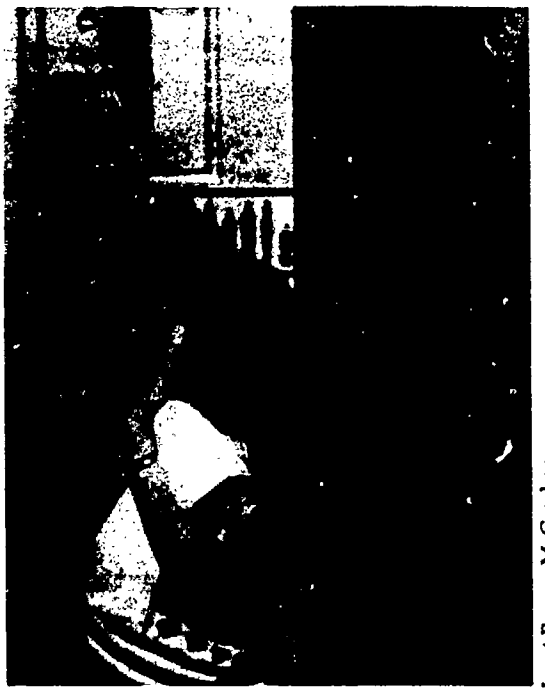
Tim and his mother had visited the center twice in the last week. They had spent time with Mindy, who told them she would be Tim's primary caregiver. Both Tim and his mother felt comfortable with Mindy. She was interested in them, wanted to talk regularly about Tim's progress, and seemed to understand how Tim's mother felt about leaving Tim to go to work. To Tim, today felt much the same, but his mother knew she was going to leave him for several hours and had told him so. Mindy met them at the door, squatted down to speak to Tim, who smiled shyly, remembering her, and then walked with mother and child to the small rocking horse that Tim had so enjoyed the last time.

A small boy rushed by and bumped Tim quite hard. Mindy caught the little boy and talked quietly to him, introduced him to Tim, and sent him on his way. Tim got on the horse and Mindy sat nearby where a somewhat bigger girl was building with blocks and a boy was working with large puzzle pieces. Mindy attended to all of them in turn as they wanted her attention or help. These were her three, and she always kept a special eye on them.

When it was time for her to go, Tim's mother reminded him she was leaving today. He looked surprised and climbed off the horse. Mindy picked him up and said, "Let's go to the door and say goodbye to your mother." Tim wanted to go with his mother. But his mother really seemed to be going to leave him, so he clung closer to Mindy, who cuddled him and talked quietly. Then his mother was gone. It was like everyone in the world was holding their breath at the same time, but Mindy held him and patted him and talked quietly, and then everyone began to breathe again. Tim could see the toys and children, but mostly he liked hearing Mindy's voice. Ten minutes later, Tim was on his horse. He wasn't as wholly confident as 20 minutes before, but he could still ride, and Mindy was close by and always noticed when he looked at her.

Two weeks later:

After his mother kissed him, Tim waved goodbye and then he said, "Hi" again to Mindy,



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who ruffled his hair. Tim made a beeline for the block area, but when he got there Wong Chen had corralled all of the red blocks Tim wanted. Tim squatted down and watched Wong Chen. In a minute, Mindy came over and squatted down too, and they both watched him. Then Mindy said, "Tim likes those blocks too, Wong Chen; would you let him play?" Wong Chen looked at the floor, and then he looked up and frowned at Mindy and then at Tim. Mindy said, "OK, Wong Chen, then Tim can use them later." And then to Tim, while pointing to some bristle blocks, "Maybe you'd like these? I don't think anyone has those." As Tim started to walk away, Wong Chen handed him one red block and Mindy said, "Thank you, Wong Chen, we'll use that."

...Later, Tim started to build a big car with red blocks, a car like his mother's red car. His mother was working. She would come later. "Mommy later," Tim said. Mindy heard him. "She will, Tim," said Mindy. "She'll come after your nap." "After nap," said Tim, and then he said, "See my car?"

Tim is learning a lot in this center, mostly very good things. He feels important. He feels heard and understood. He feels protected, and his primary caregiver helps him negotiate the difficult things with other children. He is learning to cooperate and to pay attention to what other children need and want. There is enough space, there are enough providers, just enough children, and abundant affection for everyone.

4. Continuity of care

Having one caregiver over an extended period of time rather than switching every 6 to 9 months or so is important to the expansion of a child's development. Switching from one caregiver to another takes its toll. The child has to build trust all over again. When a very young child loses a caregiver, he really loses part of his sense of himself and the way the world operates: The things that the child knows how to do, and the ways that he knows to be simply don't work any more. Too many changes in caregivers can lead to a child's reluctance to form new relationships.

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Continuity of care — or the lack of it — in a child care program has important implications for the group experience. A child with a new caregiver has to work hard to get her messages across. The caregiver can only guess at what she wants. There is confusion and stress for both child and caregiver. If a child deals with change by acting out his frustration, this will have an impact on the entire group. With a caregiver who knows him, however, a child can express need less dramatically. The better somebody knows a child, the more subtle the cues are that will inform that person of what it is that the child needs.

Continuity of care is important for caregivers and parents as well as for children. When infants and toddlers are moved to a new room as they reach a new developmental stage, caregivers don't get to see the fruition of their work. Parents often experience tremendous grief when they first place their infants in child care. Trust in the caregiver builds slowly, as they realize that the caregiver is attached to their child, loves their child, and supports the special parent-child bond. With a change in caregivers, not only the child, but parents as well will grieve and have to build trust all over again.

One of the authors (Pamela Phelps) once observed a very structured child care program for the infants and toddlers of teen mothers. The very youngest infants were in one small room with a caregiver. At four months, the infants moved to the next room, with a new caregiver. At eight months, they moved again — and so on until age three. On the day I visited the center, the caregiver of the youngest infants was standing in the doorway of her room, watching the caregiver in the next room try to comfort a tiny, crying infant. The first caregiver had tears in her eyes. I asked her what was wrong, and she said, "That baby was with me for the past three months; I love him." I asked, "Why was he moved? Why didn't you move with him?" She simply shrugged her shoulders, wiped her eyes, and answered, "The program does it this way."

Why should a program put children and caregivers (to say nothing of families) through such loss and grief?

At the Creative Pre-School directed by Dr. Phelps, one caregiver cares for three infants. Caregivers are trained to use every moment of the day to build trust with the infant and the family. Each in-

fant is on his or her own schedule for feeding, diapering, sleeping, and playing. This schedule is documented for the family on an individual daily schedule form.

As infants begin to exhibit the need for more stimulation, usually around 12 months, the caregiver will begin to take them to visit the practicing toddler group. These children are between 14 and 24 months old. Visiting can be done with all three infants or with one or two at a time. (Because each infant is on his or her own schedule, there is much time for individual attention.) The adults in the practicing toddler area visit the infant room often, with the focus on building relationships over time with the infants who will one day be toddlers. The transition is flexible and centers around each child's building a relationship with the next caregiver. The infant caregiver may move with the infants into the practicing toddler group, or, if the children are comfortable with the new caregiver, she may move back to receive a new group of infants.

This same slow process, focusing on each child's adjustment to a new environment, takes place throughout the age groups, including the movement of older toddlers (young threes) to the preschool program. This flexibility and movement of caregivers with children provides for information exchange (vital for including children with disabilities), child security, and parent confidence. When programs focus on the continuation of relationships over time, rather than on adult convenience, children and family needs are more easily met, and caregivers experience more job satisfaction and less stress.

5. Cultural and familial continuity

If there is no one in a child care setting who speaks the child's home language, or validates the childrearing values and beliefs of the family, the early development of the self is threatened. Particularly for infants, what they sense from their caregivers is incorporated into their definition of self. If infants get subtle messages that their way of communicating should change or that they are hard to understand, both their sense of rightness about where they come from and their feelings of personal potency are shaken. Child care should be in harmony with what goes on at home, following the form and style of what is familiar to the child.

Self-reflection is key to culturally sensitive care, and caregivers should be schooled in it. By exploring their own backgrounds, they can see the roots of some of their most basic child care practices. Feedings are a good example. For caregivers raised to feel that early mastery of skills is important, feedings may become trainings, times for skill-building. Caregivers who were taught to emphasize autonomy and independence will set up feedings differently. Caregivers who grew up in a culture where the availability of food was a concern may be inclined to give the message that food is for eating and never to be wasted. No matter what routine is being carried out, the caregiver's values about it are rooted in her childhood, her child care training, and other cultural influences. It is essential to recognize these values and understand that they are being transmitted to the children.

We need to look at our backgrounds, our philosophy, and why we are in the work we are in. We need to be honest, with ourselves and with families. It is not helpful to pretend to be interested in the parent's point of view — saying "Tell me about why Mei Ling cries and you pick her up immediately," as we are thinking, "This parent is spoiling this child." Rather, we must uncover the values that underlie our own beliefs, become aware of multiple perspectives on childrearing, be open to the parent's point of view when there are differences, and be willing to change some of our practices.

To provide cultural and familial continuity, child care centers should employ staff who are of the same culture and who speak the same language as the children served. Culturally representative staff should be included in decision-making positions. Using small groups is key. It allows caregivers to have a manageable number of cultures to relate to. They can get to know the families and be more responsive to their concerns.

The Program for Infant/Toddler Caregivers consists of a series of broadcast-quality videos, trainers' manuals, curriculum guides written by nationally recognized experts, and other related materials. The videos are available in English, Spanish, and Chinese. Titles include, among other, *Flexible, Fearful, or Feisty: The Different Temperaments of Infants and Toddlers; Getting in Tune: Creating Nurturing Relationships with Infants and Toddlers; Together in Care: Meeting the Intimacy Needs of Infants and Toddlers;* and *The Ages of Infancy: Caring for Young, Mobile, and Older Infants.* For information about how to order video and print materials, call the California Department of Education, Child Development Division, tel: (916) 322-6233.

Training intensives are offered to program managers and other professionals responsible for training caregivers in four areas: I - Social/Emotional Development and Socialization; II - Group Care; III - Learning and Development; and IV - Culture, Family and Providers. For information on the training intensives, contact: Terry DeMartini, Center for Child and Family Studies, Far West Laboratory, 180 Harbor Drive, Suite 112, Sausalito, CA 94965, tel: (415) 331-5277, Fax: (415) 331-0301.

6. Meeting the needs of the individual within the group context

Attention to the first five elements of group context — appropriate group size, appropriate physical environment, primary caregiving assignments, continuity of care, and cultural and familial continuity — goes a long way to making it possible to meet the needs of the individual infant or toddler within a group context. The experience of group care becomes enriching for the child and rewarding for the caregiver.

In an intimate setting, flexible scheduling is possible. Babies sleep when they want to sleep and where they want to sleep. They eat when they are hungry, and are fed with food that meets their individual needs. They play when they want to play, with plenty of opportunities to get down on the floor, to explore a variety of toys and materials, and to play alone, with other children, and with adults. Since babies' rhythms are individual, this means that a caregiver can expect to be keeping an eye on one sleeping infant, watching another who is absorbed in her own play, and actively engaging a third. An intimate setting recognizes toddlers' individual needs to explore, assert autonomy, and periodically reconnect with the secure base their caregiver provides. Nutritious snacks are available (often the focus of spontaneous socializing), potty training occurs as the individual child is ready, and ways are found for the toddler to re-visit her old crib if that is important.

In an intimate setting, a child with special needs can be accommodated. At the Creative Preschool, for example, a toddler with a serious medical condition requires frequent cat-naps. A beanbag chair in the room allows him to stay with his play group during the day, yet go to the chair for a 10- or 15-minute nap as he needs one. When he wakes up, he is near his caregiver and friends, and can immediately rejoin the day's activities.

A concept not previously discussed, but critical to handling individual differences appropriately in the context of group care, is **temperament**. Although most temperament research has focused on the individual child and childrearing patterns within the family, child care professionals need to be aware not only of the individual child's temperament (flexible, fearful, or feisty), but also of the temperamental mix of any given group of children and caregivers. Then we can think about how a particular infant's temperament relates to the temperamental traits of the other children in the group.

Several points about temperament are important to remember in the context of group care for infants and toddlers:

- Differences in temperament, even at the extremes, are differences in the normal range of behavior. The key is to understand how a particular trait influences the child's behavior, and to find the best way of handling it.
- A feisty or fearful child can be helped to learn to handle potentially distressing situations gradually, by a supportive caregiver who understands and accepts the child's temperamental issues. Simply protecting children from difficult situations denies them valuable opportunities to master social expectations and develop confidence and self-worth.
- Troublesome temperamental traits are not deliberate; neither the child nor the parents should be blamed for them. Caregivers should not be taught that young children are a "blank slate" and that parents and caregivers are therefore responsible for every child outcome. However, it is important to recognize that parents and caregivers may not understand a child's temperament and may be applying childrearing practices that do not fit the child's temperamental needs.
- The caregiver's response to the child's temperament can play a big role in the child's emotional development. The feedback that the child gets from adults contributes to the self-image the child develops.
- Any temperamental trait can be an asset or a liability to a child's development, depending on whether the caregivers recognize what type of approach is best suited for that child.

In conclusion...

The care of young children in groups is a profession. It includes both science and art. As a society, we need to make it possible for people to study the science and practice the art of caregiving. We need to release caregivers to provide the kinds of responsive care they know how to do or can be trained how to do, and to develop deep relationships with parents, children, and other caregivers.

High quality care for infants and toddlers must be in small groups, with appropriate ratios. There must be time for relationships to be established. There must be time for caregivers to learn and practice the different ways they will need to relate to children in the first three years of life — being very available in the earliest months, then helping children to "find their wings" as development proceeds.

