

# WHAT IS THE IDEAL INFANT GROUP CARE ENVIRONMENT: MONTESSORI NIDO VERSUS INFANT DAYCARE PROGRAMS

by Emily Shubitz

*Emily Shubitz appreciates the Nido and all of its facets and is well aware of the pioneers—Adele Costa Gnocchi and Silvana Montanaro—as she emphasizes the Nido being a developmental force rather than just a babysitting source. Her list for creating a Nido environment is thoughtful, extensive, and inclusive: home-like wood furniture, soft rugs, and custom shelves. She stresses that individualized movement in multi-age groups creates rich interactions, such as when snacks are served at a small table, parents help in the Nido, and children nap at different times. Toilet training is a step to early independence, and cloth diapers are preferred. Emily Shubitz emphasizes the importance of the Nido, where children begin life challenged but willingly work to their potential.*

Many high-quality daycare centers in the United States follow creative, well-thought-out programs. However, if you visit any mass-market daycare chain and then spend twenty minutes observing an accredited AMI Montessori Nido, you will vividly see and feel the difference between the two. The children enrolled in a Nido will experience an authentic Montessori education based on Dr. Maria

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Montessori's incredible insight and her lifelong scientific observations of children. The secret lies in the way in which children are respected and in which their inner needs are met through a carefully prepared Montessori environment.

The increasing number of children requiring care outside the home provides an opportunity to look closely at group care for infants and determine if we educators, administrators, parents, and caregivers are creating an environment that enriches the development and growth of our youngest people. "The greatness of the human personality begins at the hour of birth" (*The Absorbent Mind* 4). We are responsible for building the next generations for our human race. By demanding high-quality group care programs for infants, we have a significant opportunity to influence how children experience education. Let us begin with a comparison of daycares and a Nido and follow that with a description of the process I went through in creating the first AMI Nido in Minnesota. After reviewing this comparison, you may feel as compelled as I was to create better infant care programs, and I share my process here to facilitate the creation of additional Nido communities.

### THE HISTORY

A brief background on the history of daycares and Nidos is a good place to start. Infant care exists worldwide for two main reasons. First, as women became more educated, their roles changed, and they wanted opportunities to work and use their knowledge outside the home setting. Second, in the 1800s, more children of working class and immigrant parents needed care while their parents worked.

The beginning welfare and reform movements of the 19th century grew out of a welfare movement to care for immigrant and working class children while their impoverished mothers worked. The early nurseries cared for children of working wives and widows of merchant seamen who were an economically deprived and disadvantaged group in society. Settlement houses were especially active in promoting day care for immigrant children. Day care was founded as a social service to alleviate the child care problems of parents who had to work, and to prevent young children from wandering the streets. The ranks of working women have been steadily increasing since World War II. (Scarr & Weinberg 1140-1141)

In 1946, Adele Costa Gnocchi, professor of philosophy at the University of Rome, and Dr. Maria Montessori, medical doctor, came together to discuss their knowledge and observations of children, which led them

Daycares seem to have been formed to *watch* children, whereas Nidos were created to educate children and families while supporting a child's overall development.

to establish the School for Assistants to Infancy course in Rome, Italy. In 1947, Dr. Maria Montessori developed the first toddler community in Italy. Young children attended this program for a couple of hours and returned home for lunch and naps. This allowed mothers both time away from their children and the opportunity to ask questions and receive support from those who had completed the assistants to infancy course at the School for Assistants to Infancy. As the program moved out of Italy, the word *Nido* was used for children who were not yet walking and the term *infant community* was used for toddlers.

In 1955, Silvana Montanaro (who received her degree in medicine and surgery, with a specialty in psychiatry, from the University of Rome) joined the staff of the Rome Montessori School for Assistants to Infancy, where she taught mental hygiene, child neuropsychiatry, nutrition, and obstetrics. In 1980, Dr. Montanaro integrated the training with current research and offered the first AMI accredited assistants to infancy training. In 1982, she brought this course to the United States (Judi Orion. Notes from AMI assistants to infancy course).

Comparing the beginnings of daycares and Nidos offers an initial important difference: Daycares seem to have been formed to *watch* children, whereas Nidos were created to educate children and families while supporting a child's overall development.

