

## Supporting Infants, Toddlers, and Families through the Family Child Care Program Option Webcast

(links for viewing and download at end of transcript)

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Lillian Sugarman: Welcome to the first webcast in our three-part series called Building Blocks: The Essentials of Early Head Start. Hi, I'm Lillian Sugarman and I'm the director of the Early Head Start National Resource Center Zero to Three. With me are two very special people: Pat Brown, who is the acting director of the Office of Head Start, and Amanda Bryans, who is the acting director of the Educational Development and Partnership division at the Office of Head Start.

Welcome, Pat and Amanda. Before we begin I would also like to welcome the regional program managers and their staff, the Early Head Start liaisons and T.A. managers and staff who are joining us from across the country, and here in D.C. We appreciate you taking the time to be with us today. Now Pat is going to kick off our webcast series. Pat?

Patricia Brown: Thank you, Lillian. I'm so happy to be here today for this first webcast on a subject that is so special to all of us: infants and toddlers. One reason infants and toddlers are such a special subject is because they require very special care. We know this because of the work we do on a daily basis, but we also know this simply because we have all held an infant in our arms or held a toddler's hand as she took some of her first steps.

For those of you who are relatively new to Head Start, and as refresher for everyone, I'm going to begin with a little background. In 1994, Congress created Early Head Start in response to a growing body of research documenting the benefits of early and high-quality intervention, benefits for both children and their parents. In the first year there were 68 Early Head Start programs.

Today -- just over ten years later -- there are more than 700 programs serving more than 65,000 pregnant women, infants and toddlers. Early Head Start provides comprehensive child, family, staff and community development services, according to best practices embedded in the Head Start Program Performance Standards. Results from the Early Head Start research and evaluation project show that the program has significant and positive effects on a wide range of both parent and child outcomes.

Specifically, three-year-old children who received Early Head Start services performed better on measures of cognitive, language and social-emotional development than did children in similar situations who did not enroll in Early Head Start. In addition to positive impacts on children, results show significant positive impacts on families, including fathers, as well as two groups that previous studies have shown are difficult to impact: teen parents and parents with depression.

These positive impacts were seen in areas such as home environment, education and job training. But, particularly important to our purpose here today is the finding that implementing the Head Start Program Performance Standards early and fully is important for maximizing impact on children and families. We all know what the Standards say on paper, but how does it look when they are being addressed in the classroom or home setting? Amanda is going to explain more. Amanda?

Amanda Bryans: Thank you, Pat. The key to maximizing positive impacts on the children and families we serve is ensuring the program performance standards are implemented both early and fully. Each of you in the audience today holds that key. The purpose of this webcast series is to provide everyone who is involved in the on-site review and ongoing monitoring of Early Head Start with baseline knowledge of the key concepts of the program.

This includes not only our federal review teams, but also program specialists and others who review refunding applications, provide technical assistance, and work with Early Head Start programs on a daily basis. Just like the

children we serve, our backgrounds and experiences are diverse. This year, we have a significant number of new federal staff in our regional offices.

But even for those who have been heavily involved with Early Head Start from the beginning, the fact that the program is still relatively new and growing means that we all have new things to learn and ways to grow too. By taking a step back, we can all move forward together. The concepts we are going to discuss today are challenging to implement and just as challenging to recognize in action.

That is why we're going to look at them by way of a conversation that will be carried out over a series of webcasts. Now Lillian is going to provide a little more information on that format. Lillian?

Lillian: Thanks, Amanda. The key word throughout the series is conversation. We really hope these webcasts will be as informative and interactive as possible. To help us achieve that goal, we have developed a viewing guide to accompany this webcast. If you haven't downloaded it yet, we encourage you to do so right now, using the link on your browser. We also ask that you have a pen and notepad ready. We hope that you put those to good use today.

To truly make this series a conversation, we asked you to submit some of your preliminary questions in the time leading up to this webcast. We will answer some of those questions today during a live Q and A session after the break. We will post answers to your questions on the EHS NRC website and on the Early Childhood Learning and Knowledge Center, or the ECLKC. We will also post on-demand archives of today's webcast on both sites, so you can watch it again.

So please keep the questions coming. You may submit them throughout this webcast using the "Ask a question" form on the right side of your browser. And please note, submitting a question will not take you away from the webcast or to another web page. In addition to your questions, we also want to hear your feedback.

After today's webcast, we ask that you send your comments and any suggestions you have for the next two webcasts to the e-mail address you see on the screen now. But enough about the end. We're at the beginning, so let's begin and for that I'm going back to Amanda.

Amanda Bryans: Thank you, Lillian. For over 40 years, Head Start has provided comprehensive child development services to low-income children and their families. For the past 12 of those years, Early Head Start has completed the circle of care by serving pregnant women, children ages to birth to three and their families. Let's look at some typical Head Start classrooms.

[Video starts] Teacher: Can you say, "Good morning, Mrs. Shala"? Students: Good morning, Mrs. Shala. Mrs. Shala: Good morning. Good morning. [Singing] My friends are my friends and my friends are your friends. All: The more we get together the happier we'll be.

Child: Now I know my ABC's, next time won't you sing with me? Unknown female: Did you finish your milk? Ok. Wait for your friends. Stay in your chair. Wait for your friends. You will brush your teeth all together... [Video ends]

Amanda: Now, let's compare what we just saw to some typical Early Head Start classrooms. One of the differences between classrooms serving preschool-aged children and classrooms serving infants and toddlers is environment. As you can see here, Early Head Start classrooms look and feel and are different. First, there's a difference in the furniture and equipment. Take a moment to look around. One of the first things you probably notice that is different compared to Head Start classroom is the cribs.

Another environmental difference is a little more subtle, and that's exactly the intention. Infants and toddlers can be over-stimulated in any of their senses, so the Early Head Start classrooms should aim to avoid too many bright or contrasting colors or harsh light. A much more obvious difference is the noise level.

Just like with colors and light, in Early Head Start classrooms, voices should be softer. Another reason for the higher noise level in Head Start classrooms is that there are more group-oriented activities, and that brings us to another key

difference: child-to-teacher ratio. Did you notice that there were simply fewer people, and especially children, in the Early Head Start classrooms?

That is because the Head Start Program Performance Standards mandate a four-to-one child-to-teacher ratio for Early Head Start with a maximum group-size of eight children in a classroom, so there are two teachers per group of eight children.

We're all one Head Start but by understanding the things that make Early Head Start unique, we can learn how to better serve the unique needs of infants and toddlers as they relate to Head Start Program Performance Standards. Now Lillian is going to provide an overview of the three concepts we're going to cover today. Lillian?

Lillian: Thanks, Amanda. Because every infant and toddler is so unique, it is important we recognize that the concepts we're talking about today look different in every classroom and during every home visit. The most important thing to understand is the intent behind what is happening. To help us do that, we have three more very special people with us in the studio today.