Group care can be a place where infants and toddlers, with and without disabilities, can feel their potency. Group care can be a place where all children, caregivers, and parents form deep, meaningful, and satisfying relationships that support both the family and the full development of the children. **We need to make it happen.**

Reference

ZERO TO THREE/National Center for Clinical Infant Programs (1992). Heart Start: The Emotional Foundations of School Readiness. Arlington, VA: Author.

Making Family Day Care Work for Infants and Toddlers

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At about six every morning, Juana opens the door of her apartment to take a sleeping baby, a bottle, and a bag with extra clothes and a diaper or two from a frazzled young mother who then rushes down the street to catch a bus that will get her to the Dunkin Donuts before her shift starts at 7 a.m. By the time Juana gets her own children off to school, the two-year-olds will have arrived. Three older children come in the afternoon, and one — Juana's niece — stays through the dinner hour. Juana has been taking care of children in her home off and on for ten years. Recently, she saved enough money to install smoke detectors and radiator covers and to buy a crib and toys so she could pass the inspection by state regulators. Now she posts fliers about her child care program around the neighborhood, and several pregnant women nearby have come to ask whether she will have room in her home for their babies.

Family day care providers like Juana are a critical child care resource for a growing number of infants and toddlers whose parents are not able to arrange child care within the family, and who hesitate to use center-based care or cannot find space in a center that accepts infants. About half the children not cared for by relatives or family members are in family day care settings — in the suburbs, in rural areas, and in dense urban neighborhoods. Even so, family day care has attracted little attention from policymakers. The lion's share of resources invested in child care go to build centers and train teachers and directors to staff them. State agencies regulate centers more vigorously than family day care homes, and public child care subsidy funds have long gone to support centers located in low-income neighborhoods. Few resources ever reach the thousands of individual family day care providers who care for children in every city and state.

The National Center for Children in Poverty set out to study the strategies that community groups have developed to strengthen family day care in the difficult environment of low-income communities (Larner, 1994). That work convinced my colleagues and me that family day care providers represent a valuable community resource, especially in the nation's troubled poor neighborhoods. It also made us aware of the difficult challenges that those providers face — often alone — as they attempt to do right by the children and families they serve. Caring for infants and toddlers is, perhaps, the most challenging work of all.

Our study focused not on the providers, but on the programs that organize, assist, and support them. Regulatory agencies, child care resource and referral agencies, training programs, and community-based support systems like family day care networks and provider associations are all needed if we are to improve the quality of care offered in family day care homes. A skeletal infrastructure exists in some communities, but it is underdeveloped and underfunded. Given the escalating demand for child care, especially in low-income neighborhoods, we cannot afford to ignore the family day care providers who are the main suppliers of non-familial care for infants and toddlers.

Growing demand for infant care

A collection of current public policy initiatives is increasing the demand for paid child care in the nation's low-income communities, as the value of economic self-sufficiency overshadows the emphasis once given to the value of maternal care for young children. Parents who are employed are less likely to depend on welfare, and the nation is now willing to help at least some families pay the costs of child care so they can find jobs and keep them. The current administration's welfare reform plan includes paid child care in the basket of supports designed to help families make the difficult transition from welfare to work. A number of welfare-to-work initiatives focus on young parents, in an effort to encourage them to complete their educations, delay subsequent pregnancies, and join the labor force. From a child development perspective, however, the strategy is more questionable. Young parents also have young children; teen parents have babies. When the parents of infants and toddlers are required to attend school or to work full-time, where will they find child care?

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It is exactly care for infants and toddlers that the nation's child care system is least prepared to provide. In many states, licensing standards for centers require adult-child ratios that help keep children safe, but that also make center-based infant care expensive and scarce. Five states require ratios of one adult to every three infants under one year of age, and another 28 states require an adult for every four infants (The Children's Foundation, 1994). Those staffing patterns are so costly that, even in economically comfortable neighborhoods, many centers do not provide infant care at all. The situation in low-income communities — where licensed centers for children of any age are scarce — is still worse. In a recent study, eight of the ten states surveyed reported that parents who participated in the JOBS program had difficulty finding infant care (Hagen and Lurie, 1993). If it is successful, wel-

fare reform will increase the demand for infant and toddler care in low-income neighborhoods, putting pressure on the most fragile segment of the child care system.

Care by relatives

Not all parents turn to the "child care system" as a source of care for infants and toddlers, of course. Relatives are the first choice for most parents who need infant care, although far from all parents have relatives living nearby who are prepared to offer child care. The 1990 National Child Care Survey found that relatives cared for 22 percent of all children under one year of age whose mothers worked; 20 percent of children that age were in family day care homes, and 14 percent attended centers (Hofferth, Brayfield, Diech, and Holcomb, 1991). Parents who are eligible for child care subsidies can now use public funds to pay relatives or neighbors to care for their children, as long as those individuals meet minimal standards set by the state (see Blank, 1994, for a summary of state requirements). Administrators and caseworkers responsible for assisting welfare recipients report that allowing what is often called "informal" care makes the child care supply much more elastic (Hagen and Lurie, 1993), and responsive to the needs of families.

However, some public officials resist giving public funds to pay for a service they do not arrange, approve, or oversee. Evidence supporting those concerns comes from a new observational study that shows that children receive less than ideal care when they spend their days with an adult who is not regulated, has not been trained and who cares for only one or two children as a favor to another adult, not out of interest in child care (Galinsky, Howes, Kontos, Shinn, 1994). Parents, however, often feel secure when relatives care for their children because they trust kin to have the child's best interest in mind, to protect him or her from harm, and to provide care that is loving, individualized, and consistent with the parents' own childrearing values. Fully 30 percent of the parents interviewed in the 1990 survey preferred to have a relative care for their children (Hofferth et al., 1991). Trust is especially important to parents of infants, who are painfully aware that their children cannot use language to communicate with the caregiver, or tell the parents about any unfortunate experiences.

Family day care — another source of infant care

The fact remains, however, that care by relatives is not an option for a great many families, and they must look for care in the child care marketplace. Policymakers eager to increase the supply of infant care available to those parents often look to family day care. Family day care providers accept payment to care in their homes for a small number of children who they may or may not already know, and they are subject to regulation by state authorities. In most states, a single home can take no more than six children and typically several attend only part-time (Family Day Care Advocacy Project, 1993; Hofferth and Kisker, 1991). From the child's point of view, family day care is a form of child care that lies midway between care at home and care in a relatively large, structured center (Howes and Sakai, 1992; Kontos, 1992). From the perspective of a low-income parent, family day care can be both affordable and convenient. Though regulated providers charge, on average, the same hourly rate as centers charge, many let parents pay for only the hours of care they actually use. Providers often accept children early and late in the day or at varying times, fitting the awkward schedules imposed by many low-wage jobs.

Although family day care is often described as best-suited for infants and toddlers, most providers care for children of varied ages. The National Child Care Survey found that only 9 percent of the children in regulated family day care homes were under one year of age, and another 17 percent were between one and two (Hofferth and Kisker, 1991). Given the great need for infant and toddler care, why are so few of the children in family day care under two years of age? There are several explanations. To ensure that proper supervision and care are possible, some states limit the number of infants who can be in a provider's care at one time, and limit the total number of children in the home when infants are included (Family Day Care Advocacy Project, 1993). Such regulations dissuade some providers from accepting infants, because doing so reduces the income they can realize from their family day care business. It is also the case that some family day care providers, like many parents, find caring for infants and toddlers taxing and confining. Some providers are young mothers with small children of their own, but many older women also turn to family day care as a way of bringing in some income after their own children are in school or grown. For them, lifting, diapering, and holding several infants may be too physically demanding. Some providers prefer the give-and-take and the bustling pace that are part of caring for preschoolers. A provider in Kentucky commented that, "If you have babies, it is hard — during the summer you want to go outside and they're sleeping. Three and four years, I think, is a fun age." In addition, the children who first come as infants sometimes stay with the provider until they go to kindergarten, or even later. A provider in Philadelphia explained, "All the children I have, I had when they were babies, and they are growing up with me."

The very home-like quality of the family day care arrangement raises questions for parents in low-income neighborhoods, and for early childhood experts as well.

There is nothing wrong in the fact that few pro-

viders choose to specialize in caring for infants and toddlers. In many ways, children benefit when the provider enrolls children of varying ages. Siblings can stay together, special bonds can form between younger and older children, the provider can cope better when not all the children depend on her in the same way, and positive, long-term relationships can develop between the provider, the child, and the parents. However, when policymakers and funders calculate the impact they expect campaigns to recruit new providers to have on the supply of infant care spaces, they must recognize that a new provider represents only one or two new spaces for children under two years of age.

Caring for infants in family day care is no easy task

Family day care appeals to many parents because it offers a child care environment that resembles the child's own home, with ample opportunities for the provider to focus on each child, with the softness and variety of a home environment, with the nurturance one expects of a grandmother. After holding focus group discussions with New Jersey mothers on welfare who used child care, Toni Porter (1992) concluded that the parents who used family day care "were looking for a substitute relative — a provider who was responsible, trustworthy, and kind." The variety of family day care providers who care for children in most neighborhoods makes it easier for parents to choose a person who shares their own cultural background and childrearing priorities. Families who speak a language other than English can more easily find a provider who speaks their language than a bilingual or multilingual center (Chang, 1993). Parents may also feel they have enough clout with the provider to negotiate agreements on specific practices that are common to the home and the child care center, such as feeding, napping, responses to crying, and toilet-training (Nelson, 1989). However, the very home-like quality of the family day care arrangement also raises questions for parents and early childhood experts, especially in low-income neighborhoods.

Safety.

The most immediate worries parents have usually relate to safety, cleanliness, and the infant's physical well-being. Because the provider's home often looks rather like the family's home, it is easy for a mother to fear that not enough has been done to make it safe for babies. In fact, a provider who holds a state license probably has gone through a relatively rigorous inspection of her home, checking floor space and the layout of the rooms the children will use, checking fire safety, and ensuring that such safeguards as gates, fire extinguishers, covers on electrical outlets are all in place. Although across the nation only a small proportion of the homes where child care takes place are regulated, there is no evidence proving that providers in low-income neighborhoods are less likely to be regulated than those in suburban or rural areas. Certainly, some are unaware of regulatory requirements, and others cannot afford to bring their homes "up to code." However, low-income providers are often concerned about complying with legal requirements, and since many rent their homes and have regular contact with public agencies, they are less able than others to conceal the fact that they are providing child care. Those who serve families eligible for public subsidies have, at least in the past, had to be regulated to receive the subsidy payment. All these factors increase the likelihood that providers will take the trouble to become regulated, if they can meet the standards.

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An added dimension of worry, especially for parents in low-income neighborhoods, concerns the other people who may come and go through the home. Although some state regulations require health and criminal background checks for the provider and other adults in the home, family day care still seems to many parents to be "care by strangers that takes place behind closed doors." By contrast, centers were described by welfare recipients interviewed in several studies as more secure than private homes, because they are "formal institutions supervised by a director" (Porter, 1991, p. 28) and they offer "a structured monitored environment with a trained staff" (Siegel and Loman, 1991, p. 9). Parents are visibly anxious about trusting private individuals they do not know with the care of their small children. A child care coordinator at a New York City community college who helps students arrange child care comments that, "The parents pull back for a

second when we mention family day care." That college maintains a network of providers who have been trained and receive regular visits from the coordinator, and the parents are more willing to explore family day are when they know the college offers some oversight and assurance of quality. Providers sense the anxiety of parents who visit their homes, look around, and ask questions. Some empathize with the parents: one provider commented, "A lot of people are nervous. I was nervous as a mother, when I used child care." However, many feel insulted if parents seem to presume they are likely to mistreat the children in their care. Trying to surmount a barrier of uncertainty and mistrust is a difficult way to begin a relationship between provider and parent, and both referral services and family day are networks can play a key role in bringing parents and providers together in a more positive way.

Knowledge and training.

Typically, parents place relatively little emphasis on knowing whether the family day care provider they choose has received any training for her work, arguing that they want the provider to love and care for their child and, "you can't teach someone that." Indeed, family day care providers are less likely than staff who work in centers to have received any training related to child care. The National Child Care Survey found that 64 percent of regulated family day care providers reported taking some training related to children, compared with over 90 percent of center-based teachers (Hofferth and Kisker, 1991). This statistic reflects the gradual way many family day care providers started work in the field — first caring for a relative's child, then adding a neighbor's, then deciding the work is sufficiently rewarding and worthwhile to take seriously. Only then does it seem reasonable to seek professional training. However, it must also be noted that few communities offer any training designed to meet the needs of family day care providers (the Family to Family initiative sponsored by the Mervyn's, Target, and Dayton Hudson stores is an important exception; see Cohen and Modigliani, 1992). It is even more rare to find family day care training courses that are free of charge, offered in different languages, and held in convenient locations in low-income neighborhoods.

The lack of specific training for providers is particularly problematic when it comes to infant care, because the health and developmental needs of infants change so rapidly and are so important. Like any parent, providers must understand the schedule of required immunizations to know if a given infant is up to date, observe how each infant reacts to new foods to detect possible allergies, and recognize symptoms of illness or infectious conditions. Since infants who are in child care on a full-time basis spend most of their waking hours with the provider, not with a parent, it is the provider who is most likely to notice the subtle warning signs that all is not right developmentally. Yet most providers have only their own intuition to go on when they judge that a problem may exist, and later when they explain their concerns to anxious parents. The coordinator of a family day care network in Connecticut explained, "The providers may observe something is wrong developmentally — children who don't talk or who don't hear — but they're sometimes too intimidated to talk to the parents about these issues because most parents are not receptive to their comments." While parents sometimes overestimate the expertise of staff who work in centers (assuming they are professionally trained without bothering to ask what qualifications the center requires), they tend to see family day care providers as similar to themselves, and that can make them reluctant to respect a provider's opinions.

