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According to the 1999 National Survey of American Families, an estimated 10% of infants under a year of age are participating in center-based care and education programs, while the numbers are higher for 1-year-olds (16%) and 2-year-olds (24%) (Ehrle, Adams, & Tout, 2001). The practices used in caring for these infants and toddlers may have strong and enduring impacts on children's development and well-being. In terms of child care quality during the first three years, higher quality is associated with better mother-child relationships, fewer reports of children's behavior problems, higher cognitive and language outcomes, and better readiness for school (Burchinal et al., 1996; NICHD Early Child Care Research Network, 1996). In addition to the general quality of care for infants and toddlers, discrete practices may influence the development of infants and toddlers. One practice that is currently attracting substantial interest is the provision of continuity of caregivers for young children. Continuity of caregivers means that infants and toddlers remain with the same teacher(s) during a significant part, if not all, of their first years in a program.

CONTINUITY OF CAREGIVER

Traditionally, young children in center-based child care programs have a series of different caregivers during the first three years of life. Centers often follow the lock-step elementary school practice of moving children to a different class/teacher at the end of the year. Many programs move children more often, from class to class, teacher to teacher, as soon as they attain certain developmental milestones, such as crawling or walking. Some programs may move children on a daily basis to meet ratio or other staffing requirements. This practice is often used to ensure efficient use of program resources by keeping classes full and enrolling infants, for whom there is more child care demand. High rates of teacher turnover increase the likelihood that children will change teachers repeatedly during the infant/toddler years (Helburn, 1995; Whitebook, Howes, & Phillips, 1989).

The rationale for continuity of caregiver is similar to that for assigning primary caregivers to very young children. Primary caregivers take major responsibility for meeting the care and educational needs of a small group of children, within a larger group. Both practices, continuity of caregiver and primary caregiver, are intended to create a consistent personal relationship between a child and a teacher.

In these practices (primary caregiver and continuity of caregiver), transitions between teachers are minimized because transitions are seen as being stressful for the child (and adults) and wasteful in terms of learning time. When a child is moved to a new caregiver, recommended practice suggests that strategies be used to ease transitions. For example, children can visit their new class and teacher before moving, or their new teacher can visit them a few times so that they can get to know one another.

THEORY AND RESEARCH

The current professional recommendation of continuity of caregiver for infants and toddlers is based on conclusions drawn from child development theory and from limited research findings. Theoretically, issues regarding the development of secure maternal attachment are considered paramount for infants and toddlers (Ainsworth et al., 1978; Bowlby, 1982; Smith & Pederson, 1988). Secure maternal relationships are associated with more positive child outcomes, especially with regard to social-emotional development (e.g., Matas, Arend, & Sroufe, 1978; Jacobson & Wille, 1986). There also is evidence that maternal attachment is related to children's language development (Klann-Delius & Hofmeister, 1997; van Ijzendoorn et al., 1995), cognitive development (van Ijzendoorn et al., 1995), and emergent literacy (Bus & van Ijzendoorn, 1988). Some evidence suggests that in addition to attachment to mothers, the child's attachment to a primary caregiver in out-of-home child care is also important (Cummings, 1980; Goossens & van Ijzendoorn, 1990; Howes & Hamilton, 1992).

even within this practice (continuity of caregivers), there can be substantial variation. Yet the major requirement for providing continuity of caregiver is met.

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