



Establish Core Competencies

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About this Project

CLASP's *Charting Progress for Babies in Child Care* project highlights state policies that support the healthy growth and development of infants and toddlers in child care settings, and provides online resources to help states implement these policies. The foundation of the project is a policy framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move forward. The project seeks to provide information that links research and policy to help states make the best decisions for infants and toddlers.

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By Rachel Schumacher¹

Learning to recognize the cues of very young children before they can talk is one of many important skills for child care providers and caregivers. All babies and toddlers in child care need nurturing, responsive providers and caregivers they can trust to care for them as they grow and learn. To support this goal, CLASP recommends that states establish a core body of knowledge, skills, and expertise that providers and caregivers need in order to give babies and toddlers quality care, based on current research on social, emotional, cognitive, and physical development.

This document presents research supporting the recommendation to establish core competencies. Visit www.clasp.org/babiesinchildcare for materials related to this recommendation, including ideas for how state child care licensing, subsidy, and quality enhancement policies can move toward this recommendation; state examples; and online resources for state policymakers.

What does the research say about what child care providers and caregivers should know and do to care for babies and toddlers?

The National Association for the Education of Young Children's guidelines for developmentally appropriate practice states that prepared providers must have knowledge about: child development and learning; the traits of the individual child, including strengths, interests, approaches to learning, and abilities based on prior experiences; and the social and cultural contexts in which a child lives.² Infant and toddler child care providers and

caregivers need this information, and the skills and practices to respond to it, specific to the age of the children for whom they care.

Providers and caregivers need to know how to establish warm, responsive, and nurturing relationships with infants and toddlers. When early relationships between very young children and adults in their lives are nurturing, individualized, responsive, and predictable, they increase the odds of desirable outcomes—building healthy brain architecture that provides a strong foundation for learning, behavior, and health.³ If a baby’s needs are met, the infant forms a secure attachment—or “base”—that creates a foundation for healthy development in early childhood and beyond.⁴ Adults working with babies and toddlers need to be able to carefully observe and thoughtfully respond to their behaviors, while conveying a sense of calm, affection, and respect for individuality.⁵ Providers and caregivers can use cuddling, rocking, smiling, making eye contact, reading, and taking turns talking and listening to very young children to build their trust.⁶ Although research has established the importance of daily interactions between adult providers and caregivers and children to promote development, additional research is needed to determine how best to improve the quality of these interactions through professional development.⁷ A recent general review of child care training studies found that the quality of adult-child interactions improves when training for providers includes a focus on interaction competencies with children.⁸

Providers and caregivers need to understand that babies’ and toddlers’ physical, social-emotional, language, and cognitive development are interrelated. Infants take in information related to all their domains of development simultaneously. Physical exploration and improving motor skills help them learn and develop confidence.⁹ The emotional tone of interactions is equally as relevant to babies as the content of what a provider or caregiver may be doing or saying to them.¹⁰ Providers and caregivers who meet babies’ and toddlers’ cries for nourishment, comforting, or human interaction in a timely and appropriate way help the babies to develop a sense of safety so that they are more likely to observe and learn about the world around them.

Infants and toddlers are also more likely to build their vocabulary if regularly spoken to in an engaging, interactive manner, rather than in a flat one-dimensional way, in any language.¹¹ Research suggests that language and emotional development are connected; children whose expressive language skills are delayed at 24 months of age may be more likely to exhibit behavioral problems.¹²

Providers and caregivers need to allow each baby to develop at his/her own pace and understand that there are wide ranges in what one can reasonably expect babies and toddlers to be able to do as they develop. Yet they must also be able to recognize when development does not occur within expected ranges and support the development of all children. Neuroscientists have shown that in the first three years of life, the young brain develops in stages, with different sensitive periods for strengthening physical, social, emotional, language, and cognitive abilities.¹³ Infants first focus on developing a secure base of trust with their caretakers, then turn to exploring the world around them and making their own more independent choices about how to navigate that world.¹⁴ Each child develops uniquely during these stages, and providers and caregivers should not have rigid expectations about what a child should be able to do at a certain age.¹⁵ Providers and caregivers must have the skills to notice, adapt to, and respond to individual babies’ and toddlers’ changing interests and abilities, including those children with disabilities or special needs.¹⁶ Providers should be skilled in informal means of assessment, such as noting