Tammy Mann, who is the deputy director at Zero to Three, who is going to provide us with some of the research behind the concepts we are discussing. And next, Janice Im is a senior program manager at Zero to Three. Janice does a lot of work in the field and is going to provide us with practical definitions and explanations of our three main concepts. And last, but definitely not least, Carol Bellamy, who is the education manager for the Greater Mount Vernon Head Start and Early Head Start.

We are so excited to have her here today, as she is going to provide real life examples of what these principles look like in practice. Welcome, Tammy, Carol and Janice. So let's begin. Today we're going to cover three key concepts. First, we're going to learn about the importance of relationships and primary caregiving. Next, we're going to look at responsive caregiving and how that translates into curriculum.

And finally, we're going to cover the concept of continuity of care. For each of these concepts, we are going to answer three important questions.

First, we will look at the "why": Why is this topic important? And to answer that question, Amanda will tell us why each topic is important from a federal perspective, by taking a look at what the Head Start Program Performance Standards say. Then Tammy will tell us why the topic is important from a child development perspective by looking at what the research says. Next, for each topic, Janice will help us look at the "what": What does this concept really mean, and what does it look like in practice?

Finally we will look at the "how": How do caregivers implement these concepts and how do we know what they are -- know that they are happening? Excuse me. To answer this question, Carol is going to provide us with some real life examples. Now before we begin, I would like to clarify one additional point. When we use the term "teacher", we mean all teaching staff and adults who work with children. This includes center-based staff and home visitors, as well as parent educators.

Now, we're ready to begin with a little pop quiz on our first topic, primary caregiving. This is true or false. Primary caregiving is the practice of assigning one teacher exclusively to provide the full scope of childcare, from developing curriculum to changing diapers.

Now take a moment to write down your answer and also take some time to write down why you chose that answer. Time's up. Before we discuss the answer, let's take a closer look at why primary caregiving is an important concept. Amanda is going to start us off with some background on what the Standards say. Amanda?

Amanda: Thank you, Lillian. Before I begin I want to point out that your viewing guide includes the text from the Performance Standards that I will be talking about today, grouped by topic. Please note this list is not all-inclusive. Instead, it includes some of the standards most relevant to what we are discussing today. You will also see that many of the Standards on your viewing guide apply to multiple topics.

The first Standard relating to primary caregiving mandates the four-to-one child-to-teacher ratio with a maximum of eight children or two groups of four children in one classroom. The second relevant Standard states that services for infants and toddlers must encourage trust and security, so that each child can explore the environment according to his or her developmental level. This is very important to primary caregiving.

Other relevant Standards include additional requirements on building trust, and regulations on developing secure relationships by having a limited number of consistent teachers over an extended period of time. Now Tammy is going to explain some of the child development research behind these standards, and why primary caregiving is so important for infants and toddlers. Tammy?

Tammy Mann: Thank you, Amanda. The importance of relationships is one of the foundations of Early Head Start as detailed in the statement of the advisory committee on services for families with infants and toddlers, which laid the groundwork for Early Head Start. Research shows that relationships formed with adults during the first three years of life set the course for all future development. That's a pretty powerful concept that speaks directly to the importance of the child-caregiver relationship.

These relationships are not limited to parents. Several studies show that creating a network of caring relationships provides a positive circle of support for both children and their families. I would also note that the opposite is true. Factors such as high staff turnover negatively affect the child-caregiver relationship and compromise the quality of care. This research shows why relationships are so important to Early Head Start.

And why one of the program's primary objectives is to support the parent-child bond in both home and center-based care and to mirror that bond through primary caregiving. So what exactly is primary caregiving, and what does it look like in practice? As review team leaders and others who look closely at Early Head Start programs, a part of your role involves making sure teachers and home visitors understand the intention behind the practice. Janice Im is going to explain more. Janice?

Janice Im: Thank you, Tammy. Now that we have looked at the "why" -- why primary caregiving is important -- I'm going to talk about the "what". What does the concept of primary caregiving mean for infants and toddlers, and what does it look like in practice? Let's start by reading through the definition of primary caregiving. You can find it on your viewing guide under primary caregiving, part two.

The Office of Head Start defines primary caregiving as the practice of assigning a primary teacher to be responsible for the care of a child, providing infants and toddlers with an opportunity to develop a close, trusting relationship with a consistent caregiver who knows the child well. Let's think back to the true or false question from the beginning of the segment.

It said, "True or False: Primary caregiving is the practice of assigning one teacher exclusively to provide the full scope of childcare from developing curriculum to changing diapers." Well, the answer is false. Primary caregiving does not mean that one caregiver has to do everything for the child. It does not mean that one caregiver has to be with the child every single minute of the day. Primary simply does not mean exclusive.

In fact, infant/toddler care works best when the caring is shared. The primary caregiver is, however, a person who knows the child well. Other caregivers may help out, but the primary caregiver takes the lead. Take for example a child named Marisa and a classmate of hers named Manuel. I am Marisa's primary caregiver. I will still interact with Manuel and write down my observations in Manuel's journal as appropriate, but I will make sure to write in Marissa's journal every week without fail.

Primary caregiving is the idea of extra focus. Every child in the room will get some of my attention, but Marisa will get my extra attention, my extra focus. In the home-based program option, the home visitor supports the most important primary caregiver, the parent, in building and maintaining the special and unique bonds between child and family as well as helping the family stay connected to the center and community.

In addition to building the circle of support that sets the course for future development, primary caregiving is important because it prevents favoritism. Especially in center-based care, there may be one child who is particularly charismatic, a child who just naturally attracts extra attention. Say that child is Manuel. Primary caregiving makes sure that every child, not just Manuel, gets that extra attention. It ensures that every child has someone watching out for him or her.

Primary caregiving also ensures that someone tracks and understands each child's developmental progress. In the infant and toddler years, child development occurs at an extremely rapid pace. Primary caregiving helps insure someone is there to support the young child every inch of the way. Let's look at an example primary caregiving in action. When you're watching this video, think about how you can tell primary caregiving is happening.

[Video starts] Mary: Look at you. That's good. That is refreshing, huh? That is refreshing. Narrator: When Mary uses a routine activity like bottle-feeding to develop a positive relationship with Aja, she is also building a secure base for Aja to develop her brain.

Mary: I talk to her in a soft, low voice and ask the questions. And she would give me the okay by not withdrawing. And when she kept looking at me, I knew I was doing right. I knew I was going down the right road. You're just relaxing. That warm milk makes you relax, huh? [Video ends]

Janice: What a wonderful example of primary caregiving. Let's think back to our definition. Primary caregiving is critical to supporting the development of close, trusting relationships between caregivers and children. In our video clip, that close and trusting relationship was evident in the warm and nurturing interaction that unfolded between the adult and child. It is within these types of relationships that infants and toddlers flourish.

