

SUPPORTING GROWTH AND DEVELOPMENT OF BABIES IN CHILD CARE: WHAT DOES THE RESEARCH SAY?

By Anne Goldstein, Katie Hamm, and Rachel Schumacher

The central tenet of the *Charting Progress for Babies in Child Care* project is that state child care subsidy and licensing policies that promote the quality and continuity of early childhood experiences can positively impact the healthy growth and development of babies and toddlers. According to the groundbreaking *Neurons to Neighborhoods* report, “The effects of child care derive not from its use or nonuse but from the quality of the experiences it provides to young children.”¹

Background on Infants and Toddlers and Child Care

According to the Early Childhood Longitudinal Study Birth Cohort, 50 percent of children born in 2001 were in a regular, non-parental child care arrangement at nine months of age.² The primary non-parental care arrangements at nine months of age were:

- Relative care (other than a parent) – 26 percent
- Non-relative care (care in the child’s home or the home of the caregiver) – 15 percent
- Center-based care – 9 percent
- Multiple arrangements – 1 percent.³

Many families with low incomes need assistance to afford child care. Yet, just 14 percent of federally eligible families actually receive child care assistance.⁴ In each month of 2005, nearly half a million children under the age of three received child care services supported by the Child Care and Development Block Grant (CCDBG).⁵ Families with infants and toddlers who participate in the child care subsidy system utilize center care at higher levels than the national average. Fifty-four percent of infants and 60 percent of toddlers served by CCDBG are in center care.⁶

In FY 2005, the federal Early Head Start (EHS) program, which provides comprehensive child development and family support services to young children under age three and pregnant women, served approximately 81,914 children and 10,485 pregnant women.⁷ Research on EHS demonstrates positive outcomes for both parents and their children. A rigorous, large-scale, random-assignment evaluation showed that children who participated in EHS programs showed gains in language and cognitive development; they also exhibited lower levels of aggressive behavior and had more positive interactions with their parents than did children from similar backgrounds who did not participate in EHS. Parents with children who participated in EHS were more involved in the program and provided more support for learning than those who did not.⁸

Caregiving Relationships and Quality Infant Toddler Child Care

For babies and toddlers, development occurs within the context of relationships. The most important relationships begin in the family, and the quality of these interactions is critical to children’s development.⁹ In the first few months of life, infants form an attachment relationship with the person who is primarily responsible for their care, usually a parent. When this care is responsive to the infant’s needs, the infant forms a secure attachment that creates a foundation for healthy development in early childhood and beyond.¹⁰

“The irreducible core of the environment during early development is people. *Relationships matter.*”

- Ross Thompson, “Development in the First Years of Life,” *The Future of Children*

Early childhood programs can play a key role in supporting healthy relationships between very young children and their parents. Research shows that when early childhood programs take a family-centered approach and incorporate family support strategies, there are positive outcomes for both children and mothers.¹¹ A partnership between parents and caregivers is also important to forming a positive relationship between the caregiver and the child.¹²

A secure attachment relationship between the infant and the caregiver can complement the relationship between parents and young children and facilitate early learning and social development.¹³ Infants with secure attachment relationships with their caregivers are more likely to play, explore, and interact with adults in their child care setting.¹⁴ To enhance the relationship between caregivers and young children, some early childhood programs have embraced a continuity of care model, whereby the caregiver cares for the same cohort of children for the first three years of life (as opposed to graduating children to new classrooms as they get older). One evaluation of such a program found that after one year, over 90 percent of children had a secure attachment relationship with their caregiver.¹⁵

The quality of the relationship between child care providers, parents, and children influences every aspect of young children’s development, including intelligence, language, emotions, and social competence.¹⁶ Babies and toddlers need consistent, ongoing relationships with parents and caregivers who understand and are responsive to their cues and can meet their needs. Caregivers who are attuned to each child’s unique needs and personality can support, nurture, and guide the child’s growth and development.¹⁷ When relationships are nurturing, individualized, responsive, and predictable, they increase the odds of desirable outcomes—building healthy brain architecture that provides a strong foundation for learning, behavior, and health.¹⁸

State Policies Can Support the Quality and Continuity of Relationships in Child Care

State child care licensing, subsidy policies, and quality initiatives can increase the odds that babies and toddlers have positive early learning experiences. Policies that encourage and nurture secure relationships are critical to quality care and learning.¹⁹ Some examples include:

- **Increasing Choices for Low-income Working Families** – Most families that are low income—defined as having earnings below 200 percent of poverty—include a year-round, full-time worker.²⁰ Research shows that when families are not able to access child

care assistance, they may go into debt, return to welfare, or choose lower-quality, less stable child care.²¹ When families need assistance from state child care subsidies to pay for care, are there family-strengthening policies in place that foster continuity of care and support the availability of and access to quality infant and toddler child care services in the community?

