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# Infant and toddler care

Maggie Trecker  
*University of Northern Iowa*

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## Infant and toddler care

### **Abstract**

The purpose of this review of recent research is to identify the quality of care that infants and toddlers are receiving in both home-based and center-based care settings. The review will also identify how infant and toddler caregivers perceive their work, and ways that professional development opportunities can positively impact the quality of care for infant and toddlers. The conclusion of this literature review includes recommendations for future action and education policies based on the research reviewed.

Infant and Toddler Care

A Graduate Research Paper

Submitted to the

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Department of Curriculum and Instruction

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Master of Arts in Education

UNIVERSITY OF NORTHERN IOWA

By

Maggie Trecker

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has been approved as meeting the research requirement for the  
Degree of Master of Arts in Early Childhood Education.

4-28-17

Date Approved

**Jill M. Uhlenberg**

\_\_\_\_\_  
Graduate Faculty Reader

4.28.17

Date Approved

**Mary Donegan-Ritter**

\_\_\_\_\_  
Graduate Faculty Reader

4-28-17

Date Approved

**Jill M. Uhlenberg**

\_\_\_\_\_  
Head, Department of Curriculum and Instruction

## Abstract

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## CHAPTER I

### Introduction

In the United States of America nearly 11 million children under the age of five attend a non-familial child care setting. Working parents are entrusting the care for their young children to others for an average of almost 36 hours a week, sometimes more (Child Care Aware, 2015). Early childhood education encompasses children from ages birth to third grade, yet the infant and toddler years are the most overlooked years in the field (Garvis & Manning, 2015). These infant and toddler years are an important time for brain development. However, there seems to be little emphasis placed on the quality of care that children are receiving across infant and toddler care settings (Bigras et al., 2009).

In this chapter, I describe the quality of care for infants and toddlers in home-based and center-based care settings, and how caregivers' perceptions and professional development opportunities affect the quality of infant and toddler care. I then explain why infant and toddler care is important and how the results of this review will contribute to improving the quality of care in the field through creating a system of professional development for infant and toddler caregivers. I will share what is known about effective models of professional development for early childhood caregivers. I then list and define some important terms that appear in this paper. Finally, I state and explain the research questions that guide this paper.

#### **Description of Topic**

There are two types of care settings that I will address in this review. They are home-based care and center-based care. Home-based care is care provided by a caregiver in the caregiver's home. These settings may appeal to parents whose children are in the infant years because parents feel their child is getting more individual attention (Morrissey, 2010). Home-

based care also tends to be more affordable, and usually has a smaller group size than center-based care. Within this paper, I will not be considering unregulated home-based care settings, since the research available does not address this issue. Center-based care is care provided in a group setting at a licensed facility, not in the care provider's home. Center-based care may appeal to parents in the toddler and preschool years because the group setting and group structure may prepare children for the school environment. Center-based care is also more likely to be licensed, and have teachers with specific training in early childhood education (Groeneveld, Vermeer, van IJzendoorn, & Linting, 2011).

Caregivers of infants and toddlers are providing important care and early education for young children. However, caregivers do not always recognize that they are playing an important role in educating young children (Nirmala, 2015). Gooch and Powell (2012) found that:

Those working with babies frequently feel isolated and neglected in relation to support for their practice, that the practitioners had a very low sense of self-worth in relation to their work, low self-confidence and an inability or a reluctance to articulate their own understanding of their practice. (p. 78)

Professional development in the field of infant and toddler care may be beneficial to improve the quality of care, and improve caregivers' perceptions of their work. There are not many opportunities for professional development in infant and toddler care, and when there are opportunities, they are more likely to be attended by center-based caregivers. In both home-based and center-based care settings professional development opportunities with on-site coaching proved to be the most beneficial to improving the overall quality of care in that setting (Campbell & Milbourne, 2005).

## **Rationale**

With the growing number of children being cared for outside the home, it is important to examine the quality of care in infant and toddler settings. The early infant and toddler years are an important time of brain development. Zero to Three: National Center for Infants, Toddlers, and Families (2017) reports, “A child’s brain undergoes an amazing period of development from birth to three—producing 700 new neural connections every second. The development of the brain is influenced by many factors, including a child’s relationships, experiences and environment” (para. 1). Early education and care in the infant and toddler years can affect a child’s development as the child enters school (Li, Farkas, Duncan, Burchinal, & Vandell, 2013). Students who received high quality care in their infant and toddler years, and high quality preschool achieved higher when entering formal schooling (Li et al., 2013).