Primary caregiving can be evidenced when a child shows preference for a caregiver or seeks out a particular caregiver for comfort, reassurance and support, a family is able to identify a caregiver with whom they can comfortably connect with on a regular basis regarding their child, or when a caregiver is able to anticipate and respond appropriately to a child because they truly know and understand him or her. These are just some examples of what primary caregiving looks like in practice.

Now, Carol is going to talk about the "how". And provide us with some additional samples of what primary caregiving does and does not look like. Carol, how would a home visitor in an Early Head Start classroom know that primary caregiving is happening?

Carol Bellamy: Thanks, Janice. One way to better understand the concept of primary caregiving is to consider your own experience. When you are stressed or anxious or upset, who is the person you turn to for comfort? Likewise, when you are happy or have exciting news to share, who is the person you can't wait to tell? Now, think about the characteristics of your relationship with this person. What are the things that make this person the one you turn to in times of both happiness and sadness?

One characteristic of your relationship is most certainly trust. You trust this person to offer good advice to help you, to keep what you tell him or her confidential, and so on. Another characteristic is probably comfort. Most likely, you feel at ease with this person. You feel like you can be yourself when you're around him or her. Yet another quality is history. You probably have a long-standing relationship with this person and feel like he or she really knows you.

He or she knows what you like and don't like, what you want and what you need. The relationship between a primary caregiver and the child should exhibit these same characteristics. So the first part to knowing whether primary caregiving is happening is to reflect on your own experience as to what constitutes a close and trusting relationship. Next, it is important to be careful and sensitive, to be a careful and sensitive observer.

Often times, as members of the review team, you will witness the interaction between the child and her caregiver for only a short period of time. During that time, you may see the child acting upset or unhappy. That reaction is not necessarily a reflection of a lack of primary caregiving. More likely, it is simply because a stranger is interrupting the child's world. Especially in the infant and toddler years, children are going to behave differently when there's a stranger in the room.

That is why, although observation is important, you must also look for primary caregiving in the documentation. You can see in the teacher's written observations, but you can also see it in something as simple as work schedules. The schedules answer the basic question, "Are these the people who are caring consistently for this child?" Another important point is that primary caregiving enables young children to feel comfortable enough to explore their environment.

It also helps staff. Through primary caregiving, teaching staff develop an understanding of what each child needs, and what they like to do. Then, they can use this individualized knowledge to inform their planning, they can reflect on what they observed and plan intentionally for children. Intentional teaching brings us to the second topic: responsive care-giving and curriculum. Lillian?

Lillian: Thank you, Carol. Curriculum is a big word for infants and toddlers. When you think of curriculum, what comes to mind? A course a study, a written plan, a specific curriculum you were familiar with? The word "curriculum" has a lot of connotation. That is why defining curriculum is such a challenge for early childhood educators, especially when it comes to infants and toddlers. Let's start with a challenge for you, another pop quiz. Are you ready?

Which of the following represents curriculum for infants and toddlers? A, feeding on demand; B, following the child's lead; C, letting the child decide when she's ready to move on; D, all of the above; or E, none of the above -- curriculum is a series of structured activities. Write down your answer and why you think it is correct. Okay, time's up again.

Before we discuss the answer, let's start again with the "why": Why is curriculum important for infants and toddlers? And once again, Amanda, we'll start with what the Standards say. Amanda?

Amanda: Thanks, Lillian. First and foremost, the Head Start Program Performance Standards require that Early Head Start programs have a written curriculum. Then, whether programs design their own curriculum based on sound research and practice or whether they adopt or adapt an existing curriculum, they must follow the curriculum guidelines which we summarize by the well-known acronym GERMSS.

It is important to note that while each of the components of GERMSS -- that's G-E-R-M-S-S -- are still applicable to Early Head Start, many of them, in particular the GERM itself, look very different for infants and toddlers than for preschool children. I'll explain. The "g" in GERMSS stands for "goals". Curriculum must include goals for children's development and learning.

The "e" stands for "experiences". Curriculum must include a description of experiences through which children will achieve the stated goals. For infants and toddlers, however, experiences are the curriculum, so the goal is to provide experiences for the child to interact with what interests him or her. Janice and Carol will talk more about that. The "r" in GERMSS stands for "roles". Curriculum must describe roles for staff and parents to play in helping children achieve the goals.

Because infants and toddlers grow and develop dramatically during the first three years of life, they, in a sense, have their own internal curriculum that they follow, but is this enough?

In order for infants and toddlers to reach their highest potential, they need caregivers, both staff and parents who can sensitively tune in to how best to nurture each child and thoughtfully provide appropriate environments, materials and experiences that offer infants and toddlers with multiple and varied opportunities to learn, practice, explore, expand and discover. Again, Janice and Carol will expand more on this concept in a couple minutes.

The next letter in GERMSS, the "m," stands for "materials". The curriculum must list the materials and equipment that are needed for support. Of course these materials also look different in Early Head Start as we saw in the videos earlier comparing Early Head Start with Head Start. Next the first "s" in GERMSS stands for "sound". Curriculum must be based on sound child development principles. And finally the second "s" is "Standards".

The curriculum must include and comply with the full scope of the Head Start Program Performance Standards. Let's go back to the first "s" for a moment: curriculum must be based on sound child development principles. Tammy?

Tammy: Thanks, Amanda. I think it is important to reiterate that critical building blocks for all future learning are being formed from birth and in many ways even before birth. That is one of the reasons why it is extremely important for anyone looking at curriculum for infants and toddlers to take extra time to understand the basic principles of child development. Neuroscience makes the point that the developing brain is like a spider web. Everything is connected.

It's impossible to separate one developmental domain from another. Cognitive skills cannot be separated from motor skills, language skills cannot be separated from social skills, and all of it rests on the foundation of social-emotional development. Like a spider web, all of development is intricately connected. Therefore, rote teaching of one set of skills is developmentally inappropriate. Instead, teaching must take a holistic approach to learning.

Research also shows that the brain goes through a natural pruning process as it develops. Concepts that are used more often get wired into the brain structure and those that do not fall away. This does not mean that infants and toddlers need constant stimulation.

What they need is stimulation that is responsive to their changing needs. Stimulation that builds on their interests and captures their imagination is most important. Now, Janice is going to talk a little more about what this looks like in terms of curriculum. Janice?

Janice: Thanks, Tammy. As Tammy was explaining, what infants and toddlers need most are experiences that capture their imagination and hold their interest. This is why we say curriculum equals responsive caregiving. With infants and toddlers, curriculum is not a book on the shelf collecting dust. It's a living breathing process that grows and expands with the child as can be seen in this next video. When you're watching, pay special attention to how the caregiver responds to the infant's reactions. Let's take a look.

[Video starts] Sandra Taidzump: That feel good on your feet, huh? Does that feel good on your feet? Legs, stretch your legs. Narrator: Building trusting relationships with children over time is important in brain development. Sandra Taidzump will be Ashlynn's primary caregiver for the next three years in Early Head Start. Stimulating her physically and mentally helps to build a trusting relationship.