- **Establishing Higher Standards for Caregiving Environments** – Research shows that regulatable characteristics of child care—such as child-to-staff ratio, group size, teacher education, and teacher experience—are significantly related to the quality of early care and education.²² State licensing standards and state/national standards and guidelines—such as credentials, accreditation, and quality rating systems—can promote the key elements needed for high-quality infant and toddler care. What standards must be met? Are they specific to the care of infants and toddlers? How are standards monitored and evaluated?
- **Strengthening the Workforce and Supporting Caregivers** – Well-trained caregivers, adequate compensation, low child-to-staff ratios, and parent involvement promote strong, secure relationships and high-quality interactions between caregiver and child. These factors also improve attention to children’s interest in problem solving, language development, social skills, and physical development.²³ Young children in both child care centers and family child care homes benefit when teachers and caregivers are sensitive and responsive.²⁴ What preparation are teachers required to have, and is it specific to working with infants and toddlers? Are there strategies in place that can promote the stability of a skilled and experienced early childhood workforce? What access do other non-parental caregivers have to information and supports? Are professional development and other caregiver support strategies culturally and linguistically appropriate?
- **Linking Health and Family Support Services to Child Care Settings** – Children living in poverty face a number of risk factors early in life, including low birth weight, poor health and nutrition, and higher rates of family stress and depression.²⁵ Comprehensive services can help children access medical, dental, mental health, and family support services necessary to ensure healthy development.²⁶ Early Head Start programs have larger impacts on children and families when they have fully implemented the federal Head Start Program Performance Standards, which require comprehensive services.²⁷ Can families with low incomes access supports through their child care provider, supports they need for their children’s health and development?

How this Project Can Help

Charting Progress for Babies in Child Care will identify a set of key state policies that support the healthy growth and development of infants and toddlers in child care settings; it will also provide information that will help states implement such policies. The project will draw on the expertise of national and state leaders in child care policy and infant and toddler development to develop a list of promising state licensing, subsidy, and quality policies; develop an index of strategies by which states can move toward policy goals; gather and publish information that describes the emergence of such policies in states; and provide information and assistance to state leaders interested in implementing any of the recommended policies.

This project is supported by The Buffett Early Childhood Fund as part of the Birth to Five Policy Alliance and by The Irving Harris Foundation.

-
- ¹ National Research Council and Institute of Medicine, Committee on Integrating the Science of Early Childhood Development, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, ed. Jack P. Shonkoff and Deborah A. Phillips, 2000, 307.
- ² Kristin Denton Flanagan and Jerry West, *Children born in 2001: First Results From the Base Year of the Early Childhood Longitudinal Study, Birth Cohort*, 2004, <http://nces.ed.gov/pubs2005/2005036.pdf>.
- ³ Children in the “multiple arrangements” category spent equal amounts of time in one or more child care arrangements.
- ⁴ Jennifer Mezey, Mark Greenberg, and Rachel Schumacher, *The Vast Majority of Federally Eligible Children Did Not Receive Child Care Assistance in FY 2000—Increased Child Care Funding Needed to Help More Families*, 2002.
- ⁵ Hannah Matthews, *Child Care and Development Block Grant Participation in 2005*, 2006, http://www.clasp.org/publications/ccdbgparticipation_2005.pdf.
- ⁶ U.S. Department of Health and Human Services Child Care Bureau, *FFY 2005 CCDF Data Tables (Preliminary Estimates)*, “Table 13: Average Monthly Percentage of Children in Child Care by Age Category and Type of Care,” http://www.acf.hhs.gov/programs/ccb/data/ccdf_data/05acf800/table13.htm. Infants are defined as children less than one year old, and toddlers are defined as children between one and three years of age. The federal Child Care Bureau administers the Child Care and Development Block Grant to states, territories, and tribes to assist low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend job training or school.
- ⁷ Center for Law and Social Policy, *Early Head Start Participants, Programs, Families, and Staff in 2005*, 2006, http://www.clasp.org/publications/hs_brief8_2005data.pdf. Early Head Start (EHS) is a federally funded, community-based program for low-income families with infants and toddlers and pregnant women. Its mission is to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning. See <http://ehsnrc.org> for more information.
- ⁸ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, & Evaluation, *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*, 2002.
- ⁹ U.S. Department of Health and Human Services, National Institute of Child Health and Human Development, NICHD Study of Early Child Care and Youth Development, 2006, http://www.nichd.nih.gov/publications/pubs/upload/seccyd_051206.pdf.
- ¹⁰ Ross A. Thompson, “Early Attachment and Later Development,” in *Handbook of Attachment: Theory, Research, and Clinical Applications*, 1999.
- ¹¹ Douglass R. Powell, “Parent Education and Support Programs,” 1990.
- ¹² Helen Raikes, “A Secure Base for Babies: Applying Attachment Theory Concepts to the Infant Care Setting,” in *Young Children*, 1996.
- ¹³ Carollee Howes, “Attachment Relationships in the Context of Multiple Caregivers,” in *Handbook of Attachment: Theory, Research, and Clinical Applications*, 1999.
- ¹⁴ Helen Raikes, “A Secure Base for Babies: Applying Attachment Theory Concepts to the Infant Care Setting,” in *Young Children*, 1996.
- ¹⁵ Helen Raikes, “Relationship Duration in Infant Care: Time with a High-Ability Teacher and Infant-Teacher Attachment,” *Early Childhood Research Quarterly*, no. 8 (1993).
- ¹⁶ Shonkoff and Phillips.
- ¹⁷ National Scientific Council on the Developing Child, *Young Children Develop in an Environment of Relationships*, 2004, http://www.developingchild.net/pubs/wp/Young_Children_Environment_Relationships.pdf.
- ¹⁸ The Science of Early Childhood Development, National Scientific Council on the Developing Child, 2007, <http://www.developingchild.net>.
- ¹⁹ J. Ronald Lally, *Brain Research, Infant Learning, and Child Care Curriculum*, 1998.
- ²⁰ In 2004, among the 13.7 million families with related children under age 18 and incomes below 200 percent of poverty, 84 percent reported some work during the year, and 56 percent had a year-round, full-time worker. U.S. Census Bureau, Current Population Survey, 2005.
- ²¹ Greater Minneapolis Day Care Association, *Valuing Families: The High Cost of Waiting for Child Care Sliding Fee Assistance*, 1995, Deborah Shlick, Mary Daly, and Lee Bradford, *Faces on the Waiting List: Waiting for Child Care Assistance in Ramsey County*, 1999, Casey Coonerty and Tamsin Levy, *Waiting for Child Care: How*

