

**CHILD CARE:
QUALITY &
CONSISTENCY
MATTER**

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**WHY DOES
QUALITY
MATTER?**

ADVERSE CHILDHOOD EXPERIENCES

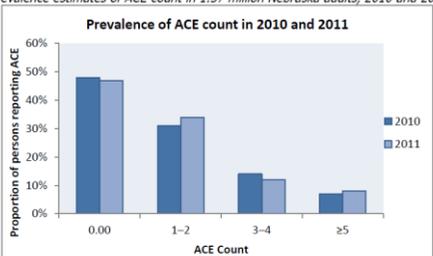
ACEs are stressful or traumatic experiences that affect the neurobiological and psychosocial capacity of children. ACEs cover a range of experiences that occur up to 18:

- **Abuse:** Physical, Emotional, Neglect
- **Neglect:** Physical, Emotional
- **Household Dysfunction:** Mental illness, Domestic Violence, Substance Abuse, Incarcerated Relative, Divorce or Separation.

Center for Disease Control and Prevention. Adverse childhood experiences reported by adult five states, 2009. MMWR Morb Mortal Wkly Rep 2010; 59 (49): 1609-13. Available at <http://www.ncbi.nlm.nih.gov/pubmed/21160456>.

ACES IN NEBRASKA

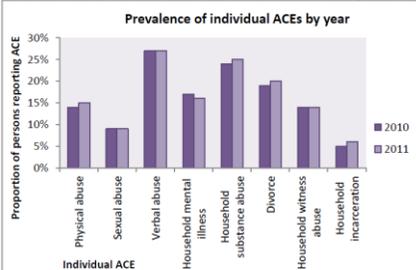
Prevalence estimates of ACE count in 1.37 million Nebraska adults, 2010 and 2011



Safarek, T., Buss, B., Yeoman, K. (2012). Epidemiologic Investigation: Association between Adverse Childhood Experiences and Adverse Health Outcomes. The Office of Epidemiology at the Nebraska Department of Health and Human Services, 1-47

ACES IN NEBRASKA

Prevalence estimates of individual ACEs in 1.37 million Nebraska adults, 2010 and 2011



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ACES LEAD TO POOR OUTCOMES.....

The Original 1995-1997 ACE Study **found ACEs have a direct relationship to adult health.** Certain ACEs are significant risk factors for;

- Adolescent or Unintended Pregnancy
- Alcohol Abuse
- Chronic Diseases
- Depression
- Early Initiation of Smoking or Sexual Activity
- Fetal death
- Health related quality
- Homelessness
- Illicit drug use
- Liver Disease
- Obesity
- Poverty
- Risk of sexual assault or intimate Partner Violence
- Sexually Transmitted Diseases
- Youth school dropout
- Incarceration

Anda, R. (2010). Adverse Childhood Experiences: Connecting a Developmental Lens to the Health of Society. ppt. http://www.iowaaces360.org/uploads/1/0/9/2/10925571/dr_robert_anda_presentation.pdf

..BUT THEY DON'T HAVE TO

Research indicates that **supportive, responsive relationships** with caring adults as early in life as possible can prevent or reverse the damaging effects of the toxic stress response associated with ACEs.



QUALITY EARLY CHILDHOOD DEVELOPMENT GIVES DISADVANTAGED CHILDREN A HEALTHIER FUTURE

“This tells us that adversity matters and it does affect adult health. But it also shows us that we can do something about it.”

James Heckman, Nobel Laureate in Economics, on finding that quality early childhood development substantially improves long-term health outcomes for disadvantaged children

LEARN MORE AT HECKMANEQUATION.ORG

We each have within us the “irresistible desire to be irresistibly desired.”