From Peter L. Mangione, “Creating Responsive and Reciprocal Relationships with Infants and Toddlers,” *Concepts for Care*

“Adults possess the intuitive capacity to be responsive to babies verbally as well as nonverbally. To draw on this capacity, adults need to be intentional about opening themselves to developing a passionate interest in the children in their care. With such an interest, adults can become keen observers of development, sensitive to infants’ cues and behavior, responsive to their needs, and better able to follow infants’ lead and help them engage in expansive learning experiences.”¹⁷

children's progress in daily routines and talking with parents. In some cases more formal methods, such as use of developmental profiles or checklists, are needed.¹⁸ It is critical that providers can recognize when a child's behavior is not developmentally appropriate in order to identify delays, modify strategies for supporting and managing those children, or seek additional help through partnerships with a child's family and early intervention or behavior specialists.¹⁹ While formal training on how to recognize signs of developmental delay is not required for family, friend, and neighbor caregivers, they need access to appropriate information and community-based supports to help answer questions they may have about the development of the children in their care.

Providers and caregivers need to be able to provide babies and toddlers with language-rich interactions and environments. Engaging in reciprocal conversation with very young children, even preverbal infants, stimulates brain development and provides a foundation for future language development.²⁰ Providers and caregivers who keep up a running dialogue with babies and toddlers help them learn the names of objects; understand themselves and their relationships to others, objects, and feelings; and begin to ask questions and fuel their imaginations.²¹ Toddlers are primed to acquire vocabulary starting at 15 to 18 months. Research has shown that children whose parents speak more and use more vocabulary with their young children have been found to have a more rich vocabulary by age three.²² A new study tracing the cognitive, social-emotional, and health outcomes of a nationally representative sample of young children found that developmental disparities arise as early as nine months of age, and that these disparities widen by 24 months of age. At particular risk are low-income children; among babies and toddlers living in low-income families (at or below 200 percent of the poverty line), 89 percent of infants and 88 percent of toddlers have at least one additional risk factor. The report finds that the more risk factors a child possesses, the greater the disparity in developmental and health outcomes.²³

Engaging in nurturing and responsive conversations and communication in any language is beneficial for babies and toddlers regardless of the child's home language.²⁴ Young children whose primary language is not English

need support for their home language and will ultimately need support in acquiring English language skills in order to succeed in school and beyond.²⁵ Moreover, research shows that young children have the ability to learn two languages from birth, that learning two languages does not delay development of skills in either language, and that there are long-term cognitive, academic, and social benefits.²⁶ Bilingual child care environments, therefore, may offer the best opportunities for supporting babies' and toddlers' development of home and English language skills.²⁷

Providers and caregivers must be able to form partnerships with families to better understand the needs of babies and toddlers. Babies and toddlers rely on their providers and caregivers to communicate information and observations about their needs and behaviors to their family members, and vice versa. It is important for this communication to occur regularly and be comfortable for the family.²⁸ Providers and caregivers must also be able to learn about and address parents' beliefs about child-rearing and appropriate responses to the behavior of babies and toddlers. Partnerships work better when providers and caregivers communicate respect for parents and other adults important to a child.²⁹

Providers and caregivers need to be culturally competent in their care in order to help babies and toddlers understand and develop their sense of identity. The growth and development of babies and toddlers is rooted within a cultural context, as are the early care practices of parents, providers, and caregivers.³⁰ The early care experiences of babies and toddlers help shape their cultural identities, which form the basis of their personalities and senses of self as they grow older.³¹ Having providers and caregivers who reflect the home cultures and speak the home languages of babies and toddlers provides them with a secure environment and contributes to effective communication with parents.³² Incorporating the home cultures and languages of babies and toddlers in child care settings—including the use of familiar music, materials, practices and customs—can create positive early learning experiences. This should be part of a planned curriculum or approach to working with babies and toddlers in child care settings.³³ Hearing their home language in a child

care setting may help infants and toddlers feel emotionally secure.³⁴ It also reinforces the importance and value of their cultural background.³⁵ As babies and toddlers are developing their core identity as members of cultural groups, it is critical that providers and caregivers understand the subtle and overt ways they may convey their own ideas about diverse cultural groups to children in their care.³⁶ Whatever their own background, all providers and caregivers can acquire a set of skills that allow them to work effectively with children from diverse home cultures.³⁷

How can state child care licensing, subsidy, and quality enhancement policies ensure that providers and caregivers have appropriate core knowledge and competencies to care for babies and toddlers?