The quality of care provided in the infant and toddler years is important and it is also important that care providers value their work as caregivers and as educators of young children (Nirmala, 2015). The more that is understood about the quality of infant and toddler care programming and how caregivers perceive their work, the more likely professional development can be designed that helps increase quality in the field.

My initial interest in infant and toddler care was piqued while I was pregnant with my daughter. At the time, I was not sure if I wanted to send her to a home-based or a center-based care setting. While looking into the topic I realized that I needed to do some in-depth research in the field, which led me to write this review of literature.

### **Purpose of Review Results**

Currently, there is little emphasis placed on infant and toddler care in the world of early childhood education. The purpose of this literature review is to examine how the current state of infant toddler care may be related to how caregivers perceive the importance and value of their

work. This review focuses on how professional development and other forms of support can help improve current infant and toddler care. Reviewing how professional development affects the quality of care in infant and toddler settings will help in the planning of future professional development. Center directors, caregivers, and professional development providers will be better able to understand what professional development opportunities have the greatest impact.

Understanding the current quality of infant and toddler care in both home-based and center-based care settings will help caregivers increase overall quality. This will also be beneficial for parents in understanding how to recognize high quality infant and toddler care, and how they can find that type of care for their children.

### **Terminology**

For the purposes of this paper, the following definitions will be used.

- Care provider – teacher, educator, or non-familial person taking care of a child outside the child’s own home.
- Home-based care – care provided by a caregiver in the caregiver’s own home.
- Center-based care – care provided in a group setting at a licensed facility, not in the care provider’s home.
- Professional development – specialized training with the purpose of increasing the caregivers knowledge, skill, or understanding of infant and toddler care.
- ITERS (Harms, Cryer, & Clifford, 1990) and ITERS-Revised (Harms, Cryer, & Clifford, 2006) – Infant/Toddler Environmental Rating Scale is a classroom assessment that evaluates the total quality of the infant toddler classroom environment.

- Structural quality – “Structural factors most frequently related to child development outcomes include adult-child ratio, group size, and staff training and experience” (Bigras et al., 2009, p. 131).
- Process quality – Bigras et al. defines process quality:

Process quality refers to elements related to the activity program and to interactions between staff and children. These elements include child care providers’ warmth and sensitivity, their capacity to organize a physical and social environment that meets the needs of children in relation to their developmental level, and their positive interactions with children and parents.” (2009, p. 131)
- Global quality – overall or total quality of a setting, including both structural and process quality.

## **Research Questions**

This literature review examines the quality of infant and toddler care in home-based and center-based care settings, and how professional development affects the quality of care in these settings. In addition, this paper also examines the perceptions caregivers have of their work.

This review is designed to answer the following questions:

1. What is the quality of care that infants and toddlers are receiving in home-based and center-based settings?
2. How do infant and toddler caregivers perceive their work?
3. How do professional development opportunities impact the quality of care for infants and toddlers?

## CHAPTER II

### Literature Review

The purpose of this chapter is to review the research on the current state of quality in infant and toddler home based and center based programs. In addition, this review will shed awareness on the quality of care and caregivers' perceptions in infant and toddler settings, and to identify the benefits of professional development for infant and toddler caregivers. The following chapter will answer these research questions:

1. What is the quality of care that infants and toddlers are receiving in home-based and center-based settings?
2. How do infant and toddler caregivers perceive their work?
3. How do professional development opportunities impact the quality of care for infants and toddlers?

#### Quality of infant and toddler care

Helburn (1995) conducted a ground-breaking study that shed light on the quality of care for infants and toddlers. This study is older, yet is relevant to this review because the impact it had when it was released was monumental. The study involved 100 center-based care settings from four states across the United States. The researcher used the ITERS (Harms et al., 1990) to observe and assess the global quality of care for infants and toddlers, and used questionnaires to collect data from caregivers, and center directors. The results of the study found that the quality of care for infants and toddlers was dangerously low. Only 8% of children were in a setting that was deemed developmentally appropriate. Helburn reported:

Babies in poor-quality rooms are vulnerable to more illness because basic sanitary conditions are not met for diapering and feeding; are endangered because of safety problems that exist in the room; miss warm, supportive relationships with adults; and lose out on learning because they lack the books and toys required for physical and intellectual growth. (p. 320)

The quality of infant and toddler care at the time of this study was not only poor, the quality was actually deemed dangerous for the children.