Shared parenting.

Caring for infants on a full-time basis is, for most providers,an emotionally intense experience. One New York caregiver explained that she tells the mothers who interview her about infant care, "I'll be that baby's mom also. When you're gone, that's my baby too. I'm going to care for that baby as my baby till you step through the door." That level of caring may be what the parents hoped to find in seeking a family day care provider rather than a center, but it can also be difficult for them to share their parenting role to that degree. Researcher Margaret Nelson examined the awkward role ambiguities that complicate the relationships between mothers and family day care providers in a study she conducted in Vermont (Nelson, 1989, 1990). She points out that "most of the providers had enormous respect for the parent-child bond and they did not want to threaten it. ... They did not want to elicit expectations they could not fill, and they also wanted to keep a distance to protect themselves. Quite simply, they did not want to be overwhelmed by love for a child who was not their own." (1989, p.27). The natural competition between adults whose affections are focused on the same child can infuse tension into discussions of caregiving routines and communication about the child's developmental progress. When that happens, one of the key advantages of family day care — the relatively close bond that can develop between the parents and the caregiver — is sacrificed.

Can community-based support programs help?

Too often, providers stand alone when they face the challenges associated with offering good child care to infants and toddlers. The burden is the provider's to make her home safe and convince parents she is trustworthy; the burden is hers to seek out knowledge of child development and children's needs; the burden is hers to find a balance between professionalism and friendship in her relationship with parents, and between competent caregiving and nurturant mothering in her relationship with children.

In the past decade, supports for providers have been offered under a variety of auspices. Resource and referral agencies and community groups led by volunteers have launched campaigns to recruit providers and help them become regulated (Lawrence et al, 1989; Ward, 1991). Community colleges, resource and referral agencies, and provider groups have developed training courses that give new providers the information they need to get off to a good start. Family day care associations have been organized by providers to create a forum for peer support and advocacy (Page, 1992). Often, however, those efforts have not reached providers in low-income neighborhoods. Some deliberately avoid low-income neighborhoods where staff believe that family day care is not a viable business endeavor. Other efforts reach relatively few low-income providers because they operate only in English, or they lack the staff and community connections needed to forge relationships with caregivers in poor or ethnically distinct neighborhoods. Few programs can offer low-income providers the financial assistance they need to make their homes safer and more stimulating child care environments (Larner, 1994). As a result, the providers who care for the nation's most vulnerable children are the least likely to be helped by the modest supports that currently exist to strengthen family day care.

Family day care networks are an important vehicle for improving the quality of care that providers offer children.

One important vehicle for improving the quality of care that providers offer children and families is the family day care network, and a number of networks receive public funds or private grants to work with providers in low-income neighborhoods. Networks vary in formality, size, and the scope of the supports they offer providers, but they typically share a structure: a paid staff person serves as network coordinator, gathers information relevant to family day care, organizes training sessions, and maintains contact with the providers. In some cases, the coordinator handles the paperwork required to enable providers to participate in the federally-funded Child and Adult Care Food Program that reimburses the costs of meals served to children. In others, the coordinator takes calls from parents seeking child care and refers them to providers in the network, or places children eligible for publicly-subsidized care in the network homes. Some network coordinators have expertise in child care and can answer questions from providers on telephone "warmlines," or make visits to their homes to talk and offer suggestions about the child care environment or the children in the provider's care. The one-on-one assistance that the paid staff person offers can relieve the providers' isolation, link them to information and community resources, and support them as they negotiate and manage delicate relationships with parents. The oversight, assistance, and advice that networks give parents can defuse some of the anxiety that may otherwise permeate parent-provider relationships.

A number of family day care networks have been launched by community groups explicitly to help providers in low-income communities offer high-quality care to infants and toddlers. For instance, in Brighton, Kentucky, a social service agency used funds from the local United Way and Community Chest to create a network of about twenty family day care providers who serve infants and toddlers. Among the supports they offer is training specifically about activities that are appropriate for children during the first two years of life (for brief descriptions of this and similar programs, see Larner and Chaudry, 1993). In Hartford, Connecticut, a community-based advocacy organization known as La Casa de Puerto Rico developed a family day care training program in Spanish, and it maintains a network for the forty or more providers who graduate each year and begin caring for children. A Spanish-speaking nurse from the nearby community health clinic visits the providers' homes on a regular schedule to check the children's health records, offer her advice on any signs of health or developmental problems that the provider may have noticed, and join the provider when she explains her concern to the child's parents (Larner, 1994).

Several networks have assembled packages of services for family day care providers who agree to care for the children of teenaged parents. Often they identify experienced providers who live near high schools, place the infants of teen mothers in the homes, and pay the providers for the child care. Special training and support services are included to help the providers understand and work effectively with both the infants and their young parents. Serving low-income teen parents tests the patience of many providers. Some providers are distressed when children come to them hungry, or wearing the same clothes day after day. Others are more bothered by the nonchalance of teen parents who neglect to call if they are not bringing the child to child care, or who pick up their infants late. Yet others become confidantes for the young women and may worry about what they hear about her risky behavior or emotional troubles. The teen parent component of a Catholic Charities agency in Somerville, Massachusetts, complements the agency's extensive family day care program for the children of low-income working families and families involved with child protective services. One coordinator spends time individually with the teen parents, the providers, and the guidance counselor at the school the teen mothers attend. She makes sure that the special needs of the teens and their infants are met in a coordinated fashion, and she can serve as a buffer between the teen and the provider, if tensions arise. This program is

supported by a contract with the state of Massachusetts that pays $44 per day to cover the support services as well as the family day care. That rate is nearly double the regular child care rate of $26 per day that this Catholic Charities agency receives to care for the children of low-income working parents.

As this example shows, it is not cheap to surround family day care providers with strong professional supports that strengthen the quality of the care they can offer, especially to what one network coordinator calls "special-needs parents." Yet it makes even less economic sense to place infants and toddlers from stressed, low-income families in child care settings that have benefitted from no investment of public resources. Family day care can offer a valuable service to parents of all income levels who need child care for their very young children, but it is not realistic to expect individual providers to meet the varied needs of parents and infants without any training or support. Self-taught and on their own, providers offer the type of care that comes naturally to them. With assistance, information, access to community resources, and individualized support, their care can be as professional and beneficial to children as any other form of child care. One coordinator who has supported dozens of providers in embattled eastern cities commented that "family day care homes are small oases in the middle of some disastrous neighborhoods." Developing the capacity of individual providers to assist the families they serve is not difficult, though it requires an ongoing investment of resources, and careful tailoring of services to the varied and changing needs of the providers. The burden is now on community organizations to establish a child care infrastructure that can give providers appropriate, useful support. The challenge to policymakers and private philanthropies is to develop funding approaches that can sustain an infrastructure of family day care networks and supports at the community level.

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Helping Toddlers with Peer Group Entry Skills

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Naftali, 13-months-old, toddled into the plywood playhouse. Benjy came by, stuck his head in through the open window space, saw his friend and grinned broadly. Chuckling heartily, Naftali toddled out of the house and vocalized as he went to the side window. Then he ran into the house again and watched expectantly as Benjy again put his head in and smiled and vocalized a greeting. Naftali ran out again, and this time, Benjy took a turn and ran into the playhouse. Naftali now imitated Benjy by going to peer into the window. He crowed with delight on seeing his friend now inside the playhouse. The two toddlers giggled and ran in and out of the playhouse taking turns peeking in to see each other.

Every parent and teacher hopes that the young children in his and her care will have lots of playmates and get along well with peers. Training for caregivers of infants and toddlers often emphasizes the importance of building a loving and secure emotional relationship between child and adult, as well as the importance of boosting language and cognitive advances. Yet training may give short shrift to the important area of helping toddlers develop positive social skills in peer interactions. Toddlers need help with four aspects of peer play. They need to learn **group entry skills** so that they can successfully maneuver to join others at an activity that seems attractive. Very young children need to learn **ways to sustain a play bout** once a game is initiated or a bid to join in has been accepted, and they need to **learn how to recognize a friendly peer bid** and **respond appropriately** to ensure a positive peer engagement when a toddler makes an overture to them.

In some childcare facilities, caregivers may not notice if a toddler usually hovers as an onlooker, stares long and gravely as peers play, but seems to have no clue as to how to join in the play. Some teachers try to help but may be intrusive in their efforts to encourage peer entry skills. Some adults require that toddlers "let" the avid onlooker play with them. Or they simply verbally suggest that the toddler join in, without providing personal supports or language bridges to ease that entry. Other caregivers are sensitive to the need for subtlety and variety in the ways that they help peers engage in sociable togetherness.

The mystery of *how* infants and toddlers become skilled social actors with peers within the first few years of life has not been examined as often as peer interactions of preschoolers and older children (Asher & Gottman, 1981; Parten, 1932; Rubin, 1980). Without specific caregiver intervention to shape or facilitate positive peer skills, early inappropriate or inept patterns of social initiatives may continue for some children into the preschool and school age period. Children who are isolates or rejected by their peers tend to exhibit stable patterns of inappropriate social skills (Roopnarine & Honig, 1985). When attempting to enter groups, unpopular children are less likely to be accepted and more likely to be ignored than popular children (Putallaz & Gottman, 1981). Thus, the origins of toddler social competencies with peers needs to be studied at the point when young toddlers begin to initiate social behaviors toward peers (Bronson, 1981; Brownell, 1990; Eckerman, et al., 1975; 1989; Goralnick, 1992; Mueller & Brenner, 1977; Ross & Lollis, 1989). What are the initial actions by which toddlers evince a social interest in engaging their peers? Do these actions result in successful, if brief, peer play bouts or are they rejected or ignored? Do initiators lack skills to **continue** a bid so that a brief bid may have no positive social sequelae?

Caregivers with preschoolers are often quite sensitive to children's needs for help in successful social play (Adcock & Segal, 1983; Paley, 1992; Smilansky & Sheftaya, 1990). Caregivers of toddlers need to become more aware of early toddler social ploys and of how they can help toddlers succeed more often in interpreting a peer's friendly but imprecise bid for social play. Even more adult skill may be needed in helping toddlers manage to sustain play bouts already begun.

Nancy P. Alexander

How social skills develop in infancy

Social skills begin with infant recognition of the peer as a social partner during the first year of life, then engagement in complementary and reciprocal social interactions during the early toddler period (13-24 months), and finally communication of shared meaning as to the content of the social interaction from 25 to 36 months during the late toddler period (Howes, (1987).

Before toddlers learn the subtle skills of how to play peaceably with others, they must first learn successfully *how to initiate contacts* with a potential playmate. One of the more difficult social skills they need to learn is how to negotiate entry into play with a peer already engaged with other peers.

In family life situations, sometimes an older sibling entrains a toddler into play or responds more positively to the role of "big sister" or "big brother" in accepting play bids of a toddler. However, in the world of child care, playmates are most often at the same developmental level as the toddler. This age similarity may further equality of power in some instances, and possibly more mutually enjoyable goals in interactions, as in the joyful peek-a-boo game described above. Yet when group age range is narrow and developmental levels are so similar, then the ability to decode peer social signals, to assess others' social needs and goals, and to find ready ways to engage others so that they are willing to admit a peer into ongoing play requires cognitive skills in short supply among toddlers, many of whom are barely out of sensorimotor Piagetian levels of functioning. A decision to establish *mixed age grouping* may ease adult attempts to help very young children learn daycare and sociability rules.

Toddlers and preschoolers were finishing their lunch and two-year-old Tony had spilled his milk. Jerry, a preschooler sitting near him, tried to explain to Tony that the puddle needed to be wiped. Tony smiled but did not seem to understand. Jerry shook his head and said "See, Tony, you get a paper towel and wipe it all up", and he proceeded to demonstrate how to clean up the milk puddle on the floor while Tony leaned over to watch in fascination.

Observing toddler strategies

Recently we have studied techniques toddlers use to try to join in a social interaction with a peer or peers (Honig & Thompson, 1993) in order to understand how teacher training in this domain can be made more effective. We focused on the techniques that toddlers use in such circumstances, the reactions of peers and teachers to these strategies, and the outcomes of the toddler social bids toward peers. Twenty-four middle-class toddlers (ten girls and 14 boys, age range 23 to 33 months) were observed in a half-day University cooperative nursery school. In each classroom, the toddlers, from multicultural student or professional families, had been together as a group for an average of 11 weeks prior to the observation of their peer play entry bids. Each classroom includes four adults (a highly trained head teacher, two student assistant teachers and a parent assistant).

The toddler program is based on a Constructivist philosophy. That is, the role of the caregivers is to support and facilitate each child's interaction with the physical and social environment, while allowing much freedom of choice. Toddlers select activities from a number of distinct learning areas: dramatic play, sandbox, manipulative table, playscape, easel, library, writing corner, art are and block area.

Event sampling (Bentzen, 1993, p.88) of toddler attempts to engage a peer was carried out during free-play time from 9:AM to 10:30 AM over a period of 13 weeks. Any behavior, whether toddler-initiated or teacher-facilitated, was tallied until 150 events had been recorded (with 89% inter-observer reliability). The anecdotal record included the *type of bid* used to gain entrance to the peer group interaction, the *length of an entry bid*, the *number of strategies per bid*, the *reaction* to a bid by the peers or by a caregiver, and *the outcome* of the toddler bid. Play-entry strategies were coded as distal contacts, such as staring at peer play from a distance greater than three feet away; proximal contact (such as touching a peer or leaning over next to a peer, within three feet of the peer(s); and verbalizing. Peer responses to toddler play-entry attempts were coded as accepting, rejecting, or ignoring. The outcomes to a peer bid were coded (with 80% reliability) as: imitative play, parallel play, associative play, reciprocal play, activity with adult, self-comfort, or termination (when the toddler initiated a bid and then simply left the scene).