States can play a leading role in bringing attention to the importance of understanding the unique needs of babies and toddlers in child care by including an intentional focus on very young children in state definitions of core knowledge and competencies for the early childhood field. Core knowledge is the content that all professionals and caregivers should know before working with and caring for young children. Building from this core knowledge base, states can develop core competencies, which describe what child care providers should be able to do (e.g., the observable skills they should have) prior to working with young children. The National Association for the Education of Young Children (NAEYC) recommends that states design standards for core knowledge and competencies that apply across early childhood sectors—including center and family child care providers, aides, trainers and educators, licensing staff, technical assistance providers, mentors/coaches, and other related professionals. NAEYC also recommends that core knowledge and competencies be embedded in and allow articulation throughout the professional development system, from community training through four-year colleges.³⁸ Related to this recommendation, it is also critical for states to provide resources to help

providers and caregivers access the professional development system (see project recommendation: [Provide Access to Training, Education, and Ongoing Supports](#)) and support adequate compensation and financial incentives to retain highly qualified infant/toddler providers (see project recommendation: [Promote Competitive Compensation and Benefits](#)).

States can develop core knowledge and competencies that address what should be expected of all infant/toddler child care providers prior to beginning to care for children and as they increase their responsibilities and advance in their careers. At least 29 states have developed statements on core knowledge and/or competencies expected of early childhood professionals before they enter into and as they advance in their careers.³⁹ NAEYC standards for early childhood preparation programs recommend a focus on six core areas defining what an early childhood provider should know and be able to do: promote child development and learning; build family and community relationships; use observation, documentation, and assessment to support young children and families; use developmentally effective approaches to connect with children and families; use content knowledge to build meaningful curriculum; and be professional.⁴⁰ Increasingly, states are developing core knowledge and competencies that are more inclusive of infant/toddler care; some are revisiting established core competencies with the help of experts in infant/toddler development and care or layering in specifics pertaining to age of child throughout core competency standards.⁴¹ States are also considering ways to standardize the knowledge and competencies of trainers and educators, infant/toddler specialists, and coaches/mentors to ensure the quality of professional development.

States can intentionally embed core knowledge and competencies relevant to babies and toddlers within the offerings and coursework in the state professional development system and facilitate articulation from entry level coursework to four-year college degrees and beyond. At least 16 states have developed an infant/toddler credential requiring a specific set of competencies and coursework; nine more are in the development stage. According to a cross-state

analysis by the National Infant-Toddler Child Care Initiative, infant/toddler credentials can “offer encouragement or incentive for providers to seek out and benefit from specialized education and training, set a standard of care for infant/toddler practitioners, provide a vehicle for practitioners to demonstrate their knowledge and competence, and establish a system of recognition for such efforts and achievements.”⁴² A critical piece of building access to the professional development system includes increasing articulation between two- and four-year programs. As states examine the content of infant and toddler coursework at state early childhood education preparation programs, leaders should ensure that these programs have earned accreditation by the [National Council for Accreditation of Teacher Education](#) (NCATE) or the National Association for the Education of Young Children’s (NAEYC) [Early Childhood Associate Degree Accreditation](#) (ECADA).