## ENVIRONMENT

When entering a Nido, your impression should be that it is a carefully prepared Montessori home-like environment. The environment is beautiful by design. It is open, has natural light, is furnished with high-quality, wooden furniture and comfortable low chairs for growing children. Soft rugs, an ottoman for an infant to stand at, a rocking chair, custom-designed shelves, art on the walls at infant eye level, and mirrors along the floor are typical furnishings.



Minnesota's first AMI Nido located at Oak Hill Montessori School, Shoreview, MN.



Traditional daycare

Most daycare programs seem to lean toward an environment that is prepared to entertain. There are often bright colors, plastic toys that make sounds, and equipment that a child cannot independently get into or out of. Most of the equipment doesn't fit the development of the child. For example, a child who is not capable of sitting on their own should not be in an exercise saucer, bumbo seat, or walker because the child has not completed the myelination process.

Myelin is a dielectric (electrically insulating) material that forms a layer, the myelin sheath, usually around only the axon of a neuron.

It is essential for the proper functioning of the nervous system. In humans, the production of myelin begins in the 14th week of fetal development, although little myelin exists in the brain at the time of birth. During infancy, myelination occurs quickly and continues through the adolescent stages of life. Myelin is also a part of the maturation process leading to a child's fast development, including crawling and walking in the first year. ("Myelin")

Putting a child who has not completed the myelination process in bumbo seats, exercise saucers, walkers, and johnny jump-ups could delay developmental milestones. In the *Chicago Tribune*, Julie Deardorff stated in her article, "The child is not yet capable, the position actually teaches babies incorrect postural alignment, with a rounded back and the head leaning forward," said Mary Weck, clinical coordinator of physical therapy at Children's Memorial Hospital in Chicago. "No equipment enhances a child's motor development; equipment is a baby sitter so that a parent can cook dinner, eat dinner or take a shower." A gross motor skill, like sitting, is achieved through movement and practice.

Children who spend too much time in a product could potentially integrate that product into their body scheme, which could delay learning to walk independently. For example, a child may walk into walls or bump into objects because the child has experienced movement with a product that has encompassed the body. We must discern what is the point of the product and determine if it is for the adult or the child.

### **Individualization**

A Nido is an individualized program, geared to your child's specific interests, using specially designed materials. Each infant is looked upon as a unique individual. The staff tailor the daily routine of feeding, active time, and nap for each infant. The lead teacher meets with the parents to create this individual daily schedule for their child. This can be done at school or during a home visit.

### **Learning from Each Other**

Daycare settings often place children of the same age in the same room. What often happens is that there is no opportunity for



role modeling. There lacks the learning that often happens naturally when there are children of mixed ages together.

A unique aspect of all Montessori environments is that children of mixed ages are brought together to benefit and to naturally learn from one another. For example, children who are not yet sitting up can work on tummy time in front of a mirror on a movement mat that allows that child to observe a child pulling up to stand at the kiosk and bar. Since socialization happens naturally, the infants have a joyful experience rather than an experience that is associated with group activities for which an infant is not yet ready.

### **Schedules**

Daycare centers often feel regimented: strict sleep schedules, mass feedings in highchair line ups. For anyone not familiar with the daycare tables such as the one pictured on the next page, ask yourself, What kind of dining experience would the children experience at this table?

### **Feeding**

In a Nido the children will never be confined to a high chair. Instead the staff interact with the infant in a comfortable rocking

chair and with a bottle until the child is ready to transition to a low table and chair where they can participate in eating with their own spoon. Eating meals should be an enjoyable experience for the child where they can engage with other children or a caregiver.

I think we often undermine the young infants who can feed themselves and drink from a real glass. The child is in the sensitive period for language. The young child wants conversation and is absorbing language at this age. Enjoying meals is an ideal time to have a conversation about the food, giving language to the foods, texture, and materials used around a meal. Also this is another opportunity for children to practice their own language with each other babbling back and forth, hearing new sounds, and creating a social dining experience.