Toddlers made 63% of their bids to a single peer and 37% to a group. The locale of events was distributed over the various areas of the classrooms, with the dramatic play area and the gross-motor playscape having a slightly greater proportion (17% and 13% respectively) of the tallied events than the other areas. *Arranging the environment* to enhance the opportunities for peer sociability is an important aspect of promoting peer play. When there is a rocking boat or a toy car that several toddlers can "ride" in, then the probability increases that peers will interact with each other. Putting several pounding peg toys with hammers out in a small area enhances the chances for peers to come over to pound next to a toddler already vigorously pounding pegs.

Toddler bids were fairly brief. The 150 bids recorded ranged in length from thirty seconds to five minutes, with a mean length of 1 minute, 21 seconds. An adult was present in 25 of 95 toddler bids (26%) toward one peer and an adult attempted to facilitate toddler entrance to peer play in 13 of those 25 events. A caregiver was present in 23 of 55 events where toddlers attempted to gain entry into *group* play, and in nine of

these 23 events (39%) an adult attempted to facilitate the toddler's bid. Adults, however, were not present in a majority of the episodes. They only attempted to facilitate peer social interaction in 15% or 22 of 150 events. Teachers may want to notice more carefully when a toddler is attempting to make sociable peer contacts. Just as the "teachable moment" has been suggested as the optimal time to introduce new cognitive concepts to young children, teachers may want to increase their awareness of social "teachable moments" when a toddler tries a ploy to join in play.

When teachers did intervene, there was no increase in the mean length of the episode, and sometimes toddlers did not accept adult suggestions.

Paul tells the teacher that he is going to build a castle with blocks. "Why not ask Rashid to help you build?", suggests the teacher. Paul accepts the suggestions and calls "Come on over, Rashid, come over." Paul gets up and walks over to invite Rashid, who says he does not want to build and begins to cry. Paul goes back to building by himself.

Adults may need to become more aware of whether toddlers, who are emotionally in Eriksonian stage 2 (Autonomy vs. Shame or Doubt) or the beginnings of Stage 3 (Initiative vs. Guilt) (Erikson, 1950) actually are themselves choosing to engage with a peer or would prefer not to be entrained into an activity the teacher has decided would be "good" for the child's socioemotional development. Teacher "scaffolding" of peer play needs to be subtly responsive not only to present level of toddler cognitive competence but to the emotional needs of toddlers to learn to express their own wishes and make their own choices.

Sometimes adults need to try ways to validate the positive quality of one toddler's social bid when the recipient may not be aware of politeness scripts that social situations require. Such *modeling* may be one way that caregivers can create a positive climate even when a brief bid has not been responded to by a toddler just learning the rules of how to recognize and respond to positive social bids.

Nurit watches Feng and Hanna playing at the water table. Feng looks up at Nurit and goes over to give her a flower pot, that she silently takes from him. The caregiver says: " You are giving Nurit the flower pot. Thank you, Feng", as he walks back to engage in more water play.

Did toddlers change their strategies when one bid did not seem to work? In half of the bids tallied in this study, toddlers attempted to gain social entry with only one strategy. Two to six strategies were used by toddlers during the other 76 events recorded as social initiations. In 45% of events, two or three strategies were used per bid. The use of four, five, or six strategies was exceedingly rare. Of the initial strategies used, 34% involved proximal contact, 52% involved the use of language, and 14% involved distal contact.

Joel watches Shoshannah busy in the housekeeping area as she moves between sink and table with dishes to set the table. Joel smiles, sucks his thumb, and continues to watch Shoshannah silently.

Some toddlers may wish to engage with a peer in a play activity, but their entry skills are in short supply. So they engage primarily as *onlookers*. When should a caregiver "assist" an onlooker to try a more-likely-to-succeed strategy? Language can be used as a "bridge" for non-verbal toddlers to help them realize their wishes and ways to implement those wishes. A teacher holding a young toddler's hand helps her to a seat in the play kitchen area she has looked at from afar. The caregiver remarks "I think Tessa might like some of the food you are cooking." This "bridge" helps the toddlers already at kitchen play to include Tessa in a "Pretend we are feeding the kids game." The teacher assists further by pointing out that when Tessa opens her mouth to receive the (pretend) food, she is showing how much she likes the other toddlers' cooking.

Another technique to prime onlookers by helping them learn potential scenarios for group entry bids is to *read or tell stories* where one bunny, for example, watches others passing a ball among themselves in the green grass and asks "Can I play too?" or announces "I like to play ball too." Some toddlers do not know the magic verbal or postural formulas by which to engage others. They stare on the outskirts of a longed-for activity; some disrupt peer play by toy snatching, although neither of these techniques will win them the coveted position of play partner.

In 58% of the 44 events where toddlers used a sequence of strategies in their entry bids, the toddlers used congruent strategies, such as one language bid followed by another language bid. In 2% of the sequences, a distal contact was followed by another distal contact: in 23%, proximal contact was followed by another attempt at proximal contact. Some of the proximal contacts were *reciprocal imitations*, a toddler favorite.

Andy is at one end of a cloth tunnel and Ofira is at the other end. Both peer into the tunnel. Ofira laughs as Andy moves through the tunnel. She goes over to the same entry to the tunnel where Andy went through, goes through the tunnel just as Andy did, and then moves away.

In 75% of the congruent sequences, a language strategy was followed by another language strategy. Despite the fact that adults tend to believe that language will more likely advance a peer play episode, sometimes the language bids used were greetings or invitations that did not lead to further peer play.

Jose approaches the playhouse where Al is inside. "It's Jose, it's Jose!", Al greets him in a warm invitation to come in. Jose says "Hi", but then immediately moves off toward the dramatic play area.

It may be difficult for toddlers to interpret verbal social markers as implicit invitations to engage in play together. Teachers need to make *explicit* the meaning of such rote social markers as "Hi". In one daycare, early in the morning, 23-month-old Rosie came running to the hallway every time she heard a parent bringing another toddler into the center. Rosie hugged each newcomer, smiled, and said "Hi" and then ran off to play. "Rosie is our regular morning greeter," the teachers proudly explained. Yet none of them helped the greeted toddler to acknowledge the meaning of the generous hug. They might have said "Rosie is saying hello to you. She gave you a big hug to show she is so happy that you came to the daycare today. Rosie is your friend. Friends like to hug and play with each other." This theme, that friends play with each other could be echoed further during the day when caregivers and toddlers play ring-around-a-rosy or sit next to each other while filling pails with sand or pouring water into plastic tubs.

The lack of cognitive ability of some toddlers to recognize the signs of a friendly invitation means that caregivers need to be creative in labeling friendly gestures as clearly as possible for some toddlers.

Ari, holding a hat in hand, is at the sand table, where he is running toy train cars onto a sand track he has drawn with his fingers. He calls over to Jessie at the other end of the table, "Look at my train". Jessie walks over, looks instead at the hat in Ari's hand, then returns to where he had been standing at the other end of the sand table.

Simply reflecting what was intended and what was actually done could have helped Jessie distinguish between own wishes and other's wishes: " Jessie, you went to look at the hat in Ari's hand. He wants you to come see his train tracks in the sand. See, he is making tracks in the sand so his train can go on the tracks. Choo-choo choo!" Chants and songs reorient toddlers whose interpretative skills are in short supply (Honig, 1993).

In the other 42% of events with sequences, toddlers varied their strategies (e.g. a distal contact was followed by a proximal contact) in order to gain entry to a peer interaction. For example, a toddler first watched a peer crayoning, then walked over very close to Maija at the art table. Maija offered him a red marker wordlessly; the toddler smiled, but then moved off without following through on Maija's bid to join in and color with her. The adult needs to state the toddler's intention: " Maija wants to share her Magic Markers with you. Maija would like you to color with her."

Kevin joined Carl in the library corner and put pieces of puzzle in a board just as Carl was doing. Kevin began singing "Twinkle, twinkle, little star", and Carl joined in singing imitatively and stayed at the table next to Kevin while continuing to put pieces on the board.

When teachers watch a successful use of a peer ploy such as singing in order to maintain pleasurable activity with a partner, the adult might comment admiringly on how much "Carl loves to sing with you". Brief admiring teacher comments focus toddlers on successful aspects of their entry bids.

Outcomes of toddler social entry attempts

In about half of the 261 recorded peer responses, peers ignored a toddler's sociability bid.

Cal sits down at the art table where the toddlers are making collages. Rebecca reaches over and hands Cal a circle to paste. Cal does not accept the circle from her but picks one up from the table. Rebecca puts the circle she was offering him down in front of Cal, who continues not to respond. She returns to work on her own collage.

Toddler who have not yet learned to recognize a positive social bid from a peer need a boost from an adult in order to conceptualize a social category such as " Peer offering help as a way of inviting you to join in social activity together." In other social bids for entry, the meaning of a toddler's bid may not be clear to the peer, and an adult's help may be necessary in order to *clarify the message* of a toddler's action as a request to engage in joint play. Particularly, a wordless toddler bid may need caregiver recasting.

Tolly sat on the bed of a wooden toy truck, ready to drive it. Noticing this, Natalie brought over a doll from the dramatic play area and placed her doll on the truck behind Tolly so that he could take her doll for a ride. When Tolly moved forward on the truck, the doll fell off, and Natalie silently took it back to the bed in the dramatic area.

It is notable that 38% of the toddlers' social bids were indeed accepted by peers. For example, Tina offered her hand to another toddler coming up the playscape steps. The peer accepted her hand, climbed up the steps and then sailed down the slide. However, toddlers who have learned a successful entry bid may still not know how to extend play through their social interactions.

Chino and Kaye are at the stove and sink. Benjy goes to the table in the housekeeping area and announces: " It's dinner time" as he sits down. While taking items from the toy refrigerator back to Benjy at the table, Kaye asks: " It's dinner time, Benjy?" Benjy then walks away to the bean bags in the block area, while affirming " It's dinner time."

The above episode illustrates that some toddlers have learned effective ways, perhaps through the use of a verbal stereotypic comment, in which to gain entry into group peer play. Nevertheless, they have not yet learned effective strategies that can sustain an initially successful bid or *maintain* a play bout.

In this study, toddlers rejected 32 (11%) of the peer entry bids.

Seated in the sandbox, Ari leaned over to Amy, who was holding several spoons in her hand, and requested of her "I need a spoon". Amy clutched the spoons without replying. After he had moved to play in another part of the sandbox, Amy went back to digging in the sand with the spoons.

The importance of an adult as a facilitator of toddler initiation bids is revealed in the data on toddler *endings* to their bids. In almost half (46%) of the events, a toddler ended the interaction with a peer by leaving the area and in 34% of the events the toddler remained in the area but ended the bid. Thus, associative and reciprocal play were rare outcomes of the initiation bid (5% and 1% respectively of events tallied).

Conclusions for caregiver training

These data suggest that trainers of infant/toddler caregivers need to emphasize techniques to enhance caregiver awareness of and effectiveness in helping peers engage in social entry. Adults can model simple actions or words that extend peer play bouts. Trainers may challenge caregivers to create verbal bridges that reflect toddler wishes, intentions, and play possibilities. Adult helpfulness advances the success of toddlers trying to engage in peer play but without the skills to do so successfully. One useful technique is to respond to the non-verbal body messages of toddlers by "talking for the body of the baby." For example, in the episode above with Natalie and Tolly, the teacher could note "Oh Tolly, you are such a good truck driver. Natalie would like you to take her baby doll for a gentle ride. Her baby doesn't like to get bounced around too much. Natalie wishes you would give her baby a special ride in your truck." Teachers who *reflect toddler wishes and intentions in words* promote toddler language skills as well as social play-entry skills.

Adults who *decode* the meaning of an ineffective toddler bid help toddlers find a more effective way to their social goals. For example, Tobie waved her drawing in front of Luella's face. Luella withdrew from the contact. Tobie did not know how to get her peer's social attention through a more acceptable bid.

When teachers *create simple scenarios* or *arrange an interesting activity* and invite toddlers to join in, toddlers' mutual interests more naturally lead to increased chances of positive social engagement and peer interactions. This use of the "Magic Triangle" technique (Honig, 1982), where the event or activity rather than a person is the focus of the interaction, may prove a more successful strategy for encouraging toddler peer social initiatives than direct suggestions to a toddler that a peer be invited into play. Providing enough shovels and pails in a sand pile or arranging a big hunk of cornstarch glop on a table lures toddlers into enjoying an activity with peers. Sociability is more likely to occur then. Toddlers need to feel that they are in control in managing their social lives as they are beginning to gain control in communicating with words and as they are beginning to gain control over sphincters in toilet learning. Caregivers who are sensitive to toddler development in language and motoric skills need also to think creatively about meeting the challenge to enhance peer entry skills.

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Developing Supportive Relationships in Child Care: A Training Initiative of the Northeast Florida City TOTS Team

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Three-year-old Tommy was cared for at a small child caring center on the west side of Jacksonville, Florida. Child care staff were frustrated in dealing with him. He got into trouble most of the time. The other children didn't want to play with him. The staff understood the children's feelings — Tommy was an "unlikable" child who irritated the other children. Whenever a staff member got physically close to Tommy, he would become agitated. When he became uncontrollable, the staff would send for his six-year-old sister. With her, he would become calm. When Tommy's mother came to pick the two children up in the evening, her first question was, "What did he do wrong today?" The staff would proceed to tell her. At home, Tommy would be punished for all he had done wrong — both at home and at childcare.

Across town an "upscale" child caring center was clean and new. There were beautiful toys — kept on shelves well out of reach of the children. All the tables and chairs were adult-size. The two-year-olds were being taught the religious history of their culture. As they sat in their big chairs at the big table, before each two-year-old was placed a pile of flour. The children were told to keep their hands in their laps and out of the flour until all the children had their flour and further instructions were given. Water was added to each pile of flour to make dough. When the children were given permission to touch this interesting stuff in front of them, they began to knead the dough. When the children could not make dough to the caregivers' satisfaction, the adults took it from them and completed the activity.