A study conducted by Bigras et al. (2009) looked at how center-based and home-based care settings differ based on process quality and structural quality. Bigras et al. (2009) defined these terms:

Structural factors most frequently related to child development outcomes include adult-child ratio, group size, and staff training and experience. Process quality refers to elements related to the activity program and to interactions between staff and children. These elements include child care providers' warmth and sensitivity, their capacity to organize a physical and social environment that meets the needs of children in relation to their developmental level, and their positive interactions with children and parents. (p. 131)

A total of 53 center-based child care settings and 36 home-based child care settings both serving children 18 months old or younger were enrolled in this Quebec, Canada study. The Educative Quality Observation Scales (EQOS) (Bourgon & Lavallee, 2004) was used to measure process quality in each setting, and a questionnaire was used to measure structural quality. The center-based child care settings scored significantly higher on the EQOS in all domains compared to the

home-based child care settings. The home-based child care settings scored “unsatisfactory” on several EQOS domains. The *activity planning by the educator* domain on the EQOS was the lowest scoring domain across both types of care settings. In terms of the process quality, the settings with an adult:child ratio of 1:5 and smaller were linked to higher levels of process quality.

Gahzvini and Mullis (2002) wanted to know what variables affect the global program quality for children 15-36 months of age in center-based care settings. Participants in this study consisted of 13 caregivers and 75 of the children in their care. The global quality of care was measured by the ITERS-R (Harms et al., 2006). Caregiver characteristics, caregiving behaviors, and process quality were measured by classroom observation and caregiver questionnaires. Parent and caregiver questionnaires were used to measure the structural quality. The data analysis showed that more sensitive caregivers were more likely to work in classrooms with a lower group size, smaller adult:child ratios, and planned activities. These caregivers were also more likely to have specialized training and to receive higher salaries. Caregivers who were more punitive and restrictive in their interactions with children worked in classrooms with larger group sizes, more children per adult ratios, and they received lower salaries. They were also less likely to have planned activities in their classrooms, and had received less specialized training.

Morrissey (2010) conducted research in the United States to study the sequencing of the different types of child care. A total of 1,364 infants from varying socio-economic backgrounds were enrolled in the study, and assessed at 24, 36, and 52 months of age, and again when the child was in the 1st grade. At each assessment time the parents reported the type of child care the child was attending. Morrissey found that children who were enrolled in continuous center-based care displayed more problem behaviors than children who were enrolled first in home-

based care and then transitioned to center-based care before starting kindergarten. Students who were enrolled in continuous home-based care displayed higher numbers of problem behaviors than those who were enrolled in first home-based and then center-based care, but lower than the continuous center-based care group. Children first enrolled in home-based care and then switched to center-based care scored higher on cognitive skills than students who received continuous center-based care and students who received continuous home-based care.

The same research data was used again in a study by Li et al. (2013) to compare how the quality of infant and toddler care, and the quality of the preschool care affects a child's cognitive and academic skills when entering school. The results suggested that students who received high quality infant and toddler care and went on to receive low quality preschool care had a higher memory score than students who received low quality infant and toddler care and went on to receive high quality preschool care. Students who received low quality infant and toddler care and went on to receive low quality preschool care did make up the developmental gains they were lacking due to low quality infant care. However, high quality infant and toddler care combined with high quality preschool care produced the best developmental scores overall. One shortcoming of this study is that it used a mix of low and high income students, and that status could have affected the results of the data.

Hynes and Habasevich-Brooks (2008) also used the same data for their study. However, instead of using all 1,364 participants, they only used 1,084 children for their data analysis due to attribution. The data was analyzed to identify patterns and changes in quality of care based on children's socioeconomic status. The results of this study showed that few children received continuous high quality care. Most children fell in the mix of care quality, no matter their socioeconomic status. However, children of higher socioeconomic status were more likely to

receive a mix of high to medium quality of care, and children of lower socioeconomic status were more likely to receive a mix of medium to low quality care.

Hallam, Fouts, Bargreen, and Caudle conducted a study to evaluate the quality of care in a center-based setting that received the highest quality rating by the state of Tennessee (2009). In their study, they observed four focal children from one classroom for three hours and recorded the types of teacher-child interactions and the classroom context in which they occurred. An ITERS-R (Harms et al., 2006) was also conducted in the classroom. From across all classroom contexts the teachers' interactions with children tended to be directive in nature. Only one playful, positive interaction was observed through the whole study during common routine or diapering time. During group time the teacher interactions were again directive. For example, the teacher read a book and children were asked specific low level questions. Overall there were low levels of teacher interactions with students. Very little talking and responding occurred during the observation. The classroom scored well on the ITERS-R (Harms et al., 2006); however the *Listening and Talking Subscale* score was low, which matched the findings of the study that there were few teacher-child interactions.

