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Effects of transitions to new child care classes on infant/toddler distress and behavior

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Abstract

Changes in distress and problem behaviors of 38 infants/toddlers were examined after children transitioned from familiar to new classrooms to look at effects of non-continuity of caregiver. Child's age, classroom quality, teacher sensitivity, and transitioning with a peer were examined as possible mediators. Results suggest that transitions were associated with increased distress, especially for younger children. In addition, although overall classroom quality was low, children in higher quality pre-transition classrooms showed more distress after transitioning than children in lower quality classrooms. Transitions were associated with decreased problem behaviors. Both distress and problem behaviors returned to pre-transition levels within 3 weeks. Teacher sensitivity and transitioning with a peer did not relate to distress or problem behaviors. These findings contribute evidence about immediate effects of infant/toddler transitions in child care. Future research should explore child, classroom, and teacher–child relationship variables that influence effects of continuity versus non-continuity of caregiver.

Keywords: Transitions; Child care; Behavior; ITERS; Continuity of caregiver

The number of infants and toddlers in American child care centers shifted in the last quarter of the 20th century. Between 1976 and 1990, the proportion of children in center care who were under a year in age increased four-fold and the proportion of children aged 1–2 nearly doubled (Willer et al., 1991). According to the National Center for Education Statistics, data from the 1995 National Household

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Education Survey show that 7% of infants under a year of age were participating in center-based care and education programs, while the numbers are higher for 1-year-olds (11%) and 2-year-olds (19%).

The practices used with infants and toddlers in child care may have strong and enduring impacts on children's development and well-being. It has been shown that global child care quality during the first 3 years is associated with children's developmental outcomes. In particular, higher quality child care is associated with better mother–child relationships, fewer reports of children's problem behaviors, more advanced cognitive and language abilities, and increased readiness for school (Burchinal, Roberts, Nabors, & Bryant, 1996; NICHD Early Child Care Research Network, 1996). In addition to the general quality of care for infants and toddlers, discrete practices in infant/toddler classrooms may also significantly influence children's development.

Although there exists an understanding that global estimates of quality are associated with child outcomes and a concomitant literature that recommends general structures and practices, very little empirical evidence is available that delineates the effects of specific program features and practices on children's development. As a result, practice occurs without strong empirical support, which in turn often produces variability in practice within and across programs. One discrete practice that is assumed to influence infant/toddler well-being is maintaining continuity of caregiver.

Continuity of caregiver requires that infants and toddlers remain with the *same* teacher(s) during a significant part, if not all, of their first years in a program. Within the early childhood profession, it is now often emphasized that "changes in caregivers during infancy and toddlerhood must be avoided and the number of infants and toddlers with whom one caregiver can form appropriate relationships is necessarily limited" (Zigler & Lang, 1991, p. 85). The National Association for the Education of Young Children (NAEYC) supports this assertion by including the following in its accreditation criteria: "every attempt is made to have continuity of adults who work with children, particularly infants and toddlers" (NAEYC, 1991, p. 40).

Continuity of caregiver is implemented in child care centers using various strategies. Anecdotal and observational evidence suggests that there are at least four highly salient factors that affect the variation in implementation of continuity of care. First is the length of time the child spends with a given caregiver. Some children might have the same teacher for the first 3 years, while others might have the same teacher for a shorter but extended period (e.g., 18 months). The second factor is whether the children within a classroom are homogeneous in age or part of multi-age groups. Maintaining continuity of caregiver is more likely with multi-age groupings because age or developmental milestones do not force a change in classroom; however, continuity of caregiver may also be used with same age groups. The third factor is the number of caregivers in a classroom that transition with a subgroup or entire group of children. In classrooms with multiple teachers, all teachers and children may move together, or a subgroup of children may move with only one teacher. Finally, whether the children and caregiver remain in the same physical space for the duration of their time together is a factor in how continuity is implemented. Despite the various ways that the practice of continuity can vary, the major requirement – children having the same teacher over time – is met.

The rationale for implementing continuity of caregiver for infants and toddlers is based on child development theory and limited research findings. Theoretically, issues regarding the development of secure maternal attachment are considered paramount for infants and toddlers (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1982; Smith & Pederson, 1988). Some studies demonstrate that secure maternal relationships are associated with more positive child outcomes, especially with regard to social/emotional development (e.g., Jacobson & Wille, 1986; Londerville & Main, 1981; Matas, Arend, & Sroufe, 1978). There also is evidence that secure maternal attachment is positively related to children's language de-