Very young children can grow and thrive in quality day care if there are opportunities for healthy relationships between children and caregivers. A child care center can function to strengthen parent-child relationships and can help infants and toddlers develop strong relationships with each other, as their self-confidence and positive views of other children increase. But for these things to happen, caregivers must be aware of the emotional development of the young child and able to relate their knowledge of emotional needs and emotional growth to their knowledge of cognitive and physical development. Moveover, caregivers need to be aware of their own relational past, their present relationships with others, and how these may affect their caregiving.

In 1992-93, the authors — all trainers, educators, and advocates for "at risk" families in Northeast Florida — had a chance to provide 15 child caring centers with training or consultation specifically designed : 1) to weave the importance of children's emotional growth into caregivers' knowledge about overall growth and development and 2) to encourage self-awareness among caregivers, allowing them to strengthen relationships with children, co-workers, and their own families. Our effort was an outgrowth of participation in **ZERO TO THREE** 's City TOTS Project.

City TOTS

With support from the Prudential Foundation's Focus on Children, **ZERO TO THREE**/National Center for Clinical Infant Programs launched the two-year City TOTS project in January, 1992. The project was designed to assist teams from participating cities to improve the training available in their communities for practitioners who work to support the development of inner-city children and families.

Ten teams, representing 9 cities (Atlanta, Boston, Chicago, Houston, Los Angeles, Minneapolis, Northeast Florida, Philadelphia, and Phoenix), were selected to participate on the basis of their proposed local training projects. All the teams then attended a week-long residential seminar at a retreat setting near Atlanta, Georgia in November, 1992. The week emphasized: 1) infant/family and parent/professional relationships as a focus of training for professionals and paraprofessionals; 2) integration of knowledge from multiple dis-

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ciplines and sources; and 3) encouragement of self-awareness and reflective practice. After the week, small grants were available to teams to aid their training projects.

Gathered initially by the Children's Home Society of Florida to respond to **ZERO TO THREE** 's City TOTS request for applications, the Northeast Florida City TOTS team became a functioning group during seminar week, with a charge to go forth and multiply. The Atlanta experience stimulated each team member differently. The team left seminar week with many ideas but was still struggling to define the way in which the experience could be used in training at home. Mindful of busy schedules, before we left Atlanta, we set regular dates for meetings back in Jacksonville.

Formulation of the project

The goal of the Northeast Florida City TOTS training initiative was to enhance the level of service delivery in child care centers in a five-county area through:

1. Modeling the development of supportive relationships, as modeled by the City TOTS training team;

2. Offering participants an opportunity to experience a different perspective on the relationship between the infant or toddler and the caregiver, as it impacts on the growth and development of the child; and

3. Providing participants with the opportunity to reflect on how their personal experiences guide their work with children.

Building on, among other things, City TOTS' focus on relationships and reflective practice, the Northeast Florida City TOTS team designed five training modules for caregivers which weave the importance of children's emotional growth into the knowledge about the child's overall growth and development. The modules are designed to encourage caregivers to reflect upon their own experiences in childhood. This touchpoint of self-awareness creates a "teachable moment," allowing the caretaker to push past the boundaries of the present knowledge base and past the emotions which often guide personal behavior. We believe that this type of self-awareness can further enhance and professionalize services in the child care setting, and can also generalize to child care providers' working relationships with staff, co-workers, and their own families.

The interactive learning modules developed were:

1. The story of development

2. A new perspective on classroom management

3. Attachment/separation and the growth of self

4. Child's work/child's play: The importance of child-initiated play

5. Encouraging parent participation.

In order to go beyond the module style of inservice training, we developed a consultation option as well. This was designed to give child care providers optimum involvement in and ownership of their learning experience. In this model, as the area of training was identified, team members and the child care provider pooled resources to develop a specialized, personalized training program. Not only was this beneficial to the trainee, but the trainer also expanded resources and knowledge through each encounter.

Multiplying

As we formulated the project, we conducted a telephone survey of the subsidized child care providers who serve the five counties in the greater Jacksonville area. We asked about the current availability of child care training, the best time to offer training for maximum attendance, and the possible interest of vendors in participation. We did not ask questions about the quality of training presently available. The providers we contacted felt that local opportunities for training were scheduled at inconvenient times and the cost was prohibitive. One provider offered classes once a month, on a Saturday; this program had a waiting list. All providers agreed that training offered after center hours would ensure the optimum level of attention from participating staff. All providers were interested in receiving information on our program and passing it on to staff.

Once we had designed our modules, the team sent letters offering the training experience free of charge, on site to all child caring centers in the greater Jacksonville area. Requests were to be filled on a first-come, first-served basis. Although our original goal was to train 75 staff members and administrators of child care centers, 27 centers responded, representing 269 child care providers. Within three days, the seminars were booked. We accepted the first 10 centers requesting seminars and the first 5 requesting consultation. Twelve centers, with 97 providers, were placed on a waiting list and eventually turned down.

Changing perspectives

The two centers described in the vignettes at the beginning of this article participated in our training. Their experiences are representative of other participating centers.

On-site seminars

The staff at the west side center experienced training through two seminars on Development and Behavior Management, provided at their center on two Sat-

urday mornings. During the activities related to behavior management concepts, each participant was paired with another, to discover their own personal space. One person remained stationary while the other walked toward her, discussing a topic of her choice. The stationary person told the walking person when to stop coming closer, to determine the area of comfort in talking. After this area was determined, the trainer directed the walking participant to step one step closer to the stationary participant. Reactions and feelings were discussed. Stationary participants said they felt crowded, uncomfortable, and threatened; they wanted to push the walkers back. The walkers were then asked to take two steps backwards and continue talking. Reactions expressed then were of distance and unconnectedness. We related this experience to how children might feel and react when we enter their personal space uninvited, as often happens in a disciplinary situation. They too might feel crowded, uncomfortable, and threatened and want to push the other back.

A light of recognition came to the faces of participants from the west side center as they began to think about Tommy. His caregivers began to realize that many times they would approach him too closely and he would pull back. They had been interpreting this behavior as defiance. Further, they realized that Tommy was experiencing anger, punitive action, and confusion from most of the adults who were in contact with him. His sister was one of the only constants in his life.

Staff decided to tell Tommy's mother that misbehavior at the center would be handled by the center. Unless the behavior was one that they would need to enlist her help in resolving, they would no longer report to her each evening all he had "done wrong." Staff did not want to put Tommy's mother in a position of always punishing him. They hoped that removing this additional stressor would help the parent-child relationship. Staff planned to observe Tommy's behavior and talk with him in an attempt to gain further understanding. At the end of the two seminars, staff had no clear-cut answers, but they did have many plans to make Tommy's experience at the center a more nurturing one.

Consultation

The upscale center asked for consultation and training. The City TOTS consultant/trainer spent a morning at the center, observing each class and the facility. Following the observation, the trainer spent time discussing with the center director some of the areas of excellence and need for the center. For this well-supported center, a change to child-size furniture could be accomplished easily and make a quick positive impact. However, the classroom teacher's lack of knowledge of appropriate developmental expectations for young children, revealed in the cultural exercise, was of concern to the director. The trainer was able to empathize and discuss possible interventions with the director. Together, they determined that a formal training session for all center staff on classroom management, with strong emphasis on developmental expectations, would be beneficial. During this training, a group of staff members were asked to get on their hands and knees, as they were given infant roles to play and attempted to look at their child caring practices from the child's perspective. They found the experience frustrating, but insight-producing.

Ongoing professional growth and support

Throughout the course of our project, which involved approximately 20 seminars in 10 locations and five on-site consultations, the Northeast Florida City TOTS training team continued to meet, consult, and support each other. Interestingly, the City TOTS seminar week became more helpful in our process the farther we got from it. The more we discussed and assimilated information and perspectives from City TOTS, the more they made sense.

The child care providers we worked with seem to be involved in a similar process of integrating professional support and consultation into their daily practice. The personalized, on-site training we provided enabled caregivers to look at their work from the new perspective of relationships. They were able recognize needs and to begin to think together about how to address them. Many participants in our seminars and consultation sessions had issues for discussion beyond the allotted time or the designated training topic. Thus the Northeast Florida City TOTS team sees its effort as a beginning. Continuing opportunities for professional growth are essential for all of us — caregivers, administrators, and trainers alike — who give ourselves to the demanding, essential work of caring for infants and toddlers.

Announcements:

The Center for Parent Education, University of North Texas, seeks proposals for presentation at its Third Annual Conference on Parent Education, to be held in Denton, Texas, February 10-11, 1995. **The deadline for proposals is July 1, 1994.** For information, contact Dr. Arminta Jacobson, P.O. Box 13857, UNT, Denton, TX 76203-6857, tel: (817) 565-2432.

The OSEP-funded project, "Preparation of Personnel To Provide Vision Screening and Evaluation Services to Children from Birth to Three Years," seeks preservice and inservice training settings, with participants from a variety of disciplines, to serve as field test sites for a multimedia training package. For information about participating in field testing, contact Pamela Cress, Program Coordinator, Kansas University Affiliated Program at Parsons, P.O. Box 738, Parsons, KS 67357, tel: (316) 421-6550, x1888.

Providing Goal-Directed Technical Assistance to State Policymakers: Lessons learned by ZERO TO THREE's Better Care for the Babies Project

The Better Care for the Babies Project (BCTB) of ZERO TO THREE/National Center for Clinical Infant Programs was planned in the late 1980s — at a time when the escalating need for quality infant child care (particularly among low-income employed families and parents making the transition from welfare to work) collided with the consequences of eight years of Federal cutbacks in child care subsidies, and with Federal withdrawal from child care-related technical assistance to states. BCTB was funded by the Ford Foundation Carnegie Corporation of New York, the Foundation for Child Development, the Pittway Corporation Charitable Trust, and the Smith Richardson Foundation, Inc., at a time when these grantmakers and **ZERO TO THREE** thought that there would be substantial new federal dollars flowing to the states for child care, and that states would be where action toward quality improvement in infant/toddler child care would take place.

When the Better Care for the Babies Project was implemented, from 1989 through 1992, the child care community was in fact struggling through Federal-level controversies around quality improvement in child care policy, state-level fiscal crises, and growing concern about the national budget deficit. The project's major goal was to help state administrators improve quality in infant child care, especially for low-income children whose parents are in the labor force and/or making the transition from welfare to work. The components of the BCTB project included:

- ongoing, negotiated, goal-directed technical assistance with three state interagency teams (in Florida, Illinois, and Utah);
- a national technical assistance forum sponsored by **ZERO TO THREE** in 1991;
- national outreach through the preparation and dissemination of policy papers; and
- the preparation and dissemination of a case study, *Lessons Learned: Provision of Technical Assistance to States* (**ZERO TO THREE**, 1993), summarized in this document.

The Better Care for the Babies Project provided technical assistance to three states — Florida, Illinois, and Utah — to help improve the quality of infant and toddler child care within their borders. BCTB also sought to become a source of "lessons learned" about the process of technical assistance itself. The project sought to discover what approaches are effective and, more specifically, what elements of technical assistance match well with the realities of both the state policymaking process and the steps needed to improve the quality of child care.

At the end of 1993, quality improvement in child care for infants and toddlers remains a challenge for national, state, and community policymakers. The lessons learned in the BCTB project are timely guides to continuing and emerging initiatives to benefit infants, toddlers, and their families.

Goal-directed technical assistance: Information for policy development

As defined by the Better Care for the Babies Project, goal-directed technical assistance is:

- knowledge transfer and exchange
- designed to encourage and help policymakers
- reach a policy goal
- mutually agreed to by the policymaker and the technical assistance provider.

BCTB was designed to supply critical information to state administrators who were committed to accomplishing and sustaining quality improvement in infant/toddler child care. The project recognized that even if newly appropriated Federal dollars began to flow to states to support quality improvement in child care, funds might not be accompanied by the kind of information most useful to state policy development. This is information about:

- best **policy** practices, drawn from interpretation of federal laws and regulations, and from model practices in other states;
- best **program** practice in infant/toddler child care, drawn from empirical research and expert opinion;
- sources of financing available to support improved program practices and more comprehensive services;
- current federal laws, regulations, and policy guidance related to child care; and
- predictions of likely policy directions and trends, drawn from analysis of policy proposals currently under consideration at the state and federal levels.

The BCTB technical assistance project was designed to go through governors' offices in order to elicit ongoing, high-level interest and cross-agency support in the efforts to improve the quality of infant/toddler child care. Although quality improvement in infant child care was the overall policy goal mutually agreed to by both the national BCTB team and the three states selected for technical assistance, the states agreed to two subgoals — to increase opportunities for: 1) training of infant/toddler caregivers, and 2) participa-

tion in immunization and preventive health care for infants/toddlers in child care. As the BCTB team developed relationships with administrators of state child care, early intervention, and maternal and child health agencies in the project states of Florida, Illinois and Utah, the content of technical assistance evolved to meet the specific (and frequently changing) needs of participating states. BCTB's policy-responsive technical assistance menu came to include written analyses, briefing materials, on-site consultation, and long-distance consultation concerning:

- facilitation of communication between states;
- training for infant/toddler child care providers;
- linkages among health, early intervention, and child care services;
- the revision of licensing requirements;
- the implementation of licensing requirements;
- the implementation of new federal child care regulations; and
- the financing of a "whole-baby," family-centered approach to early childhood services.