Sandra: Rub your tummy? Rub your tummy? You ready? There you go. There you go. Does that feel good? Huh? Does that feel good? I usually try to give my babies their massages in the afternoon because that kind of, you know, relaxes them. I think that's, you know, building a bond with her, because you've got that eye to eye contact with her. I try to, you know, just try to relax them, you know, because they get frustrated, you know, in the afternoon because she's teething right now and she's having a hard time.

Narrator: After the massage, Sandra takes cues from Ashlynn on getting her dressed. Sandra: You're okay. Just putting you, trying to button your shirt here. Okay, buttoning your shirt. Your shirt. Narrator: Sandra gives up trying to button Ashlynn's shirt when she becomes agitated. This respect helps Ashlynn become even more comfortable with Sandra.

Sandra: Can I button your shirt now? Can I button your shirt? Huh? Can I button your shirt? Can I try to button it? Let's try. Button your shirt. There. We did it. Narrator: Sandra continues to strengthen their relationship and enhance Ashlynn's brain development by reading a book to her. Sandra: Is this Ashlynn crying? Huh? There's Ashlynn again, see? Hello, Ashlynn.

Narrator: Ashlynn feels secure in her relationship with Sandra. This bond is essential in furthering Ashlynn's brain development. Sandra: Kiss the baby. That's so nice, Ashlynn. Are you kissing the baby? Who is that? Who is that baby? Want to kiss Ashlynn again? Okay. [Video ends]

Janice: Now on the surface, this experience may be seen as supporting just early language and literacy; however, there's so much more being learned here. The infant is not only learning words... about words, sounds and how to handle the book, she is also learning cognitive skills, concepts about body and self, motor skills as she brings her hands

and mouth to the book and mirror, social skills as she experiences the back and forth and turn-taking when conversing with her caregiver...

... and last but certainly not least, emotional development, as she learns that she's important within the eyes of her caregiver and that exploring together is fun. As evidenced here when planning curriculum for infants and toddlers, it is important to recognize that each area of development relates to and influences the others. One way of looking at curriculum is to ask yourself whether it is "OPEN". A written curriculum is an OPEN curriculum, and OPEN stands for observing, providing, expanding and noting.

Observation is the first step. When we look at the process of curriculum, ask yourself: "Is the caregiver observing what interests the child and is she mindful of the child's developmental level, what the child can and cannot do and what the child is ready to learn?" The next step in OPEN is providing. Is the caregiver using her observations to provide experience for the child to interact with what interests him or her?

And are these experiences, environments, materials, developmentally, linguistically and culturally appropriate? The third step in OPEN is expanding. Is the caregiver expanding the child's interactions based on her observations? This is where individualization and the importance of relationships, like primary caregiving relationships, really come into play. The caregiver should be scaffolding the curriculum or building on what the child already knows and loves.

To do this well, she needs to know how to respond to the child's cues. And finally we should ask, "Is the caregiver noting what is happening?" The final step is crucial to achieving progress towards goals. It doesn't necessarily have to involve taking physical notes such as writing in a journal, but a caregiver should be aware of what is happening, and attuned to the child's interests, which brings us back full circle and the circle should continue. Observing, providing, expanding, and noting.

Infants and toddlers learn new skills through the every day interactions with, and exploration of the world around them. Curriculum, therefore, is not a single activity or game that you have infants and toddlers do for fifteen moments and then move on. As Amanda had noted for infants and toddlers, their experiences are the curriculum. A written curriculum that is open allows caregivers to let the child lead the planning process. The child is the star.

And the caregiver plays a very active but supporting role in guiding and nurturing the child's growth and development. Let's take a look at a video clip that demonstrates this idea of open curriculum and letting the child lead the process. Watch how the caregiver supports, but does not dictate the child's learning experience.

[Video starts] Narrator: When Zaria was introduced to a new tambourine toy, she continued to show her growing interest by going back to it frequently. [banging] [Video ends]

Janice: Now, that is exactly what responsive caregiving or curriculum should look and, in this case, sound like. Whereas a caregiver who was not being responsive might have taken the tambourine away from the child long before the experience ended, this responsive caregiver allowed the child to continue to experience and learn from the tambourine, no matter how much time it took, because the tambourine still captured her interest. The little girl still had something to learn.

Remember, for infants and toddlers, learning experiences are the curriculum. Young children need to explore something with all of their senses before they make sense of it. They need to see it, smell it, touch it, taste it and listen to everything before they learn from it. What's interesting is adults tend to do the same thing. For example, when you buy a new C.D., do you pop it into the stereo or do you look at it front and cover and the back, turn it over, pull off the sticker and open it up?

Maybe pull out the booklet and flip through that, all before you listen to it? Curriculum for infants and toddlers is that full sensory exploration. Next, Carol is going to provide some examples that illustrate how we can know curriculum is happening.

But first, let's think back to that pop quiz. It said which of the following represent a curriculum for infants and

toddlers? A, feeding on demand; B, following the child's lead; C, letting the child decide when she's ready to move on; D all of the above; or E, none of the above, curriculum is a series of structured activities. This time it's Carol's turn to answer. Carol?

Carol: Thanks, Janice. So, how do we know curriculum is happening? The key to understanding curriculum and the answer to our pop quiz is being able to understand that we do not set the course, the children do. So the answer is D, all of the above. Feeding on demand, following the child's lead and letting the child decide are all important parts of curriculum for infants and toddlers.

Like the young child in the video clip with the tambourine, infants and toddlers may want to do something over and over and over again before they move on. This is because they still have something to learn. Yet while curriculum for infants and toddlers is all about following babies' interests, adults do have an important role to play in creating the experience: responding to it and expanding on it. Sometimes, it is easy to look at what curriculum is not in order to understand what it is.

For example, with experiences in art, we do not want to see a room full of artwork that all looks the same. What we do want to see is children using art in a way that taps into all their senses. We want to see toddlers interacting with materials in open ways -- not to create a painting, but to see how the paint feels in their hands, how it goes onto the brush, how it goes onto the paper or other material. Curriculum is not a process. Excuse me, curriculum is a process not a product.

Another example of what curriculum looks like with infants and toddlers is gathering a group of children for group time. Some children may not be interested in joining the group and may want to continue pushing trucks or holding a baby doll. Eventually the children may come over to join in singing or movement, but we should never see the teacher rounding kids up.

Curriculum is teachers observing and individualizing learning for children based on those observations. It is not group-directed activity. Let's take a look at another example. In this home visit, watch how the mother and the caregiver let the child lead. And what a leader she is!

