<table>
<thead>
<tr>
<th>Slide #</th>
<th>Narrative (Script)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome to the online training that explores Primary Caregiving and Continuity of Care in group child care settings. Please click on the Resources button above to see some of the documents you will need to effectively complete this module.</td>
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<tr>
<td>2</td>
<td>The objectives for this course are for you to understand the importance of relationships with infants, toddlers and their families, and to discuss attachment and its functions as they relate to Primary Caregiving.</td>
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<td>3</td>
<td>Further, you should better understand the primary caregiver’s roles and responsibilities and be able to set up a Primary Caregiving system in your type of care. Finally, we want to help you define the concept of Continuity of Care and be able to implement Continuity of Care in your program. On the next slide, you will complete a brief pre-assessment.</td>
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<td>4</td>
<td>No narrative – Pre-assessment slide</td>
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<td>5</td>
<td>To begin, let’s look at the power of relationships. Please take a moment to refer to the Reflective Inventory handout. You can find this by clicking on the Resources button above. As you complete this form, think about how relationships have affected you in your life and in the work you do with young children. Reflect on the quote you see here and think about the handout. We know that healthy relationships in the early years have a lifelong impact on everything we do.</td>
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<td>6</td>
<td>Now let’s talk about attachment. Understanding attachment is the key to understanding the rest of the information in this training. Understanding attachment helps us recognize the importance of building positive relationships from the first day a child is enrolled in your program.</td>
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<tr>
<td>7.1</td>
<td>Attachment bonds between children and their primary caregivers begin to develop in infancy. Often, these first attachment relationships are formed between infants and their mothers, but young children are also able to form attachment relationships with other people who provide consistent, responsive, and sensitive care. This includes child care teachers. Attachment relationships form when caregivers and babies have extended time together. Although time is not the only factor that is needed to build attachment relationships, it is an important one. In addition to spending time with a consistent caregiver, babies need to have caregivers who are responsive and meet their needs. Over time, caregivers begin to recognize the babies’ signals and cues when they are hungry, tired, need a diaper change, or when they want to engage or disengage in play. Signals and cues may be in the form of crying, cooing, or making eye contact with their caregivers. Attachment relationships do not form over a few days, few weeks, or a few months. Just like any</td>
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Type of significant relationship, it can take many months for children to form attachment bonds with their caregivers. Thus, it is vitally important that infants and toddlers in child care have consistent caregivers so that these bonds have time to develop and strengthen. We’ve learned that attachments form over time, as caregivers remain consistent and meet babies’ needs. So what does attachment do? Let’s discuss the 5 functions of attachment next.

### 7.2 The first function is to facilitate the exploration of the environment with confidence and security. Let’s think about how you might feel without that sense of security and how you might provide a baby the sense of confidence and security to explore the environment. Think back to a time that you did not want to go somewhere without a friend. How did it feel? How does it feel to do new things alone? When children know someone is there for them, they feel secure enough to explore the environment and try new things, just like you. When babies have attachment relationships because they have consistent caregivers who provide responsive and sensitive caregiving, they are able to explore their environments with confidence, knowing that the adults in their lives are there to keep them safe.

### 7.3 Learning basic trust is the second function of attachment. Without trust, attachments cannot form. Trust comes from predictability - being able to know what to expect from someone. That is why caregivers need to be consistent in their responses and reactions. Babies also need consistency in who cares for them, and that person needs to care for them in the way that makes them feel good and safe. It may be confusing for babies when there are multiple caregivers tending to their needs throughout the day in child care because they might not know what to expect. We must establish trust from the beginning, and show babies that we will be there for them. Think about your own work. How do you start to help babies to trust you? How do babies know you will be there for them? How do you convey the message “When you need me, I’m here. You can trust me.”?

### 7.4 Self-regulation is another function of attachment. When children have secure attachments, they are better able to regulate their feelings and emotions. A toddler with a secure attachment with his caregiver knows that his caregiver will be there for him, even when he or she cannot immediately tend to his needs. Think about the ways children self-regulate: pacifiers, sucking, crying, and moving their bodies. Do you allow children to have pacifiers and blankets or items from home to help with emotional regulation? How to you respond to a child’s needs? If you are able to provide the item at the time the child needs it, he or she learns to trust. The message is, “When you need something I will make sure you have it.” Children may not always need an item from home immediately to help them regulate their emotions. When caregivers have been responsive and sensitive to children’s needs in the past, a simple acknowledgement may be all that is necessary until the caregiver is able to tend to the current need. Saying something like, “I can see that you need your pacifier. I will bring it to you as soon as I am finished making this bottle” may help children calm down until you can get to
Infants and toddlers are not quite sure who they are yet, where they belong, or what they like. Another function of attachment is identity formation. Babies begin to form their identities based on the images of themselves that they see reflected in their caregivers’ eyes and by imitating how their caregivers act and interact with them. When babies have formed attachments they begin to learn that they are someone worthy of attention. They begin to develop attitudes about how they and others should be treated because of the type of responsive and sensitive care that they receive. How do you help babies form their identities? Do you have mirrors in the environment? What about family photos or “look books” with pictures of important people in their lives? Do you speak to them with respect and care? Do you encourage them to try new things and celebrate their successes with them? Do you smile at them and show them affection every day?

