Primary and Continuity of Care for Infants and Toddlers

**EEC Regulations: 7.10: Ratios, Group Sizes and Supervision of Children**

(9) Additional Provisions for Large Group and School Age Child Care.

(a) Group Assignment of Children.
   1. All group assignments must be developmentally appropriate for the individual child.
   2. The group size must be appropriate for the activities planned and for the characteristics of children assigned to the group.
   3. Each child must be assigned to a consistent group with a consistent staffing.

**Rationale for the Regulations**

If a child’s needs are consistently met by the same individual throughout the early part of their life, the child will develop a base for secure attachment. In turn, that base creates a foundation for healthy development in early childhood and later academic success. Early relationships that are individualized, nurturing, responsive, and predictable increase healthy brain development. These relationships assist in building healthy brain architecture that provides a strong foundation for learning, behavior, and health. Young children with a weak early foundation have an increased risk for problems later, when they will need to build on those basic capabilities established in the early years to develop more complex skills. (Schumacher and Hoffman 2008)

**Meeting and Exceeding the Regulation**

**Primary Caregiving**

While the regulations call for “consistent staffing”, a Primary Caregiving System goes beyond the “consistent” definition. It is defined as one educator being assigned to a small number of children (no more than 3) for the majority of the child’s care and interactions throughout the day. In Early Childhood programs the “team approach” works best with both educators knowing individual children and all the children knowing both educators (a primary and secondary educator). However, the assigned primary educator would provide the necessary feeding, interactions, play, and comfort to their assigned children. This system is designed to support development through consistency and continuity of care. Children who are in care for longer than their primary educator should stay with the secondary for the remainder of the time. Children within the first three years of life should be cared for by a small number of consistent adults who know and understand their needs and temperament.
How does this work in the infant or toddler classroom?
As an infant enters care they are “assigned” to one educator. This educator takes on the majority of this child’s care providing them with:

- close interactions,
- comfort when needed,
- feedings,
- diapering changing,
- observation and assessment.

For example: XYZ Child Care has one infant room with space for six infants and two educators. Jane and Sue are the classroom educators. Sam is a 6 month old infant who enters care. Jane becomes Sam’s primary educator. Jane changes Sam’s diaper, feeds him, and regularly holds and speaks with him. Sam’s sees Sue in the classroom and is familiar with her. Sue talks and smiles at Sam so he is familiar with her and her voice. Sue will care for Sam when Jane is engaged with another child or on break from the room. Sam is familiar with Sue however he is attached and relies on Jane for a majority of his care.


Continuity of Care
Continuity of Care refers to the practice of children remaining in the care of the same primary educator over the course of several years. In the case of infants and toddlers children would remain in the care of their primary educator until they are 2.9 years and developmentally ready for a preschool program. This practice includes keeping the same group of children together and either moving together to a new environment or changing the current environment to meet the developmental needs of the children. This supports the understanding that relationships between infants, toddlers, and their educators are the focal point of early education and care.

Rationale
Practiced at the primary school level under the term “looping” there has always been positive support for the continuous experience of children’s learning from one adult. A “continuity of care” approach can enhance the relationship between educators and young children in early care and education programs by keeping young children within the same setting and with the same team of educators over the course of several years. Research has found the longer infants and toddlers were with the same educator, the more likely they were to form a secure attachment to that provider; 91 percent of infants and toddlers who had been with their provider for more than one year had a secure attachment.
relationship. This concept supports the understanding of the primary need for a secure relationship to support health brain development. (Schumacher and Hoffman 2008)

**How does this work in the infant or toddler program?**

As an infant enters care they are “assigned” to one educator and potentially one room for their care until they enter Preschool. Programs become licensed to provide care for both infants and toddlers in all their designated infant-toddler rooms. If physical space cannot be changed to meet the changing needs of the children then they move from one room to another along with the educators that were originally assigned upon their into care.

**For example:** XYZ Child Care can care for 18 toddlers and 6 infants. All rooms are designated for infant and toddler care. Sam is a 6 month old infant who enters care. Jane becomes Sam’s primary educator. Jane and Sue currently care for a group of children ages 4 months to 12 months (this includes Sam). As the children grow Sue and Jane make changes to the environment to meet the changing needs of the children. Once the children start to walk and climb Jane and Sue bring in a small climber. If the children can sit at a table Jane and Sue bring in a small table and chairs. Sam will stay within this classroom until he is 2.9 years old and Jane and Sue will remain his educators during this time.

**For example:** 1,2,3 Child Care program can care for 18 toddlers and 6 infants. They have one designated infant room and two designated toddler rooms. Joe is a 9 month old boy who enters care in the infant room. Mary becomes Joe’s primary educator. Sally is the co-educator in the room. The classroom has 6 infants’ ages 6-12 months. Joe is regularly cared for by Mary. As the children progress Mary and Sally make slight modifications to their environment to meet the changing needs of the children. Once all the children turn 15 months old the children, Mary, and Sally will move into the designated toddler room. The educators from the designated toddler room begin the process over again in the designated infant room with a new group of infants.