[Video starts] Unknown Female: Are you going to eat the block? Are you going to eat the block? Yeah. Can you put it in the box? Put it in the box. Good. Yay, there you dropped it. Look at that. You like that block, Brianna? Look. It is a little block. What happened? Did the block fall down? Can you put it back? Good girl. Can I get another block?  
[Video ends]

Carol: Did you notice how the child's mother and caregiver supported and scaffolded on the child's experience without interfering? Those are quite literally the building blocks of Early Head Start. Let's review. How do we know primary caregiving is happening? First, as always, we must be careful and sensitive observers.

Next, we must understand the unique characteristics of curriculum for infants and toddlers, in particular how it must be open and how caregivers must be responsive to the needs of young children. Third, we must understand the key point that for infants and toddlers, learning experiences are the curriculum. And finally, we must also consider what curriculum is not. It is not a book on a shelf or a single activity that is done for a predetermined amount of time.

Now, our curriculum for today says that it's time for a break. But first, Amanda has one more important point about the subject of curriculum for infants and toddlers. Amanda?

Amanda: Thank you, Carol. Before we take a break, I'd like to point out that while the Head Start Program Performance Standards state the curriculum must be written, they do not state that it must be a commercially-available packaged curriculum. A published curriculum does not automatically mean the curriculum is responsive. Each published curricula must be customized to meet the needs of individual children and their progress.

None would be okay right off the shelf. Likewise, demonstrating the use of responsive curriculum does not involve pointing to a book on the shelf. Teachers and home visitors should be able to talk about how curriculum is

individualized to meet children's individual needs. With that, we are going to take a short break.

Then we will take a look at our third and final topic for today, continuity of care. Also coming up after the break will be our question and answer session, so we really encourage you to keep the questions coming. We'll be back in three minutes. [Music]

Lillian: Welcome back. Now that you've had a few minutes to clear your heads, I think it's time for one more pop quiz. Which of the following does our third and final topic, continuity of care, include: A, continuity of relationships; B, continuity of environment; C, continuity of culture; D, all of the above; or E, only B and C?

Once again, before we get to the answer, let's look at the "why". Why is continuity of care important for infants and toddlers? Amanda is going to start with what the Standards say. Amanda?

Amanda: Thank you, Lillian. The Head Start Program Performance Standards explicitly state that grantee and delegate agencies program of services for infants and toddlers must encourage the development of secure relationships in out-of-home care settings by having a limited number of consistent teachers over an extended period of time.

The key there is limited number over an extended period of time. Just as importantly, the Standards state that teachers must demonstrate an understanding of the child's family culture and whenever possible, speak the child's language. Continuity of care is a bigger concept than it seems. It is not just continuity of the caregiver but also continuity of culture and language and continuity of relationships with peers.

It is the continuity of care between the center and the home, the family and the caregivers, and ideally it starts with pregnant women and continues through preschool age, so it is continuity both within and across program options and even across programs. Tammy, can you tell us a little bit more about why continuity of care is so important in terms of child development?

Tammy: Certainly. Thanks, Amanda. Again I want to start by stressing the importance of relationships developed in the earliest years of life -- the parent-child relationship and the child-caregiver relationship alike. Research shows children develop and grow within the context of these relationships they experience. In particular, repeated and consistent caregiver relationships are extremely important to a young child's social and emotional development.

Research shows, that it is within the context of caregiving relationships that infants feel the sense of what is expected and what feels right in the world, as well as social skills such as turn-taking, reciprocity and cooperation. Research also shows that during the toddler years repeated interactions with emotionally available caregivers enable young children to begin learning basic skills of self-control, emotional regulation and negotiation.

In addition, repeated and consistent caregiver relationships help infants and toddlers develop a sense of pleasure, an interest in exploration and early imaginative capacity. Continuity of care is also important to the relationships that parents develop with caregivers. It helps ensure parents provide a safe and nurturing environment for their children. Now Janice is going to provide more information on what this looks like in practice. Janice?

Janice: Thanks, Tammy. Continuity of care is closely linked to the first two concepts we discussed today: primary caregiving and responsive caregiving. A good synonym is consistency. As Amanda had mentioned earlier, this means more than just providing a consistent primary caregiver over time. Continuity of care is like the mirror; all aspects of a child's care should reflect each other as much as possible.

For example, the mother uses certain words or holds her infant in a certain way to comfort her at home. That same technique should be used in the center. The goal is to provide consistency between the family and center or between the family and the home visitor, but continuity of care should always exist within the program. As children move through Head Start, the goal is to provide as much consistency as possible.

Another aspect of this relationship between children in groups: until recently educators and caregivers -- caretakers -- didn't always take into account that relationships develop among children, among one another. Wouldn't it be

wonderful if each child had an age mate and the two could move through the program together? But unfortunately that's not always possible. So addressing continuity of care is more than just looking at the plans for the children who are transitioning.

It involves asking what is the plan for the children who remain? With all that in mind, we would define continuity of care as the practice of providing young children in childcare with as much consistency of relationships, environment and culture as possible in order to strengthen those relationships and the children's early learning experiences.

So, the answer to our final pop quiz would definitely be D, all of the above. Now let's take a look at an example of continuity of care in action. As you watch this video, think about all the different ways the home visitor is providing the child with consistency.

[Video start] Narrator: Early Head Start has made important differences in the lives of babies, families and communities across America. Lequette Hasberry: This is Hasberry. I was letting you know that I'm on my way to your house. Okay. All right. See you later. Bye-bye. Narrator: In Birmingham, Shundra Ptomey and Lequette Hasberry have been working together for two years.

Lequette: She had filled out one of our flyers stating that she was interested in the home-based program. Shundra: She came out and I was two months pregnant when I met her and since then I've been knowing her and she's been there for me, I could go talk to her about anything and from there we just grew closer to each other.

Narrator: During pregnancy and since the birth of her daughter Deandra, Lequette has provided home-based services and worked with Shundra to support Deandra's development. Now Deandra is transitioning to the Early Head Start center because Shundra is going to work and attending school.

Lequette: I've had her since she was two months pregnant and now Deandra is a year old, so we took some time there. But, I think the transition is going very well and Shundra knows that I'm here for her. It feels great to be able to be there. Narrator: In the center-based program, Deandra is thriving. Shundra: I think it's very good there. They care for her on one-on-one basis. [Video ends]

Janice: The video we just watched is a wonderful model of how to build continuity of care on several levels. As you just heard, our home visitor, Lequette, started the relationship with Shundra when she was just two months pregnant. By the time Deandra was born, the home visitor and the mother has already started to get to know and trust each other.

As you can see, when Lequette comes into the home, both little Deandra and Shundra are comfortable with her and, as you can also see, Lequette has ensured the continuity of care continues as Deandra transitions from the home-based care to the center while her mother goes back to work. It's no wonder that little Deandra is thriving.

With so many levels to this concept -- continuity of culture, environments, relationships and continuity both within program options and across program options -- how do we know what's happening? Well, Carol is going to explain more from the program perspective. Carol?