A similar study was conducted a few years later by Hallam, Fouts, Bargreen, and Perkins (2014). In this study, they observed eleven focal students in two classrooms and recorded the types of teacher-child interactions during mealtimes. This included snack times, breakfast, and lunch. The two classrooms were deemed high quality by the state's rating system, which uses a modified version of the ITERS-R (Harms, et al., 2006) to measure the quality of care in center-based settings. The data analysis from this study suggested that the teacher interactions were again mostly directive, and that overall the mealtimes were mostly quiet. Hallam, Fouts, Bargreen, and Perkins discussed the results:

Although the limited sample prohibits generalization to other settings, it does contribute to a growing body of research that suggests that global quality measures or programs that may be considered “high quality” by the state rankings may obscure the individual experiences of young children in group care and that other observational strategies, including focal child and environmental scans, offer an important perspective on “quality”. (p. 58)

The findings of these studies show that the quality of care in both home-based and center-based care settings is low overall. Even the center-based care settings that have been deemed high quality by the state have an overall low quality of adult-child interactions (Hallam et al., 2009; Hallam et al., 2014). Children are not receiving enough adult interactions, and the interactions they are receiving are directive in nature, and include very few back and forth exchanges (Hallam et al., 2009; Hallam et al., 2014). While all of these studies show a mostly low overall rating of quality for infant and toddlers, it appears that the quality of care is likely to be the lowest for those children who are from families of low socioeconomic status (Hynes & Habasevich-Brooks, 2008).

The results of these studies suggest that the quality of infant and toddler care available is low in both home-based and center-based settings. Several of these studies do indicate some predictors of high quality care. Morrissey (2010) does indicate that smaller adult:child ratios, typically found in home-based care, are the best for infants and young children. However, when children are about three then they benefit more from a preschool type setting, typically found in center-based care. For all infant and toddler care settings, a smaller group size, lower adult:child ratios, higher caregiver salaries, and classrooms with planned activities had a positive impact on global quality (Bigras et al., 2009; Ghazvini & Mullis, 2002).

Although most infant toddler care in the US has been found to be low quality, recent research on the role of the teacher in high quality infant and toddler care settings provides interesting findings. Uhlenberg (2016) conducted a study of 18 to 36-month-olds in a high quality center-based care setting. This center-based setting was within a university campus, and had a dual purpose to provide care for faculty and student children, and serve as an observation site for early childhood university students. The lead caregiver held a bachelor's degree in early childhood education and was paid a fair wage; the class size consisted of nine children. The researcher observed the classroom and took notes. Those notes and questions about the teacher were shared electronically with the lead teacher, who responded to the questions and provided further insight about her teaching. From these notes and communication with the lead teacher the researcher identified four roles of a high quality caregiver. The first role was liberator. The lead teacher in this setting liberated the children to make their own choices in their play, and allowed the students to share in curriculum planning. Students were allowed to freely explore materials and continue what they were doing as long as it wasn't causing harm to themselves or someone else. The second role that emerged was the role of curriculum organizer, as the curriculum organizer the lead teacher provided engaging materials and activities that built on children's interests. The third role was chief historian. As the chief historian, the lead teacher set familiar routines so the children knew what to expect next, and how they should react in repeated situations and celebrations. The final role that was identified through this study was identified by the lead teacher herself. The role she identified was her role as a learner. As the role of learner, the lead teacher learned about her students from her interactions with them. She was changing materials to fit their needs, and sharing the power of curriculum planning with her students.

Uhlenberg's (2016) case study shows one high quality center-based care setting, and four specific roles of a master teacher. Most classrooms do not contain such a high level of quality; however, reviewing these roles can help guide other caregivers and improve quality across all infant and toddler care settings.

### **Caregivers' perceptions of their work**

Infant and toddler caregivers play an important role in both the care and education of young children, however, not all caregivers see their roles as both care provider and educator as equally important (Nirmala, 2012). In a study conducted in Singapore, Nirmala interviewed 12 early childhood program supervisors, 12 infant and toddler caregivers, and 22 parents about their perspectives and beliefs about early childhood care. The study found that most supervisors, half of the teachers, and a few parents felt that care and education were equally important. The teachers and program supervisors agreed that when it comes to training for quality infant and toddler care, training through real practice in the field was most effective.