Several states have focused attention on infant/toddler providers and developing career lattices or ladders to define the levels of knowledge and competencies providers must have to move from entry level to higher positions of responsibility and expertise in the field. For example, Illinois’ [Gateways to Opportunity](#) career lattice lays out pathways to credentials in early childhood education, including a specialized [infant/toddler credential](#), starting with community-based training and continuing up through a master’s degree. In addition, the [lattice](#) is based on seven core knowledge areas and was developed to align with NAEYC’s Standards for Early Childhood Professional Preparation, Child Development Associate requirements, and a variety of Illinois state teacher, director, and early intervention standards.⁴³

Some states have developed core knowledge and competencies that cut across early childhood sectors. New Mexico’s Child Development Board developed a statewide uniform catalogue of coursework based on [Common Core Content and Areas of Specialization](#), which includes specializations for infant/toddler providers and for professionals working with children from birth to age three and their families (e.g., early interventionists and home visitors). North Carolina has established competencies that address birth through age three in their rules for public teacher licensure with a Birth through

Kindergarten license approved by the State Board of Education.

States can ensure that core knowledge and competencies that apply to child care providers for babies and toddlers are aligned with any required state licensing or program standards and encouraged by voluntary incentive systems. Once states define what core knowledge and competencies should be expected for child care providers entering and advancing in the field, these standards should be aligned with other state efforts to improve quality. States may require licensed providers to ensure that the adults caring for babies and toddlers have attained at least entry-level core knowledge and competencies. Similarly, state subsidy systems can stipulate that participating infant/toddler providers and caregivers attain a level of core knowledge and competencies. The state quality rating and improvement system (QRIS) should provide incentives for providers to attain higher levels of competency according to the state’s career lattice, including specialized training, education, or credentials for infant/toddler care. At least 24 states have professional development registries that track the training and education attained by child care providers, which improve the professionalism of the workforce. These registries can be used to encourage and track attainment of more coursework in the core knowledge and competencies critical for infant/toddler child care.⁴⁴

States can use Early Learning Guidelines to educate providers, caregivers, and parents about core knowledge for child development from birth to age three. Early learning guidelines are one means of defining core knowledge—what babies and toddlers may be expected to be able to do and learn through each stage of development. Early learning guidelines can be used as a tool to help providers, caregivers, and parents better read very young children’s cues and understand their needs.⁴⁵ While all states have guidelines for preschool age children, just about 30 have developed them for children from birth to age three.⁴⁶ Effective early learning guidelines: “(1) emphasize significant, developmentally appropriate content and outcomes; (2) are developed and reviewed through informed, inclusive processes; (3) use implementation and assessment strategies that are ethical

and appropriate for young children; and (4) are accompanied by strong supports for early childhood programs, professionals, and families,” according to a joint position paper by the National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE).⁴⁷ Guidelines should also address multiple aspects of child development, including physical well-being and motor development, emotional and social development, language and literacy development, cognitive development, and approaches to learning.⁴⁸

Creating early learning guidelines for very young children requires attention to their unique developmental stages. Most states with guidelines for children from birth to age three specifically address multiple developmental stages during that time period; for example, [Delaware’s Infant and Toddler Early Learning Foundations](#) lays out appropriate expectations for children from birth through nine months, nine to 18 months, and 18 to 36 months of age. Some states may want to reexamine the content of their guidelines to ensure sensitivity to very young children. An analysis of the infant/toddler early learning guidelines in 21 states found some weaknesses in their treatment of approaches to learning and recommended more attention to reflecting the cultural and home language diversity of babies and toddlers in child care.⁴⁹ The North Carolina [Infant-Toddler Foundations](#) resource includes approaches to learning as a developmental domain and includes information on how to recognize and encourage attributes such as curiosity, confidence, persistence, imagination, and wonder in babies and toddlers. The state has financed the [training of a cadre of infant/toddler professionals](#) across the state to offer trainings and workshops to licensed child care providers.⁵⁰ When developing early learning guidelines for the birth to three age-group, state policymakers should also fund outreach, training, and higher education initiatives to ensure that the guidelines are actually understood and put into practice in diverse child care settings, including means to reach family, friend, and neighbor caregivers.

Visit www.clasp.org/babiesinchildcare for dynamically updated information related to this recommendation, including:

- **Policy Ideas** that states can use to move toward this recommendation
- **State Examples** profiling initiatives of policies under this recommendation
- **Online Resources** for state policymakers

¹ The author would like to thank Jim Lesko and Sarah LeMoine for their comments on drafts of this resource.

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