Carol: Thanks, Janice. Like with primary caregiving, observation is very important to understanding whether continuity of care is happening. But you must also look for continuity of care in the documentation. As with primary caregiving, you can see it in something as simple as work schedules. The schedule answers the basic question, "Are these the people consistently caring for this child?"

When it comes to continuity between the home and the center, the best way to determine whether continuity of care is happening is to talk to the parents. Continuity of culture and language may be a little bit more difficult to recognize. Ideally caregivers will speak the child's native language, but as the Standards acknowledge, this is not always possible, particularly when you have multiple languages in one classroom. The continuity of language and culture can be achieved in many other ways.

For example, a teacher could record a mother speaking softly to her child or singing a song the child likes in the native

language. This recording could then be used to provide continuity of culture, as well as comfort to the child. At our program, we have a teacher who had a new child start in her classroom. The child slept on the mother's back and was always attached to her. To help the child transition to napping on a cot, our teacher and the mother worked together to develop a plan.

They made a carrier out of blankets and laid down next to the child to help her fall asleep. Our teacher gradually then gradually moved away from the child so that she could nap on, so the child could nap on the cot on her own. This is a great example of continuity of care from a cultural standpoint. Let's look at another example of continuity of culture and care in action. When you're watching this clip, think about all the positive benefits that are gained from this special care.

[Video starts] Little Raven Limpy: Are you ready for a nap? Narrator: Little Raven Limpy is a teacher at the Arapahoe Early Head Start center. Infant Hallie was having difficulty sleeping. In her role as partner with the family, Raven sought help from the home.

Little Raven: He said that he had a cradle board that was given to her by her great grandmother and that he put her in there after a feeding, so I asked him if he would bring it in and I would put her in there so that she could have a good nap. I sang to Hallie a lullaby that was sang to me by my grandmother. [Singing]

Cradle board is that security and comfort so when she's in there it's not like a restraint or anything. It's for her needs. Developmentally, she is getting the love that -- and everything with the cradle board, she was sleeping. [Video ends]

Carol: Another great example. Again, this video stresses the importance of being a careful and sensitive observer. In many cases, especially when it comes to culture, the only way to know whether continuity of care is taking place is to ask questions. Does the mother rock her baby to sleep at home? Is this what is happening in the center? What does a toddler eat with at home? Is it a fork, or is it chopsticks, or does she use bread and her fingers? How were all of these things reflected in the center?

Now, I think all of those questions bring us to our question and answer session. But first, let's review what we've learned -- what we've just learned. So how do we know continuity of care is happening? As with all three of today's concepts, we first must be careful and sensitive observers. Second, we must ask lots of questions, especially around culture and language.

And finally, just like with primary caregiving, we should look at the documentation and ask, "Are these the people who are consistently caring for this child?" With that question, now it is your turn. What questions do you have for us? Lillian?

Lillian: Thank you, Carol. We're going to take our first question, and our first question is really the last one that came in, so I'll start with that. Any of you can answer, I'll direct a question to you but please all of you fill in. I'm going to start with Anne Jeanette from California's question. Amanda, maybe you could respond to this. The question is, "How can we provide continuity of care when there's so much teacher turnover in the field?"

Amanda: I think that is a tremendously important and challenging question. And it's, I'm going to ask Carol to chime in after me with kind of a relevant, recent program perspective if that's okay. I think that one of the important things from a program management point of view is to do as much planning as possible to know which staff members have a longer history with the program and are, you know, indicating to you their intention to continue with you.

Make sure that you spread staff out -- if you've got newer staff and you're less certain of their longevity, that you try to combine them with people that you're more confident of so that you can reduce the experience of turnover. While it may be disruptive to lose one of the two teachers in a group, it is not as serious as if you had to lose two teachers for the same group of children.

I think also it's really important in Early Head Start programs -- and all Head Start programs do have tremendous advantages in terms of having some additional staff around --so making sure that family workers and center directors

and transportation staff and kitchen staff are also participating with children so they become familiar adults to children.

So that in times when you are losing teachers, there are a core of staff that at least children can recognize and who are consistent, even though that certainly can't replace the bond that they would have with the primary caregiver.

So, and you know the other thing that I think about teacher turnover is, as much as possible, to acknowledge that it's part of the world that we live in, that it will continue for the foreseeable future to be the case that we will employ people who will get training and C.D.A.s and eventual college degrees, and then they'll leave us. This is going to continue to happen, so as much planning as possible so that it can be done with transitions for children and with as much constancy and consistency.

I guess another thing I would say is that when staff are changing, it's even more important that there's continuity and predictability in the routines, and other parts of children's everyday lives and that there is very clear communication between home and school, so that if children are showing signs of being upset by changes that parents are able to communicate that with the Head Start staff and vice versa. So Carol, and what would you...?

Carol: I totally agree with you. I think it's very important for Early Head Start -- in my program, myself, we make sure if the teacher is out sick, or if the teacher has left, we make sure that the substitute that's in, that the children are familiar with that substitute because we want our children to have primary, the same person. We want them to be able to feel comfortable, and also the parents want to feel comfortable too.

Do they know who is taking care of their children? When we know a teacher is going to be absent or out, or if there's a turnover, we make sure we replace that person with someone who is very familiar with those children in the classroom. That's a very important point.

Lillian: Thank you. Our next question comes from deep in the heart of Texas. And this question is, "How is the curriculum individualized for infants with special needs?" Janice?

Janice: Sure. You know when I think about individualization -- and I know this question is specific with children with special needs -- but individualization should happen for all children and it's really the same process. Now, certainly with children with special needs, the first step as you think about individualization is really looking at tracking developmental progress. We do that in Early Head Start by screening onboard growing assessment, a system for that.

Certainly with children who have diagnosed special needs, you're incorporating their ISP plan into that. The second thing I think about is adaptation. Again with all children, it's just that the children with special needs you might look at assistive technologies or special adaptive materials. We're looking at how the adapting the curriculum, in terms of materials, in terms of the environment, to really reflect the learning goals and that developmental progress of each child.

And then lastly, I think about really knowing the child. You know when earlier when we talked about providing, not only developmentally but linguistically and culturally appropriate curriculum that really knowing each child, their temperament, their learning, the ways that they learn best, and again I think these three things are in place for all children.

It's just very -- looking -- I think about, I think a quote that Ron Mali once shared which was treating each infant the same. It is actually not the thing we want to do for infants and toddlers -- is treating them differently.

Lillian: Thanks, Janice. Amanda or anybody else want to add? Okay. Our next question -- it looks like one for you, Tammy, from your state of residence. "If curriculum is the child's experiences and not a set of structured activities, how do you know the child is learning something?"

Tammy: Great question, while I know we're not talking about in this webcast the issue of assessment, we reference the importance of documentation and the role that documentation plays in really being able to understand what's happening for children in classrooms, or in home-visiting experiences. Really, the ongoing assessment process

provides a very important opportunity to understand how teachers and home visitors are able to track and know what's happening for children.

