



by Karen Stephens

## Child Care: What's Best for Baby?

Finding good child care takes time, patience, and determination. Word-of-mouth references are helpful, but legwork spent in comparison shopping is still critical. Informed, diligent parents are rewarded with greater peace of mind. More importantly, their child has a better chance of gaining fond childhood memories from their child care experience.

The key ingredient in child care quality is good staff. Staff must have a genuine respect, enjoyment, and love of children. They should be knowledgeable about child development and properly trained to nurture that development. Clean grooming and hygiene is important, too. But there's more to good child care. This column focuses on infant care, which is especially sensitive. Bad child care hurts any age child, but infants are particularly vulnerable. An infant's immune system is just developing, making the baby more susceptible to contagious illness. Research also tells us that a child's first year is the most critical period for promoting good brain development. Experiences infants have — or don't have — can leave a lasting mark on intellectual, emotional, social, and moral development. Because infants can't talk yet, parents have to keep eyes and ears open to make sure experiences are good ones.

If you decide to use infant child care, whether in a family home, center, or with a nanny, make sure its good. Without a doubt good. Below are indicators of good quality infant care.

### Best Practices for Babies

- Caregivers are friendly and responsive. They greet each child with enthusiasm. They call babies by first name and terms of endearment. They say good-bye at the end of day.
- Caregivers are gentle and appropriately affectionate. They smile, hug, pat backs, rub tummies, rock, cuddle, and maintain eye contact with babies.
- Caregivers respond to infants' communication cues. They giggle and play when babies invite it. They physically and vocally reassure and comfort when needed.
- Caregivers respond to infants' cues for rest as well as interaction. Each baby's individual rhythm, pace, and interaction style is catered to, whether during eating, playing, or sleeping.
- Caregivers talk with babies about what they are seeing and experiencing. They interpret the world of sensations. They help children into comfortable positions, while encouraging infants to strengthen and control motor abilities.

### Group and Staff Size

- A primary caregiver is assigned to each child to build social attachment and trust.
  - There is low staff turnover so attachments aren't frequently broken, thus causing alienation.
  - There is adequate staff so each child can receive individual attention often.
- Countries and states vary in minimum licensing requirements for group and staff size. Rule of thumb is that smaller group size and smaller child-to-caregiver ratio is better. Small also costs more, but it's a financial sacrifice that pays off for children's long-term development. (And a parent's peace of mind.) Research (and common sense) tells us one caregiver for every three babies is better than four or more babies to one person.

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### **Cooperation With Parents**

- Each morning staff speak with parents about their child's disposition. Important information from the previous night is shared, such as a child's sleep or health.
- Information on children's eating, sleeping, diapering, and activity patterns are shared daily. Staff are responsive to parent concerns and appropriate suggestions.
- Staff are respectful of family culture, family beliefs, and viewpoints on child rearing. When incompatible practices arise, staff speak calmly and privately with parents for mutual problem solving.
- Children's developmental milestones are joyfully shared with parents, such as when children begin to crawl or use new words. Photos of activities are shared with parents. Staff welcome parents into the program at any time. They are invited to serve on advisory boards and event committees and to participate in parenting groups.

### **Health and Safety**

- Staff are trained in accident prevention through proper safety precautions. Environment is smoke-free. Staff know infant CPR and first aid procedures. Ill children are helped immediately. If required by law, child care license and food service permit are current.
- Safety precautions, such as plugged electrical sockets, cleaning solutions locked out of children's reach, a fire extinguisher, and telephone are evident in the room. Babies are never alone on diapering table. Food and toys that cause choking aren't offered.
- Emergency numbers for police, fire, and poison control are posted for quick reference.
- Emergency evacuation routes are prominently posted, i.e. for fire, tornado.
- Medicines are labeled with child's name and never left within their reach. Parents must complete permission forms for giving medicine. Staff record whenever medicine is given.
- Each child has a designated cubby or bin for personal items.
- Wise sanitation practices are followed daily to prevent the spread of contagious disease. This includes never more than one child to a crib, vigilant disinfecting of diapering surfaces, frequent hand washing by staff and children, proper food storage and handling.
- Toys children mouth are sanitized frequently: nightly or weekly as needed.

### **Daily Routines**

- Children are fed when hungry, not according to a rigid schedule. Caregivers hold children when giving a bottle. One person feeds no more than two babies at a time sitting in high chairs. At the proper age, independent feeding is allowed with finger foods, such as oat cereals.
- Babies are never left alone to cry without caregiver response. They are never yelled at, slapped, spanked, or shaken. They are never called derogatory names or threatened.
- Each child gets plenty of one-on-one cuddle time with a caregiver. Relaxing, calming interactions are the norm. Babies' invitations to interact get quick, positive response.
- Frequent diapering includes pleasant interaction. Staff talk about what they are doing. Songs are sung; vocabulary is taught by naming baby's feet, toes, hands and fingers.
- Calm, soothing atmosphere, free of startling loud and abrasive noises is the norm.

### **Equipment, Toys, and Activities**

- All equipment and supplies are sturdy and in good repair: high chairs, cribs, strollers. Classroom has soft elements so it resembles a relaxing home more than a cold, sterile institution. Rocking chairs, carpeted areas, bean bags, couches, and love seats encourage warm child-staff interactions. Non-poisonous plants are present. Decorations are appealing, but not over-stimulating. Room is clean, neat, and organized.
- Children are not left frequently, or for long periods, in play pens, bouncers, swings, walkers, or car seats on the floor.
- There is adequate space for comfortable floor play, separate from sleeping areas. A variety of developmentally appropriate toys are offered for floor play, such as soft blocks and balls, rattles, stacking cubes, musical toys, touchy-feely boards, and texture quilts.
- Staff sit on the floor with children to encourage play. During play staff give supportive responses and guidance so infants experience success and pride.
- An outdoor shaded play area is fenced and maintained for safety.

**About the Author** — Karen Stephens is director of Illinois State University Child Care Center and instructor in child development for the ISU Family and Consumer Sciences Department. For nine years she wrote a weekly parenting column in her local newspaper. Karen has authored early care and education books and is a frequent contributor to *Exchange*.

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