Do Parents Adjust to Scarce Options in Santa Clara County? 1998, Philip Coltoff, Myrna Torres, and Natasha Lifton, *The Human Cost of Waiting for Child Care: A Study*, 1999, Philadelphia Citizens for Children and Youth, *Use of Subsidized Child Care by Philadelphia Families*, 1997, Jennifer Gulley and Ann Hilbig, *Waiting List Survey: Gulf Coast Workforce Development Area*, 1999, Jeffrey D. Lyons, Susan D. Russell, Christina Gilgor, and Amy H. Staples, *Child Care Subsidy: The Costs of Waiting*, 1998.

²² Nancy L. Marshall, Cindy L. Creps, Nancy R. Burstein, Joanne Roberts, Frederick B. Glantz, and Wendy W. Robeson, *The Cost and Quality of Full-Day Year-Round Early Care and Education in Massachusetts: Infant and Toddler Classrooms*, 2004, <http://www.wcwonline.org/earlycare/infant-toddlerfinal.pdf>.

²³ Julie Cohen, Ngozi Onunaku, Steffanie Clothier, and Julie Poppe, *Helping Young Children Succeed: Strategies to promote Early Childhood Social and Emotional Development*, 2005, www.zerotothree.org/policy/helping%20young%20children%20succeed%20final.pdf.

²⁴ Alison Clarke-Stewart, Deborah Lowe Vandell, Margaret Burchinal, Marion O'Brien, and Kathleen McCartney, "Do Regulable Features of Child Care Homes Affect Children's Development?" *Early Childhood Research Quarterly*, 17(1), 52-86, Susanna Loeb, Bruce Fuller, Sharon Lynn Kagan, and Bidemi Carrol, "Child Care in Poor Communities: Early Learning Effects of Type, Quality and Stability." *Child Development*, 75(1), 47-65.

²⁵ Jeanne Brooks-Gunn and Greg Duncan, "The Effects of Poverty on Children," *The Future of Children*, 2(2), 55-71, Kristin Anderson Moore and Sharon Vandivere, "Stressful Family Lives: Parent and Child Well-Being," 2000.

²⁶ Jane Koppelman, *Reauthorizing Head Start: The Future Federal Role in Preschool Programs for the Poor*, 2003, http://www.nhpf.org/pdfs_ib/IB789_HeadStart_4-11-03.pdf, Ariella Herman, Head Start Program Information Report, Health Services Report, Descriptive Analysis, Presented at the Anderson School at the University of California, Los Angeles, April 2003.

²⁷ Ellen Eliason Kisker, Diane Paulsell, John M. Love, and Helen Raikes, *Pathways to Quality and Full Implementation in Early Head Start Programs*, 2002.

About CLASP and ZERO TO THREE

The Center for Law and Social Policy (CLASP) is a national nonprofit policy, research, and advocacy organization that works to improve the lives of low-income people. CLASP's mission is to improve the economic security, educational and workforce prospects, and family stability of low-income parents, children, and youth and to secure equal justice for all.

The Center for Law and Social Policy
1015 15th Street NW, Suite 400
Washington, DC 20003
(202) 906-8000
www.clasp.org

ZERO TO THREE's mission is to support the healthy development and well-being of infants, toddlers and their families. We are a national, nonprofit, multidisciplinary organization that advances our mission by informing, educating and supporting adults who influence the lives of infants and toddlers.

ZERO TO THREE
2000 M St. NW, Suite 200
Washington, DC 20036
(202) 638-1144
www.zerotothree.org

For more information, please contact:

Rachel Schumacher, Senior Fellow, CLASP: 202-906-8005, rschumacher@clasp.org

Anne Goldstein, Consultant for ZERO TO THREE: 703-919-4737, agoldstein@earlycarecounts.org