Berthelsen and Brownlee (2007) conducted a study looking at caregivers' beliefs and level of integration in their teaching of the affective, cognitive, and executive functions of teaching. The affective function refers to the care provided by the teacher. Cognitive function is the educational focus provided by the teacher, and executive function refers to the reflective practice of the caregiver. Twenty-one female Australian teachers in a center-based care setting working with children one to three years of age were videotaped while they taught in the morning. They were then interviewed in the afternoon. Interviews included a review of the videotaped teaching session, and they were asked specific questions about their teaching practice. The results showed that all of the caregivers identified the affective function, or their role of providing care, as important. 71% of the caregivers identified the cognitive function, or

their role as an educator, as important. However, the classroom observations showed that only 10% of the caregivers were deemed to have a high level of integration of all three functions of teaching in their classroom. Those caregivers that did have a high level of integration also held a higher degree level of training.

In a study conducted in Korea, researchers interviewed 19 female infant and toddler caregivers and asked them questions about their ideas of infant and toddler care in a center and about professionalism in their careers (Park, Yang, & Wee, 2014). The study found that most teachers thought that infant and toddler care should be done at home by the mother. The women felt that mothers were the best at taking care of their own children and that in the center infants did not get enough one on one care. The caregivers mostly saw themselves as mother surrogates and did not see themselves as educators. While this study was not conducted in the United States and results cannot be extended to the United States, the researchers did look at the focus on infant and toddler care in early childhood education in the United States and found that only 40 percent of teacher preparation colleges require a full course on just infant and toddler care.

Barros and Leal (2014) conducted a study in Portugal including 110 parents, 110 children in center-based care between the ages of one and three, and the childrens' center-based caregivers. The parents completed questionnaires about their perceptions on the quality of care their child was receiving, and the caregivers completed questionnaires about their perceptions on the quality of care they were providing. An ITERS (Harms et al.,1990) assessment was also conducted in each classroom to measure the actual quality of care in the settings. The parents' and teachers' perceptions on the quality of care were compared to the ITERS quality of care measure. The results suggested that parents and teachers had similar ideas about what they viewed as important in the infant and toddler setting, and both groups felt that the child's

program was ranked high in quality. Observations in the classroom showed that the actual observation scores of quality were much lower than the perceived quality by both teachers and parents.

A study conducted by Susman-Stillman, Pleuss, and Englund (2013) looked at the beliefs and attitudes of infant and toddler providers over a one year time frame. A group of 76 providers, 47 home-based and 29 center-based, were videotaped for 30-45 minutes and completed questionnaires three times over a year timespan. The questionnaires asked about their personal training, knowledge of infant and toddler care, and their beliefs and attitudes about caregiving. The caregiver's beliefs and attitudes about caregiver were measured as either authoritarian or child-centers. When looking at how caregivers' attitudes and beliefs affected the quality of child care over time, the home-based quality of care stayed relatively the same, while the center-based quality increased or decreased based on the caregivers' beliefs and attitudes.

Rosenthal, Crowley, and Curry (2009) are pediatricians who conducted a study with 17 state licensed, English-speaking, home-based caregivers in Connecticut. Providers had a mean age of 43 and a mean of 13 years experience in child care. This is important to note for this study because the caregivers in this study were more experienced than those in all previous studies. Interviews were conducted by a pediatrician to gather information about caregivers' perceptions of their role, responsibility, and willingness to engage in interventions to improve a child's behavior and development. Overall, the child care providers felt a responsibility to provide healthy and age appropriate activities to children in their care. The care providers perceived themselves as able to informally assess the development and behavior of children and advise parents about it. Providers acknowledged that they had limited resources to help children with developmental and behavioral issues, and said they would accept and encourage the

assistance of further training or coaching about healthy development and behavior. This study represents the views of a more experienced group of home-based caregivers who may not represent a typical group of home-based caregivers. These caregivers were also recruited for this study from a training class offered by the state for home-based caregivers.