Outside the Montessori environment, children often go from the breast or the bottle to a sippy cup, and they tend to drink it as if it were a bottle. They lie back or tip their neck in the usual manner, so it's almost like drinking a bottle. They have a hard object or spout with various shapes depending on the type of cup, and their bodies are tipped back. This hard object or spout misplaces the tongue and pushes the teeth out as the thumb can, which can cause language challenges. Avoid sippy cups and use straws instead. In a Nido, there is no use of sippy cups.





New York City Speech Pathologist Joslin Zeplin stated, “A sippy cup can serve a function, which is to transition off of the bottle, but it should only be used for a brief time. It can be used for approximately a month and should never be used as a substitute for a bottle and it should not be treated like a bottle” (Mann).

### **Family Participation**

Parent participation is encouraged in a Nido. There should be visits from parents, grandparents, and other family members who support the growing child. Group care for infants should welcome family members to maintain bonding relationships. Upon the subject of education, Abraham Lincoln firmly stated, “I can only say that I view it as the most important subject which we as a people may be engaged in.” In fact, research suggests that adult support may be the single most important aspect of how children succeed in school and life (Price-Mitchell).

Our group care for infants is the first educational setting outside of the home. The programs should be inviting and supportive of the family while helping them learn about their youngest family members in a setting that honors and recognizes that the whole family sets the path for educating the infant. Something to be aware of is that infants go through stranger anxiety. Any visit from an adult in



the Nido may need to be cut short as to support the community of children in this setting.

## Sleep

“Sleep schedules can be a nightmare if not managed thoughtfully” (Larson). The staff in the Nido believe in following the child: they customize a consistent routine of naps to each child’s rhythm. As children start to walk, the staff will ease the transition to low cots so the children can learn to search out a quiet place when tired, and acquire the self-soothing skills they need to be good sleepers. This way they will be well-rested to enjoy the exploring they will want to experience in their environment.

A question during tours of the Nido is, “What is the daily schedule for nap times during the day?” I always enjoy the facial expression of the parents when I respond with, “A ten-week-old is going to have a different nap schedule than an eight-month-old. We believe in following the child and as the child grows we will work with your family on what nap time will look like in the toddler program. Since the nap time in a toddler program is a set routine time.”

Discussing nap schedules with parents is also an opportunity to bring up the topic of SIDS. “The Safe to Sleep campaign, formerly known as the Back to Sleep campaign, focuses on actions you and others can take to help your baby sleep safely and to reduce your baby’s risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death” (“About SIDS and Safe Infant Sleep”).

I have seen many children with the condition called *Plagiocephaly*. This condition is characterized by an asymmetrical distortion (flattening of one side) of the skull. It is characterized by a flat spot on the back or one side of the head and is caused by remaining in a supine position for too long.

As educators, parents, teachers, and caregivers working with



infants, we need to feel empowered to talk to parents about the importance of tummy time. For example, carrying the child when possible, not relying on car seats to transport your child outside of the vehicle, and not allowing infants to sleep in swings. If possible, allow your infant to nap on their tummy under the watchful eye of an observant adult.

Licensing is different in each state in terms of sleep in group care. You may find sleep directives that give parents the option to have infants sleep on their tummy, side, or other alternative positions. There are also some states that have consents for sleeping on cots (rather than cribs). We have seen that children who have the opportunity to sleep on floor beds show adults when they are tired by independently putting themselves

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to sleep. The floor beds give way to independence by not having to rely on an adult to lift and place the small child in a crib.

## **Movement**

One of the missions of the Nido is to liberate your child. The staff recognizes that being encouraged to move is critical for infant development. Because of our individualized approach, each child progresses through the stages of movement, rolling over, crawling, cruising, and walking, at their own pace.

## **Toileting**

“Daycare diapering is too often something done to a child long after he or she is interested in participating in the process” (Larson). The Nido staff fosters early toilet learning and independence. As soon as a child is able to stand, the staff will assist your child in a cloth diaper while standing up. Low benches help children learn to undress and dress while working toward mastering the toilet process.