Finally, attachment is a protective factor against stress and trauma. How do babies tell you that they are stressed besides crying? What do you listen and watch for? Some signs of infant stress are a lack of eye contact, drooling, sucking, and particular body movements.

Watch the video and refer back to the functions of attachment we just discussed. Where does this one fit in? Is it exploring the environment, learning basic trust, self-regulation, identity formation or protection from stress and trauma?

Now it’s time to summarize what we’ve learned about attachment. Attachment relationships develop when caregivers and children have extended time together to build a trusting and secure relationship. Children who have consistent caregivers who are responsive and sensitive to their needs will begin to develop secure attachment relationships with those caregivers. Secure attachment relationships can help young children learn to trust, develop a positive sense of identity and self-regulate and manage their emotions. Secure attachments also provide a sense of security for children because they know there is someone on whom they can depend to give them the love they need to develop in a positive, healthy way. This gives them the freedom to explore their environments and protects them from stress and trauma.
about how this graphic reflects the relationship that the child has with his caregiver. Now, open and complete the Responsive Caregiving Inventory from the Resources tab above. Think about your practices. Where do you need help? What are your main areas of strength?

| 15 | There are some experiences that will help promote secure attachments with the children in your care. Routines such as diaper changing can be used to enhance attachment relationships between a caregiver and child over time when the same caregiver does the routine in a responsive and sensitive way. |
| 16 | Now let’s look at Primary Caregiving. In order to design a Primary Caregiving system we must look at the numbers of children with whom each caregiver will primarily work. A typical infant classroom in a licensed child care center in Indiana might have 8 children in it, with 1 caregiver for each 4 infants. A typical toddler classroom might have 10 toddlers, with 1 caregiver for each 5 toddlers. These are large numbers, even though they might still fall within the regulation for ratios of 1 caregiver to every 4 infants or 5 toddlers. By creating primary care groups of 4 or 5 children per caregiver, we are able to create smaller groups within large ones, making the care more individualized for the children. If you are an infant caregiver you will be responsible for the care of 4 infants in your classroom. Your co-worker will primarily be responsible for the other 4. A Primary Caregiving system ensures that every child has a special person who takes care of him or her at child care. It also ensures that each family has a primary contact. When a baby has a primary caregiver the message is clear: I am special, I can trust people, we are in this together and, it feels good to spend time together. |
| 17 | What are the functions of the primary caregiver? What are their roles? In a true Primary Caregiving system, the majority of the nurturing of the child and the communication with families is carried out by the primary caregiver. Is this what you do? Do you diaper the infants and toddlers in your program according to need, not in an assembly-line fashion? Do you take the lead in feeding babies in your primary caregroup or do you sit with your primary caregroup during snack and mealtimes? Think about why these routines may be important in Primary Caregiving. If you change diapers according to the clock instead of based on the needs of the individual children, it becomes a more task-oriented process rather than the learning and bonding opportunity that it could be. Diapering is the most one-on-one thing you do, and it is important to take advantage of that time to nurture your relationship with each child in your group. Taking the time to feed the children in your primary caregroup or eat with them is another opportunity to establish bonds and communicate with the children in your care, forming attachments. |
| 18.1 | Primary Caregiving is a journey that caregivers can take with their infants and toddlers in order to help enhance and deepen secure attachment relationships. As we said, forming smaller groups of children with in the large group gives each caregiver an opportunity to focus on the children in his or her primary caregroup and pay better attention to and
meet the children’s needs. Let’s discuss some key approaches that primary caregivers should use. They are teaming, responsiveness, respectfulness, intentionality, and consistency.

18.2 The teaming approach means that you work together as a team to benefit the children. A teaming approach is more than just having children’s names on the wall or keeping documentation about them. Teaming is a collaborative effort where caregivers consistently communicate with each other so that all children are appropriately cared for, even when the primary caregiver is not present for the full day.

18.3 A responsive approach is attending to the children’s cues, and not the clock. It is acknowledging children’s needs and using an appropriate tone of voice. Responsive caregivers meet children’s needs quickly and with a positive and caring approach.

18.4 All children deserve to be respected by the adults who care for them. This means treating them like people, just like one would do with an adult. One example of being respectful to children is telling the child what is going to happen before it happens. For example, when it is time for a baby to have her bottle, the respectful caregiver tells the baby that it’s time for the bottle, waits for the baby to look, and then picks the baby up to feed her.