Policy advances in the BCTB States

During the course of the BCTB Project, Florida, Illinois, and Utah were able to accomplish policy advances in a number of key areas related to child care for infants and toddlers. Goal-directed technical assistance contributed to quality improvement in three ways. It facilitated:

1. Increased knowledge among state policymakers about recent federal policy developments, research findings, and promising or proven approaches to improving quality in child care;

2. Increased interaction and/or policy planning among child care and other administrators concerned with the zero-to-three population (e.g., administrators of early intervention and/or maternal and child health programs); and

3. Improved regulatory and non-regulatory quality assurance policies.

Rarely can one see a direct relationship between technical assistance and state policy decisions. Credit for planning policy improvement remains with committed state administrators, who use multiple sources of information to navigate and guide new policy directions. A review of the range of policy advances toward quality improvement that took place in a three-year period can usefully inform expectations for future initiatives designed to encourage policy improvement.

During 1989 - 1992, all three states accomplished policy advances in most or all of these eight areas:

1. Protection of quality child care and improvement in policy planning for implementation of the Family Support Act, the Child Care and Development Block Grant, and Title IV-A At-Risk Child Care programs;

2. Increased consolidation of child care oversight and coordination of disparate funding streams, with an emphasis on quality improvement in all child care, including child care funded under the Family Support Act;

3. Substantially increased support for training of caregivers as an essential element in quality improvement;

4. Increased reimbursement for publicly funded child care, leading to at least some deeply needed wage improvement among subsidized child care providers;

5. Strengthened consumer education services, including materials and services designed to help parents choose good child care;

6. Stronger linkage between child care and early intervention services for infants and toddlers;

7. Improved health and safety requirements for infants and toddlers in child care; and

8. Improved linkage between child care and preventive health services to improve access.

Barriers to quality improvement

The progress toward quality improvement in infant/toddler child care described above was impeded in the three BCTB states by formidable barriers. Most of these barriers still exist, and need to be addressed directly, or at least reckoned with, in future initiatives. They include:

1. Serious problems in the quality of child care services for three-to-five-year-old and school-age children; these often take priority for attention when funds are limited.

2. Public ambivalence about child care for infants, which may curb policymaker interest in any public investment in infant child care including investment in quality improvement.

3. A pervasive view that child care is solely a work-enabling service for parents; lack of knowledge about recent medical and developmental research findings that underscore the influence of child care on child development and, conse-

quently, the importance of quality in infant child care.

4. The acute shortage of infant child care services and the need to allocate available funds to expansion of an affordable supply.

5. Insufficient federal and state funding to sustain, expand, and improve infant child care services.

6. Varied levels of commitment in governors' offices and state legislatures.

7. Isolation among state service systems (health, welfare, child care, and early intervention), resulting in a lack of opportunity to plan collaborative financing and training strategies.

8. Lack of knowledge among both federal and state administrators about policy and program practices in various states that have proven effective in improving the quality of infant child care.

9. Narrowly defined categorical federal funding, which segregates services needed by young children and their families and creates high administrative costs at state and community levels.

10.Lack of understanding among federal policymakers and the general public concerning the value of regulation, licensing, and monitoring in improving the quality of child care.

11. A resulting policy climate of uncertainty about both state and federal regulation of child care (particularly family child care, a major source of care for infants and toddlers) as a way to assure safety and provide a base for quality.

12. Insufficient investment in the type of monitoring and data-based management systems that would enable state administrators to present an accurate assessment of results from quality improvement strategies (including the results of regulatory approaches).

13. The tendency for school "readiness" efforts to focus on the cognitive abilities and accomplishments of four-year-olds, rather than building readiness by fostering the healthy overall development (including social-emotional) of infants and toddlers.

Lessons learned about goal-directed technical assistance

The three-year experience of the BCTB Project suggests that goal-directed technical assistance should be a child care quality improvement strategy offered by the Federal government to all states. BCTB's experience in three states has yielded six key lessons about goal-directed technical assistance:

1. **Technical assistance should be flexible and negotiated.**
Letters of agreement between state administrators and providers of technical assistance provide a statement of common goals and objectives, as well as a touchstone for accountability. The process of drafting the agreement requires participants to spend time developing common objectives.

2. **It is important to focus on areas of agreement and to work with administrators' strengths and interests.**
Providers of technical assistance should consistently be open to renegotiation of objectives while continuing to focus on the overall goal of quality improvement. Whenever possible, technical assistance providers should do the work that state administrators need to support quality improvement.

3. **Information needs to be targeted and useful.**
The technical assistance information most effective in state policy improvement describes successful models, addresses funding issues, is tailored to the individual state's system of policy supports to improve child care (for example, regulations, licensing, training, and consumer education), and supports the "political will" of state elected and appointed officials and child care leaders.

4. **Expert knowledge and information should be personalized and provided in a variety of ways.**
Technical assistance providers should make information available in a variety of ways, including group discussions (in which the technical assistance provider's role can be facilitator, leader, or resource) and individual phone and mail contacts.

5. **Technical assistance providers should avoid unrealistic expectations of governors' offices.**
Given governors' shifting priorities during their terms of office and the shifts that occur as a result of elections, goal-directed technical assistance is likely to have the most impact when key state administrators collaborate with the technical assistance team to create the agenda for the project and individual meetings. If a governor's office does take leadership in promoting coordination among infant/toddler child care, child health,

and early intervention services, it must also take responsibility for reducing the existing workload of state administrators in order to support their work on coordination.

6. **An evaluation approach designed to measure the impact of a standard intervention (i.e., a model of technical assistance delivery) is not appropriate for evaluation of the impact of multi-site state-level goal-directed technical assistance.** The technical assistance provider must be willing to adapt objectives as state policymakers respond to major new developments in state or federal policy. Consequently, goal-directed technical assistance efforts involving more than one state cannot adhere to a single model without risking loss of trust and/or respect of state policymakers.

Policy recommendations to support quality improvement

The Better Care for the Babies Project's three years of experience with administrators and policymakers who are working to improve the quality of infant/toddler child care in their states suggest five major recommendations likely to improve the quality and comprehensiveness of child care services for infants, toddlers, and their families. These are:

1. Improvement of the quality of infant and toddler child care services requires Federal mandates and funding to implement those mandates.

2. Improvement of the quality and comprehensiveness of infant and toddler child care services requires attention to all forms of child care subsidy, including the formula applied to families who are working while receiving AFDC (Aid to Families with Dependent Children) benefits (the child care income disregard policy).

3. Improvement of the quality and comprehensiveness of child care for infants and toddlers whose families receive AFDC benefits requires coordination of Family Support Act and child care income disregard program policy.

4. Improvement of the quality and comprehensiveness of infant and toddler child care should be a focus of the reauthorization (or review of regulations in) the Child Care and Development Block Grant, the Title IV-A At-Risk Child Care Program, and the Family Support Act.

5. Goal-directed technical assistance should be one of the services offered to states accompanying any federal mandates or regulation.

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Two training opportunities for 1994 from ZERO TO THREE/National Center for Clinical Infant Programs

July 28-30, 1994
Georgetown University Conference Center
Washington, D.C.

A Forum for Educators and Trainers

This first national forum will offer experienced preservice teachers and inservice trainers in the infant/family field opportunities to share successful training approaches and materials, discuss training challenges, learn new content, and explore possibilities for local, state, regional, and national training initiatives.

Speakers will include Bettye Caldwell, Glenn Gabbard, Linda Gilkerson, Abbey Griffin, Robert Harmon, Barbara Ferguson Kamara, Naomi Karp, Pnina Klein, P.J. McWilliam, Rebecca Shahmoon Shanok, Helen Taylor, Serena Wieder, and G. Gordon Williamson.

Registration is limited. For information, call or fax ZERO TO THREE/FET, tel: (703) 356-8300, fax: (703) 790-7237.

December 1-4, 1994
Hyatt Regency Dallas at Reunion
Dallas, Texas

ZERO TO THREE/National Center for Clinical Infant Programs'

Ninth National Training Institute: "Frontiers and Front Lines in Infant/Family Practice, Policy, Research, and Training"

The frontiers of work with infants, toddlers, and their families are expanding! In order to reach new audiences and offer new research and practice findings as they emerge, **ZERO TO THREE** will hold a National Training Institute in 1994. The program will include plenary sessions, symposia, case presentations, invited special interest sessions, poster presentations, video showcases, pre-institute seminars, and full-day forums.

Presenters will include Glen Aylward, Isaura Barrera, Elizabeth Bates, Sonya Bemporad, T. Berry Brazelton, Deborah Bremond, Maria Chavez, Tiffany Field, Linda Gilkerson, Stanley Greenspan, Marshall Haith, Robert Harmon, Mary Claire Heffron, Marva Lewis, Beverly Roberson Jackson, Gloria Johnson-Powell, Barbara Kalmanson, Sheila Kamerman, Anneliese Korner, J. Ronald Lally, Alicia Lieberman, Susan McDonough, Samuel Meisels, Dolores Norton, Joy Osofsky, Jeree Pawl, Deborah Phillips, Kyle Pruett, Arnold Sameroff, Marilyn Segal, Stephen Seligman, Rebecca Shahmoon Shanok, Jack Shonkoff, Ann Turnbull, Bernice Weissbourd, Donna Weston, Serena Wieder, Gordon Williamson, and Charles Zeanah.

Fax or mail the coupon below to obtain complete information about the National Training Institute and how to register.

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Point of View

Welfare Reform, Child Care, and Families with Infants and Toddlers

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We believe that most families want to work and support their children. We believe that, as a nation, we must help families to do so by ensuring that the necessary education and training, health care and child care, and jobs themselves are available. But as we listen to debates on welfare reform, we are deeply trouble[1]. Although the system we are trying to revamp is called "Aid to Families with Dependent Children," it seems as if the welfare of very young children — those most "dependent" on responsive care — is somehow being forgotten.

Consider, for example, discussions about requiring mandatory participation in the JOBS program even for families with children under the age of three. There is a large body of evidence demonstrating that the care children receive in their earliest years, from their parents and other caregivers, will determine the future direction of their lives — their health, their physical and emotional well-being, and their success in school. Decisions about whether to eliminate or retain exemption from JOBS participation for parents of infants and toddlers should, therefore, be made with utmost care. Three crucial issues must be recognized:

1. the severe shortage, throughout the nation, of quality child care for young children, especially for infants and toddlers;

2. the expense and difficulty of providing high quality infant and toddler care; and

3. how our society supports heads of families in their role as parents as well as workers.

The shortage of infant/toddler care

Circumstances in the State of Illinois illustrate vividly the issues before us. In Illinois, there are 118,000 children under the age of three on AFDC, but there are only 25,000 child care slots for infants and toddlers. A 1991 study of child care utilization among welfare recipients in Illinois found that zip codes with the highest concentrations of low-income families had the least number of licensed centers or licensed family care providers. While welfare reform proposals under discussion would maintain the child care entitlement for recipients who are working or who are in education or training programs, such an entitlement is meaningless if appropriate care does not exist. Any welfare reform effort must include funds to increase and upgrade the supply of child care facilities and providers in low-income areas with a concentration of AFDC recipients.

Moreover, not all child care providers accept children of AFDC recipients. Of the approximately 12,000 child care providers in Illinois, only 40 percent will accept families on welfare. In Cook County (Chicago), almost 77,000 children under the age of three receive AFDC; only 9,629 child care slots are available for AFDC infants and toddlers. Like medical providers, many child care providers will not serve welfare recipients. They cite any number of reasons — rates are too low, payments are too late, attendance is too sporadic, as families struggle with overwhelming survival needs. Thus families on welfare face extraordinary burdens in their search for infant/toddler child care.

Quality costs money

As **ZERO TO THREE** has pointed out for more than a decade, high quality child care for infants and toddlers is critically important, since the pace of development in the first three years of life is so rapid and because the child's healthy development is so dependent on warm, enduring relationships with a limited number of caring adults. Infants and toddlers require special attention to health and safety issues; they need caregivers who are prepared to respond to each child's individual pattern of strengths and vulnerabilities.

Not surprisingly, high-quality infant/toddler care is the costliest type of care to provide. More adults are needed to care for fewer children, and these adults must have special qualities and be specially trained to meet the unique needs of children from birth to three. Infants require costlier equipment (cribs, feeding tables, infant chairs) than older children. Physical facilities must meet the rigorous health and safety requirements of infant and toddler care; facilities adequate for either home- or center-based infant/family care are often lacking in low-income communities.

Current regulatory requirements of the Family Support Act threaten the quality of the child care available to welfare recipients. Reimbursement under the Family Support Act is limited to no more than "75 percent of the local market rate" for child care. We know that poor quality child care can be harmful to children. The 1990 National Child Care Staffing Study found that children in lower-quality child care did less well in both social and language development — two aspects critical to later school success. In 1991, the National Commission on Children found that low-income chil-

dren benefit greatly from quality child care but suffer from programs of poor quality. If regulations require families receiving AFDC to place their infants and toddlers in the care of others but do not require reasonable reimbursement rates for quality care, we create what the National Association for Education for Young Children calls a "quality deficit." All children suffer from poor quality care, but the situation becomes tragic for poor children — especially when the "quality deficit" is mandated by law.

Preparing for work force participation: Not just "sitting at home"

No state currently has the resources to adequately meet existing child care needs, let alone the additional care that would be required for all AFDC families with young children to participate in JOBS. This does not mean, however, that such families should "just sit at home." As a precursor to mandatory participation in JOBS when their children turn three, parents of infants and toddlers could be required to participate in comprehensive early childhood and parent education programs, like Head Start's Parent and Child Centers, Comprehensive Child Development Programs, or family support centers, like Family Focus in Chicago.