The review of this research literature shows that, overall, most infant and toddler caregivers do not realize the importance of their role. Most teachers feel that care is more important than education when teaching infant and toddlers (Berthelsen & Brownlee, 2007; Nirmala, 2015). Yet, studies show that more highly educated teachers do realize that both care and education are important when teaching infants and toddlers (Berthelsen & Brownlee, 2007; Nirmala, 2015). Infant and toddler caregivers tend to have a low perception of their work. Some caregivers even feel that infant and toddler care is best provided by the mother in the home, and see their work as a mother surrogate, and do not see themselves as educators (Park et al., 2014). While the research discussed above noted that infant and toddler caregivers in center-based settings had a low perception of their work, the quality of care was not affected by the attitude and beliefs of the caregiver in home-based settings. However, in center-based settings the quality of care increased or decreased based on the caregivers' beliefs and attitude (Susman-Stillrnan et al., 2013).

When comparing parent and caregiver perceptions, it was found that parents have a perception that their children are receiving high quality care, even when they are not actually receiving high quality care. The same is true for educators; they believe they are providing high quality care even when they are not providing high quality care (Barros & Leal, 2014).

### **Professional development**

Research on professional development for infant and toddler caregivers has been found to be positively related to higher perceptions about the importance of their work. Gooch and Powell (2012) conducted a study involving 25 British caregivers working with infants; all 25 caregivers were working in 25 different center-based settings. The infant caregivers were all enrolled in a professional development class that focused on how to talk and interact with babies. The researchers interviewed the caregivers, sat in on all of the professional development meetings, and recorded the caregivers' conversations. Before the professional development course the infant caregivers viewed themselves as low class, and they reported that they did not talk to the babies in their care. After the professional development, the teachers felt more empowered because they knew what they were supposed to be doing to help the babies. They also realized the importance of their jobs and reported that they talked more to the babies in their care.

Campbell and Milbourne (2005) studied a group of 160 caregivers in 96 infant and toddler center-based care settings who received a three-month professional development course. 123 of the participants received onsite consultation with the class, while the remaining 37 participants in the class did not receive onsite consultation. The onsite consultation occurred three times over the course of the three-month professional development class, and the consultations were aimed at improving areas that the caregiver had identified as weak in a self-assessment. In all classrooms, an ITERS (Harms et al., 1990) assessment was conducted by the researcher to measure the global quality of the classroom. The ITERS was administered twice, once before the professional development class, and again after the professional development class. The before and after scores of the ITERS were compared between the consultation group and the non-consultation group. When the ITERS scores were evaluated, the researchers found

the consultation group showed significant improvement in their ITERS scores and the non-consultation group's ITERS scores actually decreased. Campbell and Milbourne (2005) noted that professional development that is provided in a quick fashion is not enough to improve quality. Professional development needs to be more specifically catered to the caregiver and offer an onsite training element.

Groeneveld, Vermeer, van IJzendoorn, and Linting (2011) conducted a study to see how a video-feedback intervention would improve the quality of care for infant and toddler home-based caregivers in the Netherlands. All of the 48 participants in the study were chosen for the study because they had scored low on a caregiver sensitivity observational assessment. The participants were divided into two groups. The first group was the video-feedback intervention group, in which participants received six videotaped sessions and feedback that was aimed at enhancing global quality and caregiver sensitivity. The second group was the control group, in which participants received six short phone calls and were able to talk about child care, but they were not given specific feedback about how to increase their own caregiver sensitivity. Global quality was measured using a pretest and posttest observational assessment, and caregiver attitudes about sensitivity were measured using a pretest and posttest questionnaire. The global quality of the video-feedback intervention group significantly increased at the completion of the study, while the control group showed a decrease in global quality. The caregivers in the video-feedback group showed significantly higher attitudes about sensitivity than those in the control group.

Another study that looked at the effects of onsite coaching combined with professional development training was completed by Moreno, Green, and Koehn (2015). This study was comprised of 136 infant and toddler caregivers from both home-based and center-based care

settings. The participants were divided into three groups. One group received no intervention, one group received a community college course, and the other group received an Expanding Quality course with either 0, 5, or 15 hours of coaching. All participants were scored using a global quality observation assessment, and a questionnaire at three scoring periods: a pretest, a posttest, and a follow-up that occurred four months after the posttest. The observation and questionnaire results were analyzed into four groups: self-efficacy, knowledge, emotional-behavior support, and support for language and learning. The intervention and control group scores remained the same on the self-efficacy scale, however the other 3 domains increased in the intervention groups. The largest increase in the support for language and learning domain was in the Expanding Quality course with 15 hours of coaching. The researchers discussed how this support for the language and learning domain is an important component of infant and toddler care that needs to be improved. Moreno et al. stated about this important domain:

Such improvement is necessary for bringing infant-toddler child care beyond the do-not-harm range and into the realm of being a beneficial experience for most children. Thus, it is encouraging that a higher yet reasonable dosage of one-on-one coaching led to positive and measurable changes that were concentrated in the domain of support for language and learning. (p. 83)

This review of research shows that infant and toddler care can improve when provided sustained and focused training and support. Professional development improves quality and can help caregivers realize the importance of their roles in a child's life, and gain insight into the importance of talking with babies throughout the day (Goouch & Powell, 2012). However, professional development does not have to come in the form of a traditional class. Professional development that included video-feedback, onsite coaching, and consultation that is specifically

catered to the needs of the caregiver have the most positive impacts on improving the global quality for infants and toddlers (Campbell & Milbourne, 2005; Groeneveld et al., 2011; Moreno et al., 2015).

These previous studies looked at the effects of professional development for caregivers who were already working in the field of infant and toddler care. Garvis and Manning (2015) conducted research to evaluate how much focus was given to infant and toddler care in master's level early childhood education programs. Eighteen master degree early childhood education programs across Australia were examined by analyzing information from the program websites, and four professors, each from a different institute, were interviewed. This review of content found that only one institution had a full semester long course dedicated to infant and toddler care. Few other programs mentioned specific content on children birth to age three; however, all listed content for birth to age eight. In the interviews with master's degree professors all of the professors said that ages three to eight were focused on more than the birth to age three range in the program as a whole. None of the professors reported assessing pedagogy for the birth to three-year-old range in their classes.

This review has revealed that the global quality of care for infants and toddlers tends to be low in both home-based and center-based care settings. Children in both settings are not getting enough positive interactions with adults in their care setting (Hallam et al., 2009; Hallam et al., 2014). Caregivers in both home-based and center-based care settings have a low perception of the value of their work. Caregivers understand that they are caring for young children, but most do not also view their work as an important role in educating young children (Berthelsen & Brownlee, 2007; Nirmala, 2015). The review of research does show that professional development for infant and toddler caregivers does improve the global quality of

care, especially when onsite consultation is part of the training (Campbell & Milbourne, 2005; Groeneveld et al., 2011; Moreno et al., 2015). In the next chapter I will provide recommendations based on this review of research, and highlight areas where more research is still needed on the topic of infant and toddler care.

## CHAPTER III

### Conclusions and Recommendations

The purpose of this review was to examine the research on the level of quality care provided to infants and toddlers in both home-based and center-based care settings. In addition, research on infant and toddler caregivers' perspectives of their work was reviewed. Infant and toddler caregiver professional development has been found to be a means of increasing the overall quality of care in both home-based and center-based care settings, and in helping caregivers understand the importance of their role in the development of infants and toddlers in their care. I was interested in this topic because I have a young daughter and I want to make a well-educated decision about her care arrangement while I am at work. My interest was piqued after my initial research and I sought to learn more about the care provided to infants and toddlers. As a preschool teacher, I see students coming from all types of care settings, and it is very clear which students have been provided with a nurturing environment in their care settings.

### Insights and Recommendations

**Quality of infant and toddler care.** The findings of this review show that the quality of infant and toddler care in both home-based and center-based care settings is low overall. Hallam et al. (2009, 2014) found that even center-based care settings that were deemed high quality by the state still had a low quality of adult-child interactions. These findings suggest that children in infant and toddler care settings are not receiving enough positive adult interaction. I recommend that caregivers have meaningful and engaging conversations with infants and toddlers. Caregivers who take the time to play and interact with young children are providing a positive environment and that will increase the overall quality of care provided to infants and

toddlers. I also recommend that caregivers are made aware of the importance of conversations with infants and toddlers as an indicator of high quality of care.