Daycare centers are not always open to the idea of using cloth diapers. If a daycare center does allow cloth diapers they will often require parents to provide a place to store both clean and soiled diapers and require that parents take soiled diapers home each night for washing. The Nido is an eco friendly environment. "One child in disposable diapers will require 20 trees, 420 gallons of petroleum and generate one ton of garbage. It takes up to 500 years for a single-use diaper to decompose, which means every disposable diaper ever made is still in a landfill somewhere" (Real Diaper Association).

Sarah Moudry has a great way of explaining the use of cloth diapers.

Cloth diapers will help your child become familiar with the sequence of sensorial sensations that occur in the cycle of relieving the bladder: First the feeling of dryness, then the feeling of a full bladder, then releasing the bladder, then wetness, then dryness again after a change. Disposable diapers are meant to wick away the feeling of wetness. This has the long-term effect of prolonging the toileting process.

#### TEACHER PREPARATION

The level of education that adults who are leading infant care programs hold is bewildering to me. "Minnesota regulations require daycare teachers to have only 24 credits in early childhood education. Often, that's the extent of the education and training you'll find at many daycare facilities" (Minnesota Department of Human Services).

In Montessori we believe that we have the responsibility to educate ourselves to become the stepping stone, support, and knowledge centers for parents and growing children. Accredited Montessori schools know that the education level and intelligence of an infant's primary care provider has a huge impact on intellectual, social, and physical development. AMI training centers in the United States usually require a bachelor's degree, though some exceptions are made based upon the applicant's experience and intentions. I'm proud to state that the Nido in Minnesota is led by two people who have a minimum of a master's degree and many years of experience

and who continue to attend courses and workshops to stay current on research. This is an ideal situation and should be expected in group care for infants.

Trained Montessori staff recognize that “Education starts at birth” (*The Secret of Childhood* 29). For example,

At birth, a baby’s brain contains 100 billion neurons, roughly as many nerve cells as there are stars in the Milky Way, and almost all the neurons the brain will ever have. The brain starts forming prenatally, about three weeks after conception. Before birth, the brain produces trillions more neurons and synapses (connections between the brain cells) than it needs. During the first years of life, the brain undergoes a series of extraordinary changes. The neurons are there at birth, as well as some synapses. As the neurons mature, more and more synapses are made. At birth, the number of synapses per neuron is 2,500, but by age two or three, it’s about 15,000 per neuron. The brain eliminates connections that are seldom or never used, which is a normal part of brain development. ‘Windows of opportunity’ are sensitive periods in children’s lives when specific types of learning take place. (Graham)

Development and learning typically advance when children are challenged to achieve a level just beyond their current mastery and this starts with infants. Knowledge of the sensitive periods, this optimum span of time when a child absorbs new impressions in an effortless manner, is huge! An infant deserves a peaceful, supported, basic trust with the adults in their life so that the infant can advance with joy and curiosity and those billions of neurons are functioning at maximum capacity. It happens not only with an educated, prepared staff, but in a beautifully prepared environment like the Nido.

Maria Montessori said so eloquently:

The most important period of life is not the age of university studies, but the first one, the period from birth to the age of six. For that is the time when man’s intelligence itself, his greatest implement is being formed. But not only his intelligence: the full totality of his psychic powers. At no other age has the child greater need of intelligent help, and any obstacle that impedes his creative work will lessen the chance he has of achieving perfection. (*The Absorbent Mind* 22)

## CREATING A NIDO

If you have read this far and find yourself interested in building a Nido for your school or for infants in your community, here is the process I went through with Kathy Anderson (Head of School at Oak Hill Montessori School, MN).

1. Know your community
  - Are there other infant programs in the area?
  - What is the tuition for these programs?
  - Are there growing families in the area?
2. Talk with your board of trustees and get approval for the program
3. Survey the school
  - Is there a need for your families?
  - Do you have a young community where infants may be expected?
4. Space
  - What are your square footage requirements per child? AMI recommends 35 sq. feet per child.
5. Trained staff
  - Do you need to sponsor someone to take the assistants to infancy course?
  - Do you have someone internally who would be interested in taking the course?
  - Do you need to advertise externally in the community for someone who is interested and willing to fulfill the obligations of the job as stated by your school? For example, the school may offer a full sponsorship for the course with a three-year commitment to the school. If at any time that person decides to move on, he or she must pay the prorated expense of the sponsorship.