18.5 An intentional approach means caregivers are aware of the roles that they play in helping young children develop, and that they intentionally plan the best ways to care for them. Intentional caregivers think about what children in their primary care group need and plan their experiences accordingly.

18.6 We have already established that having consistent caregivers is necessary for attachments to form. This is important for both the child and family. Each time a family has a new caregiver, information about their child’s needs must be shared again, and this can be difficult for families. Think about all of the information about a child caregivers need to know – likes and dislikes, sleep patterns, eating patterns, and medical or other concerns. When children are assigned a consistent caregiver, that caregiver becomes a specialist in the care of that child, which enhances communication and comfort for the family. This is particularly beneficial for children with special needs. When a child with a special need goes to child care, having a primary caregiver reduces the number of times the information about the special need has to be shared, and families can trust that the primary caregiver knows and understands their child.

18.7 Really, all caregivers should be respectful, intentional, consistent, responsive and work in teams to meet children’s needs. What is great about Primary Caregiving is that it allows caregivers to do all of those things in a more targeted and focused way because they are primarily working with a smaller group of children.

19.1 Now that we have learned about the importance of Primary Caregiving, let’s think about putting a Primary Caregiving system in place. Establishing Primary Caregiving as a system does not have to be difficult, but sometimes there can be
barriers to creating the best, most functional Primary Caregiving system. Let’s look at some of the concerns about Primary Caregiving that might come up.

19.2 Creating a primary caregroup involves some initial work, even before the family is enrolled. If possible, it would be ideal to have the caregiver visit with the family prior to enrollment to learn about that family’s traditions and customs for their child. When that is not possible, caregivers may want to wait several weeks before making any permanent primary caregiving assignments. There are things to consider before the assignment is made, such as whether one of the providers already has a connection with the family that may help facilitate the primary caregiving assignment, the arrival time of the child, or other factors.

19.3 We all want to be liked. Often caregivers develop very close relationships with families and sometimes competitiveness will arise. Competition for approval from a family can happen between caregivers, possibly from personal insecurities or from families recommending one caregiver over the other. This competition is unhealthy and can be a real barrier to establishing positive primary caregroups. Caregivers should focus on the child and family and how best the program can meet their needs.

19.4 It is important to remember that this is just “primary” not exclusive care. All caregivers should build relationships with all of the children. If a child has a need and her primary caregiver is busy, the other caregiver should be ready, willing and able to respond and fulfill that child’s need. All caregivers must take ownership of caring for all children who need them, not just those in their primary caregroup.

19.5 The nature of childcare work schedules can have an impact on how well primary caregiving systems work. Most programs are open long hours – longer than most children need care, and more hours than a typical 40 hour work week. Some successful programs set up primary caregiving assignments based on the caregivers’ work schedules. For example, if little Alice comes in at 6 am, it may be appropriate for Sally to be her primary caregiver because Sally starts her shift at 6 am too. This arrangement will allow for Alice to be greeted by her primary caregiver every morning and help her transition from home to child care more smoothly. The same is true for the end of the day. Sometimes families have more time to share information at the end of the day, so having the primary caregiver there at that time would be very useful for some families.

19.6 Sometimes caregivers leave, and this caregiver turnover is a big issue when it comes to Primary Caregiving. Sometimes children have multiple caregivers in a day, week or year. If primary caregivers leave, the children in their care will need to establish an attachment relationship with a new primary caregiver. If the new primary caregiver is someone that the child already knows, the transition will be much smoother. That is why it is important that you build relationships with ALL
children. They need to know that the person who is still there is someone whom they can trust.

20 Now let’s examine Continuity of Care. Continuity of Care is the practice of having teachers and children stay together from the time the child enrolls in child care until they reach the age of 36 months. The purpose of Continuity of Care is to help minimize the number of transitions that young children experience by maintaining a continuous relationship between the caregiver and child for as long as possible. We have already established how important that continuous relationship is for development. There are different ways to implement Continuity of Care in your child care program. We will explore the different ways a little later. First, let’s think about why Continuity of Care is so important.

21.1 There are many benefits of providing Continuity of Care. You can probably think of a few yourself. Here you will explore a few of them.

21.2 Keeping children and caregivers together for an extended time can help them establish attachment relationships, which can lead to enhanced social competence for children. Social-emotional competence is critical for a child’s early school success and for later accomplishments. Lack of this competence is directly linked to behavioral, social, and emotional problems. Research has found that children whose teachers are sensitive and responsive and who give them attention and support are more advanced in all areas of development compared with children who do not have these positive inputs.