Programs like these, which parents attend with their children, do more than provide parents with the information, skills, and resources to be good parents. For many parents on welfare, particularly young mothers and others isolated by limited resources or limited education, participation in family support programs can be an essential first step toward greater self-sufficiency. Through a range of activities, including networking with other families, attending classes and workshops, and involvement in program planning and decision making, families can develop the skills and self-esteem that are necessary for successful participation in more formal education or job-training programs. In addition to parenting education classes and parent-child activities, many family support programs offer life skills classes, family literacy, and GED preparation — activities often included in the education component of JOBS. Parents able to take part in these activities while their children are very young and while they are strengthening their parenting skills will be that much more prepared to enter a job-training or higher-level education component of JOBS when their children are three.

We recommend an approach to welfare reform that offers some exemption from work and training participation for mothers of infants while providing program resources that can benefit children and parents alike. Such an approach will make even more urgent the need to expand Head Start birth-to-three programs and other federal and state family support program initiatives, including the new Family Preservation and Family Support Services Program.

Supporting AFDC families of infants and toddlers who choose JOBS participation

Mandatory participation in JOBS for all AFDC families with infants and toddlers would be both prohibitively expensive and, for many families, inappropriate. However, some families will **choose** to participate, as they do now. For these families, welfare reform, to be successful, must include child care reform as well.

- States must be required to develop a range of child care options. The entry-level, service sector jobs available to many teen parents and other welfare recipients often require non-traditional child care arrangements, including part-time care, weekend and evening care, and, for teens, care in or near the schools they attend.
- Many welfare families, particularly teen parents, rely on relatives (grandmothers, aunts, cousins) to care for their children while they work or go to school. For some parents, a relative is the provider of choice; for many, however, alternative resources simply do not exist. If welfare reform is designed to rely on informal relative-care arrangements to offset the severe shortage of infant/toddler child care, certain stipulations are essential for these arrangements to work for families and children. When caregivers are welfare recipients themselves, they must be allowed to count the care they are providing as their job training and community service work, rather than be required to leave their homes for some other training program or low-paying job. They must also be given appropriate training and support for their child care work so that they can provide the high-quality care that all children need to thrive and, at the same time, step onto the first rung of a career ladder.
- Legislation or regulations must prohibit publicly subsidized child care providers from discriminating against welfare recipients. Indeed, because providing care for teen parents and for families living under conditions of extreme poverty can require additional skills and effort, incentives (such as higher rates of pay and training and support services) should be offered to encourage quality care. Existing disincentives to providing part-time care must be eliminated.

Long-standing, complex social problems are not easily solved. But as we wrestle with difficult choices, we must remember our responsibility to our very youngest children. If, as a nation, we are committed to breaking the cycle of poverty, and we undermine that commitment by neglecting the early years in poor children's lives, we are, in essence, shortchanging our future.

Videotapes:

Note: Please see page 7 for information about the program of videos, curriculum guides, and training institutes created by the California Department of Education, Child Development Division, and the Far West Laboratory for Educational Research and Development, Center for Child and Family Studies.

Let Babies Be Babies: Caring for Infants and Toddlers with Love and Respect, a video series. Project coordinated by Jamie L. Kosbyk. Distributed by The Family Day Care Association of Manitoba, 203-942 St. Mary's Road, Winnipeg, Manitoba, Canada R2M 3R5, tel: (204) 254-5437. $395 for the series, $75 per tape.

Let Babies Be Babies is a six-program video series with accompanying guides for each program. The series was developed to demonstrate and promote quality care for children under the age of three in family day care homes and child care centers. The series draws on the experience of caregivers and the work of leading experts in the field as it explores a variety of current issues in early care. Produced in Canada, the series is designed to convey a philosophy of respect and understanding for the individual developmental characteristics and abilities of babies to anyone involved with infant and toddler care — family or center-based caregivers, early childhood education instructors and students, parents, parent educators, child and family advocates, government administrators, and health care providers. The series includes:

- **Rethinking Infants and Toddlers** (18 minutes). This program is designed to encourage and challenge viewers to examine and rethink their own attitudes towards infant and toddler development. The tape discusses how babies have been viewed in the past and emphasizes the importance of understanding and respecting development. As the first program in the series, this tape presents the philosophy and approach that underlie the other programs.
- **Keeping Babies Healthy and Safe: Part I and II** (33 minutes). Part I of this video focuses on the physical component of health, specifically on ways caregivers can prevent the spread of common illness and help children resist such illness. Part II discusses ways to keep infants and toddlers safe in home and center environments, emphasizing awareness, planning, and action as keys to injury prevention.
- **Helping Babies Learn** (19 minutes). This video presents developmentally appropriate practices for infant and toddler care, emphasizing the importance of every interaction and experience. Adults are seen as helping babies learn by understanding and respecting the needs and interests of infants and toddlers and by creating opportunities and interesting environments for learning.
- **Guiding the Journey to Independence** (19 minutes). Children become socialized as they gradually understand and incorporate within themselves the social rules, expectations, and shared values that we live by. To do this, children need help from adults. This program looks at how adults can best guide behavior based on understanding and respect for the developmental characteristics of infants and toddlers.
- **Understanding the Partnership with Parents** (16 minutes). This program suggests that parents and caregivers are partners in care. It presents both the parent's and the caregiver's perspectives on communication and other issues involved in working together to provide the best care possible for infants and toddlers.
- **Caring for the Caregiver** (18 minutes). Both the rewards and the responsibilities of caring for infants and toddlers are many. In this video, caregivers talk about what they do to care for themselves and share strategies for alleviating some of the stresses that accompany caring for a living.

Caring for Infants and Toddlers, a video series. Produced by Chipi Donahue, University of Wisconsin-Extension. Distributed by AIT, Box A, Bloomington, IN 47402-0120, tel: (800) 457-4509. $595 for the series, $150 per tape.

Caring for Infants and Toddlers is a five-videotape series, accompanied by a user's manual and child development chart. The series is designed as a training tool for care providers, teachers, parents, and others who are involved in the care of children under three. Throughout the series, child care administrators, resource specialists, teachers, family day care providers, and parents share methods and ideas that can lead to successful child care relationships. Scenes from child care homes and centers, showing experienced child care providers interacting with infants and toddlers, are presented to illustrate elements of quality care and of safe and nurturing environments. The series includes:

- **Living, Loving, and Learning: Providing Quality Care for Infants and Toddlers** (29 minutes). This tape explores how quality care providers communicate with children and respond to them. It describes characteristics and efforts of good care providers and stresses the importance of quality care as a foundation for all of a child's future interactions.
- **Getting To Know You: Developing Relationships with Infants and Toddlers** (29 minutes). This tape looks at how children begin to feel valuable as human beings. It identifies ways to

create one-on-one interactions and the significance of bonding between child and caregiver. The role of early relationships in developing language and cognition is explored.

- **Follow the Leader: Individualizing Care for Infants and Toddlers** (29 minutes). This tape stresses the importance of letting the child lead the care relationship and the importance of establishing a similar relationship with parents. It identifies the significance of transitions from home to group care and between daily activities and demonstrates how to nurture during routine infant activities.
- **Health, Safety, and Nutrition: Building Blocks of Quality Care for Infants and Toddlers** (29 minutes). This tape emphasizes the importance of planning safe environments and activities. It stresses the enforcement of strict health and hygiene policies and examines the importance of offering healthful foods with supportive attitudes toward eating.
- **Empowering Places and Spaces: Preparing Environments for Infants and Toddlers** (29 minutes). This tape examines appropriate elements of care environments. It describes interactions among children in mixed-age groups and demonstrates how to prepare communication environments for parents.

My Kind of Place: Identifying Quality Infant/Toddler Care. Produced by the Quality Care for Infants and Toddlers Project of Greater Minneapolis Day Care Association. Distributed by Greater Minneapolis Day Care Association, 1628 Elliot Avenue South, Minneapolis, MN 55404, tel: (612) 341-1177. 24 minutes, $69.

My Kind of Place and the accompanying facilitator's guide are designed for anyone seeking quality infant and toddler child care. The video shows child care programs as parents and providers discuss what quality infant/toddler care is and how to recognize it. The discussion stresses that the quality of the care the baby experiences is most important — not where the care takes place or the name of the program.

The video explores issues that affect the quality of care, raising questions and encouraging discussion about what quality care is, how to find it, and how to provide it. It proceeds from the premise that through a questioning process, conscientious consumers and advocates will be better equipped to achieve safe, secure, personalized care and learning for infants and toddlers. Issues addressed include:

- **The environment for infants and toddlers.** In a home or center, parents want places that feel "like a good place to be a baby" — safe, warm, soft, home-like, and a place where the child will learn.
- **Choosing the care.** Parents are encouraged first to visualize the situation they want for their child, to visit programs, and to talk to the director, teachers, and other parents.
- **Invisible signs of quality.** Ask about things that can't be seen, such as teacher turnover rate and the program's philosophy and goals.
- **The importance of planning in family day care.** Good family day care involves a lot of thought to such issues as developing a rhythm to the day and planning for individualized care and learning.
- **Organization and planning in centers.** In centers, relaxed, personalized care and learning for each child depends on organized spaces, built-in learning, and good communication.
- **Systems to ensure teamwork.** Small group size, charting, daily information slips to parents, and primary caregiving systems are common in good programs.
- **Caregivers and parents.** The tape assures parents that it is their job to advocate for their child, express concerns, and discuss their wishes with caregivers.
- **Resource needs for good child care.** Thinking, planning, decent wages with benefits, and good working conditions for caregivers are essential for quality care.

Publications:

Starting Points: Meeting the Needs of Our Youngest Children (1994) — The Report of the Carnegie Task Force on Meeting the Needs of Young Children (Carnegie Corporation of New York, P.O. Box 753, Waldorf, MD 20604) $10.00, including shipping (prepaid only). Bulk rates available for over 25 copies; for information, call (212) 371-3200.

Starting Points is the report of the Carnegie Task Force on Meeting the Needs of Young Children, established in 1991 by the Carnegie Corporation of New York to examine the major influences affecting the development of children in the first three years of life and to offer an action agenda to ensure the healthy development of children from before birth to age three. Governor Richard Riley chaired the Task Force until his appointment as Secretary of Education, when Eleanor Maccoby and Julius Richmond (a founding member of *ZERO TO THREE/National Center for Clinical Infant Programs)* succeeded him as co-chairs. Among the 30 Task Force members are **ZERO TO THREE** Board members Kathryn Barnard, Irving Harris, Deborah Phillips, and Barry Zuckerman and former Board members Lisbeth Schorr and Edward Zigler. Commissioned papers were written by, among others, **ZERO TO THREE** Board members Sheila B. Kamerman and Joy Osofsky, former **ZERO TO THREE** staff member Peggy Pizzo, and Judith Musick, a fre-

quent contributor to *Zero to Three.* Kathryn Taafe Young, a graduate **ZERO TO THREE** Fellow, was Director of Studies for the Task Force and primary author of the report.

Finding that our nation's infants, toddlers, and their families are in trouble — facing risks that constitute "a quiet crisis" — the Task Force recommends action to: 1) promote responsible parenthood; 2) guarantee quality child care choices; 3) ensure good health and protection; and 4) mobilize communities to support young children and their families.

In the area of child care, among other recommendations, the Task Force urges states to review, upgrade, and implement consistent child care standards for quality child care. States

> must identify and agree to a few, fundamental standards and then establish an incentive plan with timetables for gradual adoption...Such standards should apply to centers, family child care homes, and other birth-to-three programs such as Head Start Parent-Child centers. Regardless of funding sources, the standards should address child-to-staff ratios; group size; preparation and qualifications of staff; health and safety; and linkage to other community services (p. 50).

While recognizing that improved compensation and benefits for caregivers is critical to the improvement of child care services, the Task Force also sees training as key to quality, recommending that

> specific training be a condition for providing group care for infants and toddlers. Current child care providers who lack such training should be given the opportunity to receive it on the job. For those already trained, a system of meaningful continuing education credits might also be established...(p. 52)

The Task Force urges that federal and state funds be used to create infant and toddler child care training systems throughout the country, ensuring that all states receive help and technical support. Funds could also help disseminate the best infant and toddler training materials for caregivers.

The Task Force recommends that every community in America focus attention on the needs of children under three and their families, beginning in the prenatal period. It encourages the development of neighborhood family and child centers, with collaboration with local colleges and universities and with local businesses and agencies. The Task Force sees Head Start programs as a logical starting point for the provision of comprehensive services and supports for infants, toddlers and their families in many communities. It recommends that Head Start services be expanded

> to provide appropriate services and supports for younger children and to be a source of consistent support between the prenatal period and school entry. Beginning with the most disadvantaged families, the new program for children under three should include home visits, immunizations, linkages to prenatal and other health care, parent education and support, and developmentally sound child care, as well as nutrition and social services. These would equip parents to be the effective first teachers of their young children, and could link up with adult job training, drug treatment, housing, and economic development programs. Head Start programs for younger children could be associated with schools, settlement houses, existing Head Start programs, or other community institutions (p. 97).

The Study of Children in Family Child Care and Relative Care: Highlights of Findings (1994) — Ellen Galinsky, Carollee Howes, Susan Kontos, and Marybeth Shinn (Families and Work Institute, 330 Seventh Avenue, New York, New York 10001) $18.00 plus $3.50 shipping and handling.

This first in-depth, observational study of family child care and relative care in more than a decade interviewed 820 mothers and observed 226 family child care providers and 225 children under age 6 in three metropolitan areas: San Fernando/Los Angeles, Dallas/Fort Worth, and Charlotte, North Carolina. Families varied in income, race, and ethnicity, although lower-income families were over-represented in the sample. Care was provided by regulated family child care providers, nonregulated family child care providers, and nonregulated relatives. (Currently, 33 percent of families with employed mothers use family child care and relative care for their children under five years of age. Twenty-eight percent of children under five are cared for in child care centers.)

