

# Infant and Toddler Continuity of Care Assessment Tool

**Infant/Toddler Community of Practice**

Jointly funded by ACF's Office of Child Care and Office of Head Start

Convened by the National Center on Child Care Professional Development Systems and Workforce Initiatives (PDW Center)



State/Territory leaders have multiple policy, funding, and regulatory strategies they can use to promote continuity of care. Subsidy policies and procedures, quality improvement efforts, and professional development (PD) and workforce initiatives all play a role in influencing what happens between adults and the babies and families they support. This document provides an assessment tool that State/Territory leaders can use to examine current practices. It includes a continuum of practices that support strong attachments among families, staff, and children. It should help leaders consider how to best promote continuity of care in their State/Territory.

Strategies to Promote Continuity	Yes	No	In Progress	Comments
<b>Subsidy Policies</b>				
Subsidy eligibility is extended to a period of 12 months for all families, with limited exceptions.				
Subsidy eligibility is extended to a period of 12 months for families of infants/toddlers who are dually enrolled in Early Head Start, or who have siblings in Head Start, or Public Pre-K programs.				
Income eligibility is based on an average of salary/wages over a year's time to allow for intermittent fluctuations in earnings.				
A higher income limit is used for families after initial eligibility determination (also referred to as tiered-eligibility).				
Families are able to apply for subsidy outside of their working hours.				
Families are able to apply for subsidy through an online or mail application and eligibility process.				

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Job search is an allowable activity to qualify for and/or retain subsidy.				
Subsidy eligibility is continued for at least 90 days following the loss of a job or onset of a parent's disability.				
Family co-payments are based on family size and income and not calculated per child. Co-payments do not exceed 10% of adjusted family income.				
Families with infants and toddlers receive higher priority on waiting lists for subsidy.				
Infant and toddler rates reflect the market and award bonuses or differential rates for quality.				
Providers are paid on an enrollment basis with an attendance policy that supports continuity of care.				
Providers are reimbursed during emergency closures.				
Providers are reimbursed for sick days or a limited number of vacation days.				
Licensed programs are required to participate in the quality rating and improvement system to receive subsidies.				
The subsidy program promotes transitioning children from lower quality to higher quality care in a way that minimizes disruption.				
Policies allow flexible wrap-around care with quality care as the core program.				
The State/Territory contracts with quality infant and toddler providers for slots for subsidy-eligible families.				

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The subsidy program aligns its eligibility processes with Early Head Start, Head Start and pre-kindergarten programs.				
<b>Licensing Regulations</b>				
There is movement toward meeting best practice standards outlined in <a href="#">Caring for Our Children Third Edition   National Resource Center for Health and Safety in Child Care and Early Education</a> for staff-child ratios in infant and toddler settings.				
When one family child care provider cares for up to four infants and toddlers, no more than two of the four children are under the age of 18 months.				
A primary caregiving system is required in center-based I/T settings.				
Enrollment policies and procedures allow for gradual transition into care to establish a relationship between a primary caregiver and an infant/toddler and family.				
Licensing programs require transition plans that promote attachment between child/caregiver/family.				
<b>Quality Rating and Improvement Systems</b>				
Smaller group sizes and lower staff-child ratios are embedded in QRIS standards.				
Infant/toddler coursework and/or credentials are embedded in QRIS standards.				
Programs enrolled in QRIS provide documentation of primary caregiving assignments.				

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Programs enrolled in QRIS in States that use observation rating tools to determine levels are required to receive a score of 5 or higher on the ITERS subscale Interaction, and a 6 or higher in the Positive Climate domain of the Toddler CLASS.				
Programs enrolled in QRIS have policies and procedures that promote attachment.				
QRIS standards include documentation by programs serving infants and toddlers of their plan to ensure continuity of care.				
<b>Professional Development</b>				
Primary caregiving skills are included in core knowledge and competencies (CKCs) and PD for the infant toddler workforce.				
Continuity of care skills are included in core knowledge and competencies (CKCs) and PD for I/T workforce				
Continuity of care is included in PD as a strategy to increase family engagement.				
I/T workforce is targeted for increased compensation or bonuses to decrease turnover and support continuity of care.				
Home visiting training includes information on the importance of continuity of care for families transitioning children to out-of-home care.				
Training for the I/T workforce includes strategies for managing multi-age groups in all caregiving settings.				

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Coursework specific to caring for infants and toddlers is included in associate, bachelors, and masters degree early childhood teacher preparation programs.				
When coursework does not adequately address infants and toddlers, revised coursework and/or credentials are established to provide specific knowledge and skills related to caring for infants and toddlers.				
In-service professional development is available for caregivers to develop knowledge and skills for caring for children across the birth-three continuum.				
Continuity of care is included in PD as a strategy to enhance the authentic assessment of infants and toddlers.				