21.3 Keeping children and caregivers in continuous relationships can include benefits such as the opportunity to establish secure attachment relationships between the caregivers and children and the fact that communication between children and caregivers can be more consistent, responsive, sensitive, and familiar. Remember, time together is important for healthy attachment. Continuity of Care can also build a sense of family for the caregivers and children who stay together. Finally, caregivers may be more vested in establishing and building relationships and get to know the children and families very well.

21.4 Parents also reap the benefits of having their child in a classroom that practices Continuity of Care. One benefit to this is that there is better communication between parents and caregivers when parents know that the caregiver will be working with their child for a longer period of time. Parents and caregivers have the opportunity to establish a relationship with each other by having parents share and explain the family’s culture and values. This shared understanding of what is best for their child results in a more trusting relationship.

21.5 As with Primary Caregiving, Continuity of Care provides unique benefits to children with special needs. For a child with special needs, continuity in child care may be critically important so that caregivers know and understand what the child needs in daily routine care, such as feeding, sleeping, and diapering. Other ways that Continuity may be beneficial to families who have a child with special needs includes the fact that Continuity may be particularly important in working
with therapists to assist in meeting developmental goals in a child’s individual plan. Continuity may also help the parents see that they have a trusted partner and advocate for their child.

22.1 There are a variety of ways that child care centers and ministries can implement Continuity of Care. As you review the following options, remember that one size does not fit all! It is important that you find a way to implement Continuity that works best for your program. Continuity has taken some centers years to master. Use resources that you have available locally, such as your local child care resource and referral agency, universities, and other child care centers that are successfully implementing Continuity of Care to learn more about this practice. It is important to completely understand and think through the process in order to do it well.

22.2 Looping takes the careful consideration of your facility. It involves moving children and teachers into a new room, usually once a year. Generally, teachers have a set of children they work with from infancy up, until the time they turn three. The whole group stays together, and they may move into a new room once a year as the children develop. Once the children are all three years of age, the group transitions ideally into a mixed-age group of three-, four-, and five-year-olds. The teachers then “loop” back down to the infant room, where they start over with a new group of children. They will be with these new babies for the next three years. In a looping environment, children only have one transition between six weeks to five years old, at the time they are three. This is a good way to provide Continuity of Care. Many centers who are successfully implementing Continuity of Care are providing it this way.

22.3 In a mixed-age group arrangement, typically there are eight children in a classroom, with a four-to-one ratio of children to adults. The children in this classroom will be aged birth to three. Center licensing regulations dictate how many infants can be in the classroom in this type of group. Most children will stay in the same classroom until they are three years old and are ready to transition to the preschool classroom.

22.4 Room adaptation is a third way to set up Continuity of Care. Children are enrolled when they are babies and they stay in the same classroom with the same caregivers for three years – no one moves. In this arrangement the room is adapted to meet the children’s needs as they grow and develop. This could be a good option for some programs, particularly if there is a large room available and the center has ample storage space for equipment, such as cribs.

23.1 Before you implement Continuity of Care, there are some things you need to do first.

23.2 Educate staff on the importance of Continuity - use information from this training, or contact your local child care resource and referral agency and invite the Infant/Toddler Specialist to make a presentation at a staff meeting. Include the staff in the planning process.

23.3 Have staff, along with the director, visit sites that are implementing Continuity of Care really well. Directors may have
specific questions and concerns that they can ask seasoned directors who have implemented this practice, and teachers may also have questions for someone who is actually implementing the practice. Conducting site visits and observing practices at a center that has been successful may help alleviate some concerns and fears.

23.4 Offer staff training on the different ages and stages of child development so that those who have worked primarily with infants understand toddler development and vice versa.

23.5 Ask staff to share any of their concerns about implementing a new practice. When things change, some people feel anxious about that change. Directors can play an important role by talking staff through their fears or excitement about moving to a new way of delivering child care.

23.6 Educate families on the importance of Continuity of Care - share information with parents through newsletters, parent meetings, conferences, or other methods about why your site is implementing this practice. Include them in the decision-making process whenever possible and keep the lines of communication open.

24 There are two more interesting things to note about Primary Caregiving and Continuity of Care. First, Indiana is one of the only states that has Continuity of Care and Primary Caregiving practices embedded in the licensing regulations for child care centers. Second, other states are looking at Indiana - advocates from states such as Ohio, Iowa, Illinois, Nebraska, Utah, California, New York and New Jersey have been in touch to ask about our efforts and how Indiana was able to implement Continuity of Care and Primary Caregiving through licensing regulations. Indiana is a true leader in this practice.

25 No narrative – Reference slide

26 Please complete this short post-assessment of your learning. When you are finished, click “Finish” to receive your training certificate.

27 Thank you for taking the time to complete this training. For more information about Primary Caregiving and Continuity of Care contact your local child care resource and referral agency or your child care center licensing consultant.