



**FSU Center for
Prevention & Early
Intervention Policy**

10 Components of Quality Child Care

What constitutes quality child care? Research defines ten essential components that produce meaningful outcomes for the young children they serve. Child care programs that endeavor to improve often begin with tangible changes (physical layouts, equipment and materials), advance toward changing practices that promote relationship-based care (between children, caregivers and families), and continue to participate in program quality improvement.

COMPONENT	DESCRIPTION
1. Licensed Programs Following Appropriate Health and Safety Practices	Licensing ensures that basic health and safety requirements have been met. In addition, quality child care settings for young children have separate areas for food preparation and diapering / toileting; detailed procedures for emergencies; policies for addressing illnesses; nutritious meals and snacks; collaboration with community health and safety resources; and frequent hand-washing by caregivers and children to minimize the transfer of infections. To reduce the risk of SIDS, all healthy infants should be placed on their backs to sleep.
2. Staff Well Trained in Early Childhood Development	The strongest indicators for long term success tied to early education and care are related to the caregiver education and level of participation in ongoing training in the field of early childhood development and care. Having competent staff is considered the most critical factor contributing to the social environment in which children learn best. Caregivers should apply their knowledge of early childhood and use curricula and materials to plan appropriate activities and provide responsive caregiving. Caregivers should also use routines to promote learning and look for opportunities to have meaningful conversations and interactions with children.
3. Age Appropriate Environments	Learning is an interactive process that involves continuous opportunities for exploration and interactions. Infants and toddlers should have age-appropriate equipment and both inside and outside spaces that are separate from older children. Room arrangements should allow for both quiet and active play; dramatic and messy play; large group activities, and individual care. Multiple sets of the same toys prevent conflicts. Toys and books should be available for access at the child's level to promote independent choosing and use. High quality programs base the arrangement of classrooms on the facilitation of learning by young children rather than on the preferences of caregivers.
4. Small Groups with Optimal Ratios	Group size and ratios determine the amount of time and attention that each caregiver can devote to each child. Small groups create a sense of intimacy and safety. A rich dialogue between caregivers and infants is possible in small groups because there are fewer individuals, less noise, and less activity to interfere with a child's ability to learn. Small groups and more staff enable caregivers to build strong relationships with each child and to adapt activities to meet the changing interests and needs of the group. The recommended group size for infants is six to eight. The best adult-to-child ratio is one adult for every three or four infants.

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| 5. Primary Caregiver and Continuity of Care | <p>Relationships between caregivers and children are crucial in quality child care. It is through close relationships with caring adults (including caregivers) that children flourish, discover their world, and learn who they are. Each child enrolled in group care should be assigned a primary caregiver. A primary caregiver has the principle responsibility for that child and helps build a positive, constant, intimate relationship with the child. The primary caregiver also offers family members a consistent contact who knows the child well.</p> <p>Having one primary caregiver for more than a year (optimally, from entry into child care until the child is three years of age or older) is important to a child's emotional development. Each change from one caregiver to another takes a toll on the child. When young children are repeatedly changed from one caregiver to another, the process of grieving the loss of the previous caregiver and learning the new caregiver's ways may slow their overall development and leave them reluctant to form new relationships.</p> |
| 6. Active and Responsive Caregiving to Support Children's Development | <p>The active and responsive caregiver takes cues from each child to know when to expand on the child's initiative, when to guide, when to teach, and when to intervene. Responsive caregivers are alert to signs of stress in each child's behavior and respond with appropriate stress-reducing activities and techniques. The responsive caregiver continuously facilitates the development of self-esteem by respecting and accepting children, regardless of their behavior.</p> |
| 7. Emerging Language and Literacy | <p>The path to literacy begins with the interactions between caregivers and young children. Caregivers expand on the sounds made by infants and toddlers and add words and ideas to what very young children express, feel, or say. They promote the development of language through the use of simple words and maintain a balance between listening and talking with the child. Staff create a learning environment that includes books and other print material throughout the center. Opportunities for shared reading time are a part of each day and children are encouraged to enjoy books independently. The use of songs, nursery rhymes, and finger plays provide a context to promote the development of language and literacy.</p> |
| 8. Curriculum, Observation and Individualized Programming | <p>Learning is an interactive process with activities, materials, and opportunities for exploration and interaction. Quality programs utilize curricular resources to plan and prepare an environment where children can choose from a variety of activities. Caregivers also understand the temperaments, moods, and preferences of each child and adapt their care to meet individual needs. This means that young children sleep, eat, and play in regular routines rather than forcing rigid conformity. Special abilities, as well as disabilities, are continuously discovered as caregivers routinely observe and assess each child. Based on curriculum and observations, caregivers develop an overall plan for each day, individualizing activities, materials and schedules according to the developmental stage of each child.</p> |
| 9. Family Involvement and Cultural Continuity | <p>High quality programs incorporate practices reflecting the values and beliefs of the families and the cultures of their communities. Using the child's home language, following cultural norms related to daily routines, and celebrating diverse cultures are examples of such practices. Caregivers should communicate each day with families, welcome parents into their child's classroom, and organize special events that include the child's family members.</p> |
| 10. Comprehensive Support Services with Multidisciplinary Teams | <p>High quality child care serves as a protective environment for the child and a source of support for the child's family. Because child care cannot meet all the varied needs of young children and their families, linkages with community agencies are essential to provide a medical home, mental health and social services, and therapeutic interventions. Ongoing communication can ensure continuity of care across multiple and promote holistic support services and treatment.</p> |

Adapted from:

Bredekamp, S. & Copple, C. (Eds.). (1997). *Developmentally appropriate practices in early childhood programs*. Washington, DC: NAEYC. Lally, J.R., Griffin, A., Fenichel, E., Segal, M., Szanton, E. & Weissbourd, B. (1995). *Caring for infants & toddlers in groups: Developmentally appropriate practice*. Washington, DC: Zero to Three.