The study found that across ethnic and income lines, and across the three groups of providers (regulated, nonregulated, and relatives), parents and providers agree about the essential elements of quality care: the child's safety; the communication between provider and parent about the child; and a warm and attentive relationship between the provider and child. Using measures of caregiver sensitivity and responsiveness and the global quality of the child care environment, the study found that characteristics of quality go together; providers who have one of these characteristics are likely to have others. The study authors emphasize what they call **intentionality** among some providers:

> There is a group of family child care providers — relatives and nonrelatives — who are committed to caring for children, who seek out opportunities to learn more about child care and education, and who seek out the company of other providers to learn from them. Their commitment is to create home environments in which children can be nurtured and can learn. These intentional providers offer higher-quality, warmer, more attentive care,

which is associated with better growth and development in children (p. 5).

Unfortunately, only 9 percent of the homes in the study were rated as good quality (growth-enhancing), with 56 percent rated as adequate/custodial and 35 percent rated as inadequate (growth-harming). In addition (a surprising finding to the researchers),children in the study were not more likely to be securely attached to providers who are relatives than to nonrelatives. This finding may be related to the fact that 65 percent of the relatives in the sample were living in poverty, and that 60 percent of the relatives were taking care of children to help out the mothers rather than because they wanted to care for children. "When people don't want to be providers, the quality of care they offer — whether they are relatives or nonrelatives — is likely to be of lower quality," the researchers conclude.

On the basis of their findings, the study authors recommend, among other measures, that:

- No public policies at the federal or state level should push or require people to care for children if they do not want to be providers.
- Government and business should fund high-quality family child care training initiatives.
- National, state, and local associations should be developed and supported to involve providers in social support and technical assitance networks.
- Efforts should be made to bring family child care providers into the regulatory system and ensure that the regulatory system helps providers improve the quality of care they offer.

In the Neighborhood: Programs That Strengthen Family Day Care for Low-Income Families (1994) — Mary Larner (National Center for Children in Poverty, Columbia University School of Public Health, 154 Haven Avenue, New York NY 10032) $12.95.

This monograph is the result of a 1991-1993 study by the National Center for Children in Poverty of local programs that support and assist family day care providers in low-income neighborhoods. Larner and her colleagues recognized that much of what has been learned about community support strategies for family day care comes from experience in middle-class communities. Building and maintaining a supply of good family day care in low-income communities poses more serious challenges. Site visits to 10 programs (of 88 nominated) yielded detailed information about program goals, activities, and resource requirements.

The study found that programs that work well share certain characteristics: 1) *resources* (financial and material) that enable low-income providers to offer safe, high quality care in their homes; 2) *familiar and trustworthy local people* who can reach low-income providers and draw them into the program's circle of supports; 3) *cooperative efforts* involving child care experts and representatives of low-income communities; and 4) the *time* required for change to occur in public policies, organizational relationships, and human behavior, so that a supply of high quality family day care can be built.

A Head Start on Head Start: Effective Birth-to-Three Strategies (January, 1994) - An Ounce of Prevention Fund Paper (The Ounce of Prevention Fund, 188 West Randolph, Suite 2200, Chicago, Illinois 60601) Free of charge.

In arguing for the expansion of Head Start to reach children as early as possible (prenatally through age three), this policy report from the Ounce of Prevention Fund looks at the essential elements of effective birth-to-three programs, including those sponsored by Head Start. Such programs are comprehensive, family-centered, and community-based, building upon and enhancing family and community strengths.

The report recommends that an expanded birth-to-three Head Start initiative encompass a wide range of program models and strategies to meet diverse family and community needs. These models include home visiting programs, family resource and support programs, and both home-based and center-based infant/toddler child care. The report urges strongly that federal policy mandate a specific portion of all Head Start dollars for birth-to-three Head Start programs and that attention be paid in expansion to two crucial issues: ensuring quality (through appropriate performance standards and specific birth-to-three staff training) and measuring results through ongoing evaluation.

Integrating Children with Special Needs into Pre-School Settings: A Resource Handbook (August, 1993) - The Child Care Careers Institute (Child Care Careers Institute, 99 Bishop Richard Allen Drive, Cambridge, Massachusetts 02139) $5.00.

This handbook is meant to provide professionals with a starting point for research into inclusion and integration, which are defined as ideals that recognize the responsibility to make sure that all children are equally welcomed and provided for. It includes books, articles, and videos as well as references from the Educational Resources Information Center (ERIC). Topics include general information on integration, curriculum planning and program design, facilitation of social interaction among children, information for families, information on specific disabilities, and books for children. General and specialized resources listed include organizations, journals and newsletters, information clearinghouses, and sources for equipment and toys.

Becoming Attached: Unfolding the Mystery of the Infant-Mother Bond and Its Impact on Later Life (1994) - Robert Karen (Warner Books, Inc., 1271 Avenue of the Americas, New York, NY 10020) $24.95.

Expanding on his much-discussed (and widely

photocopied) cover story in the February, 1990 issue of the *Atlantic* magazine, Robert Karen describes the research and intellectual battles that have attended the development of attachment theory over the past 50 years. The story is told through the work of pioneering researchers John Bowlby and Mary Ainsworth and more recent investigators, including Mary Main and her colleagues, Jay Belsky, Alicia Lieberman, Arietta Slade, and Jude Cassidy.

In a chapter called "A Rage in the Nursery: The Infant Day-Care Wars," Karen describes concerns about child care for infants and toddlers as expressed by John Bowlby ("It's very difficult to get people to look after other people's children. Looking after your own children is hard work. But you get some rewards in that. Looking after other people's children is very hard work, and you don't get many rewards for it. I think that the role of parents has been grossly undervalued, crassly undervalued") and Urie Bronfenbrenner ("You can't pay for an irrational commitment, and yet a child needs that. He needs somebody who will not just be there certain hours and then say, 'I'm off now, I work nine to five.'") Karen goes on to chronicle Jay Belsky's series of reviews of child care research, including his September, 1986 article for *Zero to Three* in which he suggested that "a relatively persuasive *circumstantial* case can be made that early infant care *may* be associated with increased avoidance of mother, *possibly* to the point of greater insecurity in the attachment relationship, and that such care *may* also be associated with diminished compliance and cooperation with adults, increased aggressiveness, and possibly even greater social maladjustment in the preschool and early school-age years.") Karen notes the rejoinders to Belsky from Deborah Phillips, Kathleen McCartney, Sandra Scarr, Carollee Howes, Stella Chess, Tiffany Field, and other researchers, that appeared in *Zero to Three* and elsewhere, and the consensus statement that emerged from **ZERO TO THREE**'s 1987 infant day care "summit meeting" of researchers, convened by Edward Zigler and Kathryn Barnard:

> When parents have choices about selection and utilization of supplementary care for their infants and toddlers and have access to stable child care arrangements featuring skilled, sensitive and motivated caregivers, there is every reason to believe that both children and families can thrive. Such choices do not exist for many families in America today, and inadequate care poses risks to the current well-being and future development of infants, toddlers and their families, on whose productivity the country depends.

Handbook on Quality Child Care for Young Children: Settings, Standards, and Resources (1994) — Carol Ann Baglin and Michael Bender, editors (Singular Publishing Group, Inc., 4284 41st Street, San Diego, California 92105-1197) $34.95.

This book is designed to offer parents and professionals a comprehensive look at child care in America, providing information which "would enable a person to understand what to be aware of and look for in quality child care programs." The book's premise is that school readiness for children in child care depends on a comprehensive and quality program executed by well-trained caregivers.

The book's eight chapters address specific child care-related needs: emotional, educational, psychological, medical, hygienic, economic, and legal. The final chapter, by John Surr, describes the "trilemma" in which parents cannot afford quality child care, caregivers cannot live on the money to be made in the profession, and children cannot get the quality of care they deserve. Surr identifies various funding sources which may overcome "the squeeze of the trilemma."

Appendixes to the handbook list national organizations and resources for parents and professionals interested in further information.

The What, Why and How of High Quality Early Childhood Education: A Guide for On-site Supervision (1993) - Derry G. Koralek, Laura J. Colker, and Diane Trister Dodge (National Association for the Education of Young Children, 1509 16th Street, N.W., Washington, D.C. 20036-1426) $7.00.

This book is an adapted version of the U.S. Army's *Handbook for Army Education Program Specialists*, created to provide an overview of job tasks and expectations for those working in the country's largest employer-sponsored program, with more than 160 installations worldwide. The authors, who developed the first handbook in 1989, have created a guide designed to assist supervisors and trainers in any early care and education program. The guide is designed to provide caregiving professionals with the fundamentals and components of a developmentally appropriate program, rooted in educational theory.

As a tool for trainers and supervisors in early childhood education, the book addresses four specific groups of early childhood professionals: 1) caregivers of infants in center-based settings; 2) caregivers of toddlers in center-based settings; 3) teachers of preschoolers in center-based settings; and 4) providers who care for infants, toddlers, preschoolers, and school-age children in family child care homes.

The book addresses each of the five component areas of high quality care and education — environment, equipment and materials, program structure, activities and experiences, and supportive interactions — offering specific guidance on what a trainer should see when entering a well-run program. The book is formatted to allow easy reference to expectations for certain ages as well as developmental reasons for those expectations and needs. The authors also offer suggestions about how to bring about needed program improvements.

What Every Child-Care Provider Should Know about Sudden Infant Death Syndrome and **Coping with Grief after the Death of a Baby from Sudden Infant Death Syndrome: What Every Child-Care Provider Should Know** (1993) - Charles A. Corr, editor (Sudden Infant Death Syndrome Resources, Inc., 929 DeMun Avenue, St. Louis, MO 63105, tel: 314/862-3033) Free of charge.

These two pamphlets for child care providers are part of SIDS Resources Building Blocks program, designed to help surviving children rebuild their lives after the death of an infant to SIDS.

The first pamphlet for child care providers gives essential information about SIDS — for example, that SIDS cannot be predicted or prevented, that SIDS is not the result of a contagious illness, that choking is not the cause of SIDS, and that both prenatal and postnatal exposure to smoking has been shown to be a strong risk factor for SIDS. The second pamphlet, in addition, addresses issues of special concern to caregivers — handling the crisis if a SIDS death occurs in the child care setting, the relationship with parents, explaining the death to other children in care, and handling feelings of grief, blame, and helplessness.

Children on Playgrounds: Research Perspectives and Applications (1993) - Craig H. Hart, editor (State University of New York Press, State University Plaza, Albany, New York 12246) $19.95

Working with the premise that children's playground behavior has important implications for the children's development, this book studies the many influences that affect that behavior. The international group of contributors believe that playgrounds provide freedom from adult-imposed constraints, therefore allowing children to behave and develop naturally. Opportunities for children to play free of adult structure give them the chance to create, organize, and control their experiences, as well as chances to exercise decision-making and other practical skills.

A chapter on maternal and paternal disciplinary strategies and their impact on children's playground behavior suggests links between these strategies and the way children are regarded by peers. Children seem to learn behavioral information from parents in disciplinary contexts that translate into behavioral orientations that are enacted with peers.

The researchers suggest that their findings can be applied to conflict resolution; playground design; enhancing physical, social, and cognitive aspects of children's development; and modifying parental caregiving in order to better serve the progress of the child.

Conference Call:

June, 1994

June 20-24: *The Department of Child and Family Studies, College for Human Development, Syracuse University* will hold the Eighteenth Annual Quality Infant/Toddler Caregiving National Workshop in Syracuse, New York. Dr. Alice Honig will discuss research in infant/toddler development and its practical application in child care setting. Contact Syracuse University, Quality Infant/Toddler Caregiving Workshop, Attn: Alyce Thompson, 201 Slocum Hall, Syracuse NY 13244-1250, tel: (315) 443-2757

June 22-24: *Bank Street College Graduate School of Education* will hold its seventh annual Infancy Institute in New York City, on the theme, "Infants, Toddlers, Parents: Supporting Their Growth." Keynote speakers will be Douglas Powell and Rebecca Shahmoon Shanok. On **June 20-21**, Anita Rui Olds will offer a course on "Designing Wholesome Child Care Environments for Children under Five." Contact Dr. Nancy Balaban, Director, Infant and Parent Development Program, Bank Street College Graduate School of Education, 610 West 112th Street, New York, NY 10025, tel: (212' 875-4713; fax: (212) 875-4753.

June 25-August 4: *The Center for Career Development in Early Care and Education,* in Partnership with *Wheelock College Graduate School* will hold a series of nine week-long advanced seminars in child care administration in Boston, Massachusetts. Seminar topics include, among others, Family Child Care Resource and Referral. Contact Patricia Day, The Center for Career Development, Wheelock College, 200 The Riverway, Boston, Ma 02215, tel: (617)734-5200, Ext. 279.

July, 1994

July 25-29: *Child Development Resources* (CDR) will hold its Ninth Annual Early Intervention-Early Childhood Summer Institute in Williamsburg, Virginia, on the theme "Supporting Each Family's Journey to Inclusion." Presenters will include Gloria Johnson-Powell, Sarah A. Mulligan Gordon, Roberta A. Lucas, Louis Torelli, Missy Parker Lohr, and Lara Parker. Contact Lisa McKean, Special Projects Coordinator, CDR, P.O. Box 299, Lightfoot, VA 23090, tel: (804) 565-0303.

July 28-30: *ZERO TO THREE/National Center for Clinical Infant Programs* will sponsor its first Forum for Educators and Trainers in Washington, D.C.

Registration is limited. Speakers will include Bettye Caldwell, Glen Gabbard, Linda Gilkerson, Abbey Griffin, Robert Harmon, Barbara Ferguson Kamara, Naomi Karp, Pnina Klein, P.J. McWilliam, Rebecca Shahmoon Shanok, Helen Taylor, Serena Wieder, and G. Gordon Williamson. Contact ZERO TO THREE/FET, tel: (703) 356-8300, fax: (703) 790-7232.

ZERO TO THREE

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