Parenting young children is an emotional time, filled with hopes and worries. Transitions into Early Head Start (EHS)—and throughout EHS into preschool—can heighten these emotions. Programs and staff can use continuity of care practices to support parents and children as they start EHS (or other) services. Continuity of care practices support consistent relationships between teachers, young children, and families for as long as possible—optimally for the length of the child’s enrollment in the program.

**Providing Continuity of Care**

Programs serving infants, toddlers, and families can use three elements to bridge continuity of care in their policies and procedures: relationships, information, and alignment.

**Relationships.** Remember—a positive parent-child relationship is critical to children’s learning. Keep this in mind when creating program policies and offering teaching practices. Infuse and embrace the six essential program practices for relationship-based care: continuity of care, small groups, primary caregiving, individualized approach, inclusive services, and culturally responsive care.

- Provide someone for children and families to work with as they learn about the program and adapt to new routines. Staff can reinforce the parent bond daily.
- Use the child’s voice to emphasize the parent’s importance. Say things like, “You’re so happy when Daddy bounces you on his knee!” or “Mommy knows just how to hold you. Look at you smile.” Ensure family photos are accessible for children to hold, hug, and kiss.
- Mount pictures to smooth plastic lids and cover completely with clear packing tape or contact paper. Include names and cover with clear tape to help substitutes learn about families, and vice versa. Create photo cards for staff who frequently visit the room.

**Alignment.** Ensure caregiving practices used in the home also occur within the program setting.

- Make sure intake procedures and ongoing communication strategies help staff garner family strategies. Support staff as they embed these strategies in their program practices as much as possible. This may include training in culturally responsive practices.
- Work with families to develop rituals that help children and parents say goodbye and hello. Staff can also help parents know that it’s a big job for a little person to be with a group of people and she may cry when you come to get her, even if she had a great day. This is because she feels safe to express her emotions with you and knows you will comfort her.

**Information.** Share expectations so parents can become familiar with program processes (such as signing in or calling when child is ill). Remember—families are taking in a lot of information and may be overwhelmed.

- Reinforce and repeat important details appropriately. Parents should know that EHS wants families to be engaged in their child’s day and in the program. Communicate the importance of the parent in their child’s life and learning.
Let parents know that it may take a few weeks for the child (and family) to feel settled. Each child adapts differently, but their child’s sleep and eating patterns may change.

Ensure staff and families keep in touch and share valuable information that supports the child. Allow the child access to special and familiar objects such as snuggle cloths, stuffed animals, and pacifiers during the transition. Once the child and family settle in, discuss ways to wean, as needed.

POLICIES AND PROCEDURES FOR EFFECTIVE EARLY TRANSITIONS

Review your program’s transition plans regularly. Work to enhance relationships, gather information, and align your plan.

- Support families’ transitions to parenthood by engaging expectant parents as they create a healthy prenatal environment and plan for their future.
- Support culturally responsive staff-parent relationship building skills and practices in program professional development. Do staff understand stages of parenting? Can they support parent-child relationships?
- Allow for team planning. Does your program incorporate reflective supervision or reflective practices?
- Limit the number of transitions a child and family experiences while enrolled in your program. Have you considered using mixed-age groups in a center-based program to allow children and families to stay with familiar staff?
- Encourage program staff to connect and communicate with families. When an entire group is starting, can families phase in their start dates so the group slowly builds over two or three weeks? When children receive transportation services, how well do families and staff communicate? Daily communication is vital to individualized care, especially as infants and toddlers grow so fast.
- Promote an open-door policy. Do families feel truly welcomed? Do enrolling or transitioning families visit the child’s new setting prior to the start date?
- Support ongoing communication between staff and families throughout the day. How easily can staff access a phone, email, or secure networking platform? Are methods user-friendly? Do they allow users to share photos or videos?
- Promote family engagement, early literacy, and school readiness with supported parent-child play and storytelling.
- Support staff, children, and families through inevitable transitions (e.g., moving from classroom to classroom, changing program options, or moving from EHS into a Head Start or other community early learning programs). Moving from a familiar setting or staff to a new one is a big change for everyone. Planning for these inevitable changes is key!

Programs can build and maintain early transitions by supporting the following connections:

- Parent – staff. Encourage effective, mutual engagement (e.g., teacher, provider, and home visitor).
- Staff – child. Ensure staff understand and support the child’s growth and development. It’s important not to overshadow or interrupt the parent-child bond.
- Setting – setting. Support smooth transitions as children and families move from one program option to another, from the infant room to the toddler room, or from EHS to preschool.
- Program – community. Encourage seamless comprehensive services for families and professional development for staff. Communicate the importance of early learning and encourage infant/toddler practitioners to join program committees (e.g., Board, Health Services Advisory committee, etc.).
RESOURCES

- Continuity of Care resource page on the ECLKC
- Continuity of Care podcast https://eclkc.ohs.acf.hhs.gov/podcast/continuity-care-podcast
- Promoting Continuity of Care in Infant and Toddler Settings
- Providing Continuity of Care to Infants and Toddlers with Special Needs
- Continuity of Care definition within the Head Start Program Performance Standards Part 1305—Definitions
- Continuity of Care brief from the Six Essential Program Practices: Program for Infant/Toddler Care for Relationship-Based Care series
- The Program for Infant/Toddler Care (PTC) Six Essential Program Practices for Relationship-Based Care
- Supporting Transitions: Using Child Development as a Guide
- Transitions resource page on the ECLKC https://eclkc.ohs.acf.hhs.gov/transitions
- Using Mixed-Age Groups to Support Continuity of Care in Center-Based Programs
- Relationship-Based Competencies to Support Family Engagement
- Early Childhood Transitions: Supporting Children and Families
- Family Engagement and School Readiness: Building on Family Strengths to Promote Success
- Strategies for Implementing the Head Start Parent, Family, and Community Engagement Framework
- Supporting Transitions: Early Educators Partnering with Families