Dan has commented very early on, the issue of when children are growing in these early years that development is happening at a really rapid pace. So the extent to which we're able to actually look at what kinds of documentations exist around assessment, observations and the like, it really helps us to be able to tell a story about a child's development, how well that development is progressing. And that's what I would, that's how I'd respond to that.

Lillian: Thank you. Anybody want to add? Carol? Carol: I would like to add, yes, to add to what Tammy said. When children come into our program, the first thing we do is do an initial screening. In our program, we use the ASQ, the Ages and Stages Questionnaire. We work with families to find out, you know, what the child's experiences have been, what goals they have for the child.

And you'll see the teachers taking notes, observations, pictures, collecting information about the child so that they can document on the ongoing assessments -- such an important piece, to document ongoing assessments. Show the children are progressing in those goals, the initial goals that the teachers set, and maybe they might have adjusted them as a child is experiencing the environment in the classroom.

Lillian: Thanks. Great. And here's a question, and this is about Migrant Head Start. "How does continuity of care look different in Migrant Head Start?" Amanda?

Amanda: Well, that's also a terrific question. I would say that it's incredibly important in migrant Head Start for folks who, maybe on the webcast, who don't realize the Migrant Head Start program varies quite a bit from typical Head Start or Early Head Start in that it is able to enroll children from zero to five and they are very often in the program for very long days.

They're virtually all center-based and children may attend as much as 12 hours a day, six days a week, but for shorter periods of time. In many cases they are traveling with their families to do agricultural work, and the families may be in an area for periods between 12 weeks and six months, and so programs really have -- are still obligated, Migrant Head Start programs must meet all of the Head Start Program Performance Standards, certainly including the continuity of culture between home and school.

They still need to do home visits, so that's one tool that they can use to understand the family culture. Another tool that all Migrant programs are really well -- are very understanding of is that the parents are incredibly involved in their children's development and well-being and are very anxious to participate in what happens in children's day in a Migrant Head Start program.

So typically it's not difficult to get parents to talk about lots of what may be important to them in terms of what is going on at home and what their expectations are for the Migrant Head Start program. It's condensed. The programs have less time, but they have a very willing kind of audience and they're still expected to do what needs to be done.

Many, many teachers in Migrant Head Start programs are Spanish-speaking, which is a great help because, of course, the vast majority of children who are attending Migrant Head Start programs are from Spanish-speaking families.

Lillian: Great. Anybody want to add?

Tammy: I just wonder, Amanda, as you were talking, even about continuity of care in the first segment, how the planning activities that you talked about plays a role in shaping what's happening as families are moving up or downstream depending upon the season and such. I wonder to what extent that becomes a relevant consideration as you're trying to manage what it means to help support families deal with and manage change. That's a natural part of that experience.

Amanda: I think that's a really terrific point. I actually think you bring up two really important issues. One is that many Migrant programs are very well-connected with each other. Some of the grantees are quite large and have multiple, multiple delegate agencies across states. As you suggest, families may moving between kind of delegate agencies or

even between centers in a single grantee across states.

So the communication between delegate agencies or Head Start programs is incredibly important, of course, with parents' permission, to share information. But another really critical and important thing that I think you highlight is that migrant families, in many cases, have, you know, a lot of experience with this.

They move frequently, so asking them how their children manage the transition, what they do to help their children in getting ready for a move, and making a move, and being successful in the move, would be really important for the program to do as well. So I'm really glad you brought that up.

Lillian: Thank you both. Here's a question. Janice, you may want to respond to this one. "How does responsive caregiving and continuity of care look different in home-based versus center-based?"

Janice: Well certainly when we think about responsive caregiving in the home-based program option, what we're doing as the home visitor is really supporting the parents in becoming responsive caregivers. I think back before in the webcast as we were talking about mirrors, and I once heard a quote that said, "We're mirrors for a baby who tell him not only who he is, but what he can expect."

This all has to do with that responsive dance of helping parents have that nurturing, trusting relationship, that responsive relationship of really being able to read into their child's cues. That's how responsive caregiving I would see in the home-based. In terms of continuity of care, certainly that would speak to continuity of services.

So right from the start, if you perhaps were choosing to serve expecting or pregnant families through home visiting or perhaps within the home-based program option if that was your choice. But really thinking about how are the services going to continue from pregnancy to whatever type of program option that meets the family's needs within Early Head Start and then, of course, on through preschool or Head Start. I would say the continuity of services.

Lillian: Anybody want to add to that? Thank you. Here's a question. "What evidence should an observer look for that shows the curriculum follows the child's lead and interests?" Carol?

Carol: That's a very good question. Actually, what you can look for is: in Early Head Start, teachers follow a child's lead. They don't plan automatically for the child. They follow what the child is doing. Teachers write down on daily sheets what the child has done so that when the parent picks up the child they can see, "Oh, my child played with this today." Not only are the teachers documenting what the child has done, but then they're also building on those experiences.

Maybe tomorrow you'll see on their individual plans for the child, you'll see that maybe the teacher will add, "Maybe we'll look in to some music and movement." Maybe the teacher will give the child some drums or some things to add to that experience because the child enjoyed that particular experience.

So, a federal, a review person should look for written evidence that the child played with something and then look for the next document showing what's going to happen next. How is the teacher planning for the child to experience and build on the experiences the child had? Lillian: Great. Thank you.

Janice: I like to have, when I think about following the child's lead, I think also about what occurs, as you shared, in this intentional planning -- really thinking about the observations. How is the experience really going, to follow the child's leads and where they are and where they need to go? But also that moment-to-moment as an observer.

If a child's having difficulty or not able to participate in the experience, how would they scaffold it moment-to-moment as the child communicates verbally or non-verbally? How are caregivers attuning to that need and appropriately understanding that message and then responding in a way that meets that need? Lillian: Great responses. Tammy?

Tammy: Well, I think, in addition, I know the question focused on what evidence you should look for, but I was also

thinking about the kinds of questions that you might find yourself asking to parents. Are parents able to talk about a program that really seems to know and understand "my child" and what they're interested in and where they are from a developmental perspective?

I mean, I think it says a lot about that sense of being attuned to an individual child's situation and how the program is being adapted to meet their needs. I think getting that parental input becomes another important source of information that helps shed light on that. Lillian: Yes.

Amanda: I think that's really important. I was thinking as I heard my colleagues speaking that it, we don't want to imply that there's no planning -- that teachers and teaching staff aren't being, you know -- making plans for what happens for children, but they're planning experiences. They're planning to provide a variety of materials, and they're supporting children in using those materials in different ways according to children's different developmental needs.

And then they're recording information about what children are doing and planning additional experiences that will support future growth, so you do want to see evidence of the planning that the staff has done and then you want to see how those experiences are individualized in response to each child's needs. This is not, this is really sophisticated. This is a hard thing to do.