6. Level of education
  - Do you require a BS or BA degree?
  - Can you have all assistants-to-infancy trained people in the program? Or can you find an ideal combination? For example, one of the assistants in the Nido at Oak Hill Montessori School in Shoreview, MN, holds her BS in biology and natural science and her master's degree in psychology. This person has a different educational background and lens with which to make observations and support families with growing children.
7. Hire an architect to sketch a blueprint of the Nido
8. Be aware of codes
  - What are the fire, city, state and Department of Human Service codes for your area?
9. Get bids from contractors
  - Request bids from at least three contractors.
  - Do you need heated floors?
  - Do you need air conditioning?
  - Are there windows in the room? Can you create windows at the child's level?
  - Is there an existing vent system?
  - Will the duct work need to be upgraded?
  - What kind of flooring does the space have? Wood is ideal for the work space. Laminate in a bathroom is ideal since tile can start to smell after years of absorbing urine.
10. Meet with the Department of Human Services for licensing
11. Hire a public health nurse to oversee your project and monthly requirements to maintain the license.

## Materials to Consider for the Nido

### 1. Sleeping area

- Floor beds or cribs
- Wall sconces with dimmers to allow soft light or no light at all for sleeping infants
- Earth tone wall colors
- Fan for white noise
- Extra crib sheets
- Sleep sacs
- Family pictures by the crib or floor bed (home-like setting/comfort for the child)

### 2. Eating area

- Communal table
- Adult prep sink
- Adult counter space to prep bottles and food
- Low stools for the adults to sit on while feeding the children
- Rocking chair
- Microwave
- Bottle warmers
- Fresh water source with fluoride
- Fridge
- Dirty dish cart
- Burp cloths
- Bibs
- Cupboards for storing food
- Clipboard area to document each child
- Cloths to wipe faces
- Real glassware

- Dishwasher (somewhere in the school)
  - Packet foods should be emptied into bowls. Children need to learn to eat with a spoon not suck their food out of a pouch. Exceptions should be made for children with learning challenges.
3. Work area
- Movement mat
  - Mirror
  - Mobiles
  - Rattles that support different stage of hand development
  - Ottoman for infant to pull up to stand at
  - Low bookshelf
  - Chair for each child
  - Staircase
  - A couple of shelves with manipulative materials (puzzles, stackers, object permanence box, etc.)
  - Language shelf (objects that are categorized, farm animals, nomenclature cards, musical instruments, etc.)
  - Pictures at child's level to enjoy (based in reality or of the actual children in your program)
  - Push toys (wagon for practicing walking)
  - Bench for children to practice removing shoes
  - Kiosk and bar
  - Outdoor space. For example, walking on paths in nature, climbing grassy hills, listening to nature, etc.
4. Toilet area
- Clothing with elastic waistbands that the child can remove independent of the adult or at least with minimal assistance to the process



- Extra clothing
- Changing table
- Changing pad for the floor for those children that are rolling over but not yet standing
- Careful sanitation procedures posted in the area: diapering procedure, hand-washing procedure

### **Paperwork for a Nido Program**

- Admission Packet: Welcome Letter, Application and Admission procedures, Immunization Record, Tuition Schedule, Questionnaire/Profile, Food Plan, Emergency Contact, Program Information Flyer, Letter from the Teacher, Handbook, School Calendar
- Daily Schedule: toileting, feeding, naps, notes
- Monthly Food Plan
- Visitation Form
- Wipes Release
- Allergy List
- Accident Report
- Medication Forms
- Sleep Directive and Cot Consent Form
- Crib Inspection Sheets (monthly and yearly)
- Handouts/Lending Library
- Phase-in Process from the Nido to toddler program
- Policy and Procedures: nap times, feedings, behavior, toileting

My overall hope is that more highly respected Nido programs will provide positive outcomes for our youngest children.

The child is capable of developing and giving us tangible proof of the possibility of a better humanity. He has shown us the true process of construction of the human being. We

have seen children totally change as they acquire a love for things and as their sense of order, discipline, and self-control develops within them.... The child is both a hope and a promise for mankind. (*Education and Peace* 40)

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