In both care settings a smaller group size, smaller adult:child ratios, higher caregiver salaries, and classrooms with planned activities did have a positive impact on global quality (Bigras et al., 2009; Ghazvini & Mullis, 2002). These findings suggest that these are indicators of quality care. When caregivers have planned activities, they are more purposeful in their interactions with infants and toddlers. Smaller adult:child ratios give caregivers more time to devote to each child in their care. Small class sizes also make it easier for caregivers to plan activities for young children. I recommend that teachers plan purposeful interactions with both infants and toddlers. Purposeful interactions can be as simple as intentionally sitting down with a child and asking questions about their play, or talking about the actions of a pre-verbal child. Teachers should also plan activities for both infants and toddlers. Uhlenberg (2016) identified the four roles of a master teaching and the first role was liberator. In a high quality care setting the caregiver liberates the children to make their own choices and lets the children be an active part of curriculum planning. Caregivers should plan activities that are interesting to students and build on their prior knowledge. When children are interested in the activity the caregiver is planning they are going to be more engaged in the activity. Sharing the planning of activities with children will help increase the quality of care in both care settings.

**Caregivers' perceptions of their work.** The findings that most infant and toddler caregivers do not realize the importance of their role as a provider of care and education suggests that our society needs to give more respect to infant and toddler caregivers. Infant and toddler caregivers are responsible for the care and education of young children. Infants and toddlers are learning through all of their experiences during the day. I recommend that parents and early

childhood educators recognize the work that infant and toddler caregivers are doing as important. While an infant and toddler caregiver's day may involve diapering and feeding, they are also providing young children with valuable care and education. The infant and toddler years are a substantial time of brain development, and caregivers deserve respect and recognition for their hard work. I think that as caregivers recognize the importance of their job, then the quality of the care they are providing will also increase.

When comparing parent and caregiver perceptions, it was found that parents have a perception that their children are receiving high quality care, even when they are not actually receiving high quality care. The same is true for infant and toddler caregivers; they believe they are providing high quality care even when they are not providing high quality care (Barros & Leal, 2014). I think parents typically feel their child is being provided with high quality because they want to believe they are providing the best for their child. Parents do not want to believe they are sending their child to a low quality care setting, as that would make them bad parents, so they assume the quality is high. I think the same is true for caregivers. Caregivers do not usually assume they are doing a bad job; they believe they are providing high quality care. I recommend that caregivers engage in self-assessments and reflection. Caregivers completing a self-assessment checklist could help them improve the quality of care they are providing. I think it is important for educators of all ages to take the time to reflect and think about what went well and what could be improved about the activities they are planning. I would also recommend that observation assessment of global quality be used to measure the quality of care in both settings, and then those results should be discussed with the caregivers. This would give caregivers an opportunity to see what they could improve in their infant and toddler care setting.

**Professional development.** Some people believe that infant and toddler care is second nature for female caregivers. However, the findings that professional development can help caregivers realize the importance of their roles in a child's life, and gain insight into the importance of talking with babies throughout the day (Goouch & Powell, 2012), suggests that ongoing professional development is needed in the field of infant and toddler care. This review has brought to light that the quality of care for infants and toddlers is low, and professional development can help remediate this problem. I recommend that infant and toddler caregivers participate in professional development with other caregivers. This gives the caregivers the opportunity to discuss ideas and understand the importance of their role. Simply providing infant and toddler care professional development will make caregivers recognize that they are professionals in the field of infant and toddler care. Professional development opportunities will also help caregivers better understand how to set up a nurturing environment, the importance of engaging in conversations with infants and toddlers, and how to plan engaging activities in their care settings.

The field of early childhood education encompasses children from ages birth to eight. However, teacher college preparation does not typically include much information about children in the infant and toddler age range (Garvis & Manning, 2015). I recommend more college preparation time devoted to educating infants and toddlers. These children are being overlooked in the field of early childhood education. If there were more infant and toddler caregiver jobs that required a college degree, then I think that teacher college preparation programs would spend more time teaching infant and toddler care and education courses. Infant and toddler caregivers with college degrees are more likely to provide high quality care because they have been provided with specialized training in the field and view themselves as professionals.

## **Future Research**

This review of research shows that more research needs to be done in home-based care settings. These care settings are less regulated than center-based care settings and I would like to see more research about the quality of care in home-based care settings. I was initially interested in the comparison of the quality of home-based care settings compared to the quality of center-based care settings. However, there was minimal research that compared the two settings. It would be challenging to compare the two settings because they are very different. I think a study that compared the adult-child interactions from home-based care settings and center-based care settings would provide the most beneficial information about the two different types of care settings.

I would also like to see more research comparing the level of training in caregivers to the quality of their care. Uhlenberg's study showed that a college educated caregiver was able to provide toddlers with a high quality center-based care setting. I think a study that compared college educated caregivers and caregivers with no training would help policy makers realize that highly qualified caregivers can have a greater impact on the quality of care provided to infants and toddlers.

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