But, it is also what is necessary to have children experience the maximal developmental outcomes that, that children who, that all children need to have. So, we're not -- we don't want to say this in a way that implies we think it's easy. It takes a lot of work and the program has to be able to articulate its expectations and I think that's an additional kind of evidence that you look for is, "How do they articulate what they're doing and is that kind of consistently understood throughout the program?"

If the education manager explains it to you, but the teachers don't really -- they can't show you anything that is how they're planning experiences for kids is -- then that may be reflecting concerns. Tammy: Exactly. Lillian: Thank you. Great responses. We have a few more questions. Aside from cribs, what other materials should an observer see in an infant-toddler classroom and what shouldn't they see? Carol?

Carol: The materials in the classroom should look like the ages of the children. You might, in one Early Head Start classroom, you might have maybe two infants, so you should have an area where there's an area for them to crawl. Maybe they're mobile infants so you should have some soft areas for them to crawl on, but then you might also have some toddlers in the room, so you also might have some separate areas for them to play with.

The chairs and the tables in the room should be their size. It shouldn't be preschool. I do not want to see those types of materials in an infant-toddler classroom. You might also see some very low areas for the children to sit on, and also very low cabinets for the children to open and take things themselves.

I love to see children going through their classroom and exploring because they know where materials are and finding the things they like to... So an infant-toddler classroom, should not look like a preschool classroom. It should be much smaller in size materials, toys, tables, things like that. Lillian: Thank you. Tammy?

Tammy: I was thinking as Carol was talking, I was thinking back to something Janice said about the idea that children use all of their senses to explore. And certainly, wanting to have the kinds of materials that really support exploration -- soft books for children to hold on to -- all of that becomes really important material for teachers to use as they're supporting and encouraging and extending the kinds of interactions children are having with the environment.

So, I would think about the senses and all of the different ways that children are taking in information and want to see a classroom reflect that. Janice: And to extend on that, certainly people are not materials, but often adults are a child's favorite toy. And so with that, if you think about it in that way, the caregivers, I think about things really slowing down.

That caregivers are very much a part of the environment, and part of the curriculum and they're slowing down to really be able to pick up on those very, very tiny cues and messages and looks that infants have. Everything from just

looking away, which can be very significant in that moment. So not implying that we are materials, but we certainly often are the child's favorite toy.

Amanda: Related to that comment too, I wanted to add that I want to see places where adults can comfortably comfort children, hold children, feed children, and that those are, those activities can happen in ways that are consistent with the Performance Standards and comfortable for adults. I think our next webcast will get into this more, but it is also very important that there be places for breast-feeding women to comfortably breast-feed children who are being breast-fed.

But you also want places where if a mom or dad wants to come in and give a child a bottle or hold a child, that parents find room for themselves in the classroom and the child's teachers or other caregivers have a place to be with children in that way as well. Lillian: Great, you've gotten me excited about the next webcast already.

Amanda: That was my goal. Lillian: Well, here's one question that I think we'd like to just give to you, Amanda. This comes from someone who says that they're a review team leader and as a review team leader they rely on early child development experts during the review period. And so, why do they need to know the information that we shared today?

Amanda: Well, that's a very critical question and probably something that I should have addressed earlier. We believe that this information is very, very important for everyone to know who may be visiting Early Head Start classrooms in any kind of official capacity. And certainly we know that program specialists, not necessarily as part of a federal review, are making visits now, hopefully annual visits, to the centers -- the grantees that they're responsible for.

So we believe that it's very important that they know what to look for when they're in an Early Head Start setting. We also know that it is the responsibility of program specialists as federal stewards to approve annual re-funding applications. The re-funding applications describe the program options.

They have information about staffing patterns and in some of my former position in the Office of Head Start, I had the opportunity to look at a lot of funding applications and some of them described program structures that weren't compliant with the Head Start Performance Standards. For example, you know, a grantee might say, "Well this, we have to have 11 children in our Early Head Start classroom because we lost the classroom somewhere else and something else happened, so now we have to do it this way."

And you know, in some cases program specialists weren't recognizing that as a problem or they were saying they had one teacher and one teacher assistant. In fact, they did not have two teachers who had the minimum credentials required by the Head Start Act.

It is very critically important that all federal staff and T.A. staff who are visiting programs know what the critical elements of a high quality compliant Early Head Start program look like. That is why, what drove us to think about this series of webcasts, and to offer this first one today.

And as Lillian has stressed, we're very interested in your feedback. If there are other things you want to know more about we would be really glad to include them in one of the next two, so please let us know.

Lillian: Thank you. Well those are all the questions we have time for today. But remember, this webcast is just the beginning of a three-part series. So as Amanda said if you think of something later -- today or tomorrow -- that you want us to know about, please feel free to e-mail us any time at the address you see on the screen. We will post answers to your questions on the EHS NRC website and the ECLKC center. We will also post an on-demand archive of this webcast on both sites.

Or we may end up answering your questions in our next webcast, so stay tuned. Now, I'd like to take this opportunity to reflect on what we discussed today, but first I would like to thank everyone who participated: Pat, Amanda, Tammy, Janice, and Carol. And if you haven't noticed, I think a special thanks goes to Janice who herself is due to have a beautiful daughter of her own very, very soon. So thank you, Janice.

Now, let's review. In the first part of our webcast, we looked at some of the basic differences between Head Start and Early Head Start, particularly environmental factors and child-to-teacher ratio. Then we discussed three key concepts. First we looked at the importance of relationships and primary caregiving. Next, we looked at responsive caregiving and how that translates into curriculum. And finally, we covered the concept of continuity of care.

For each of these three concepts, we answered three questions. First, we looked at the "why". Why is this topic important? To answer that question, we looked at each of our topics from a federal perspective and reviewed what the Head Start Performance Standards say. Then we looked at why they are important from a child development perspective and examined what some of the current research says. Next we looked at the "what". What does this concept really mean?

And what does it look like in practice? Finally we looked at the "how". How do caregivers implement these concepts and how do we know that they are happening? To answer this question, we reviewed real life examples. That is where we've been. Now Amanda is going to provide you with some information on where we are going. Amanda?

Amanda: Thanks again, Lillian. And thank you to everyone in the audience for taking the time to be with us today as we expand our understanding of the unique needs of infants and toddlers birth to three. Our Early Head Start webcast series will continue in January, 2008, so look for more information coming soon. As Lillian mentioned in the beginning, the key word throughout this series is "conversation".

We want these webcasts to be as informative and as interactive as possible, so we encourage you to keep sending your questions and comments as well as your suggestions to the e-mail address you see on your screen. We appreciate all your feedback but we especially appreciate all that you do to help the pregnant women, infants and toddlers, and families that we serve. It can be challenging work and the concepts we discussed today can be even more challenging to recognize in practice.

But I think we can all agree that, challenges aside, there can not be a more special subject or more significant work than supporting infants and toddlers ages birth through three. We look forward to webcasting with you again in 2008. -  
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