--Robert Frost

THE ULTIMATE DESIRE OF EVERY HUMAN

Pick **ME**, Choose **ME**, Love **ME**

<https://www.youtube.com/watch?v=st2jamNWeJM>

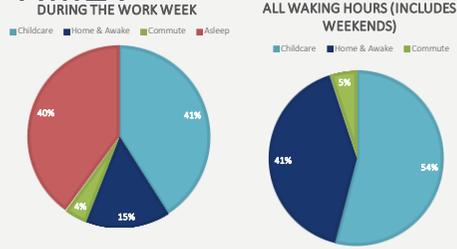
THE ADULT-CHILD RELATIONSHIP

- Through the relationship with parents and others, infants and toddlers learn what to expect of others.
- Nurturing, stable and consistent environments are essential to a young child's mental health and neural development.
- The state of the adults' emotional well being profoundly impacts the quality of the relationship

WE ARE HARDWIRED FOR RELATIONSHIP

We can handle struggle as long as we have access to a secure attachment and connection.

WITH WHOM ARE CHILDREN SPENDING TIME?



THE FIRST 5 YEARS



HOW DO I KNOW HIGH QUALITY WHEN I SEE IT?

3 BASIC NEEDS OF ALL CHILDREN

- A quality program for children must provide for the three basic needs of **all** children:
 - Protection of health & safety
 - Positive relationships
 - Staff-child interactions, supervision, encouraging children to communicate and use language
 - Opportunities for stimulation and learning from experience:
 - Setting up the environment, room arrangement, access to materials, learning centers

Elements of High Quality

- **Activities & Routines**
 - age-appropriate experiences
 - positive guidance and discipline
 - small groups and independent play
 - active and quiet activities
- **Ratios & Group Size**
 - **Infants:** no more than 8 with at least 2 teaching staff
 - **Toddlers:** no more than 12 with at least 2 teaching staff
 - **Preschoolers:** no more than 20 with at least 2 teaching staff
- **Age-appropriate materials and toys are accessible and organized**
 - Opportunities for outdoor play
 - TV and video are not used to occupy children
 - Strict health and sanitation policies
- **Comprehensive supports for children and families such as**
 - health and nutrition
 - parent engagement opportunities
 - referral services
- **Caregivers show affection, make eye contact, and speak directly to children with an encouraging tone**
 - Children are soothed and supported when frustrated or challenged, helping them identify their feelings

WE KNOW WHAT MAKES THE DIFFERENCE

“The single most important environmental factor that’s having an influence on development is the **quality of the relationships** that children have with the important people in their lives. That’s what it’s all about.”



—Jack P. Shonkoff, M.D.
Center on the Developing Child
Harvard University

WHAT DOES THIS MEAN FOR COURT-INVOLVED CHILDREN?

CONSISTENCY & QUALITY ARE KEY

- If at all possible, and if the environment is quality, child care arrangements should be kept consistent.
- Keeping a child in the same child care setting
 - helps decrease caregiver transition and loss,
 - allows for some consistency in the child's life,
 - gives the child's day predictability,
 - allows for historians of the child's behavior, and
 - maintains a secure place for the child to build relationships.

WHAT TO LOOK FOR

- Does the caregiver handle conflicts without losing patience, shaming, or displaying anger?
- Does the caregiver know about the effects of trauma and stress on behavior?
- Is the environment sanitary and safe?
- Is the setting appealing with comfortable lighting and an acceptable noise level?
- Is there a daily schedule that uses visuals?
- Are the toys and materials organized?

SUPPORTING THE TRANSITION

- Take the child to visit the new child care program & spend time with the new teacher if possible.
- Talk to the child in advance about switching to a new program.
- Ask the child's current teacher to call and talk with the child's new teacher.
- Give the child a transitional object or picture to take with them from one setting to the next.
- Make a social story about the new child care setting.

COLLABORATION IS ESSENTIAL

- For some children, their child care setting was the most stimulating and appropriate care they have ever received.
- Child care providers can be part of the team that assists parents in understanding children's needs and helping them to create a stable environment.
- The child care setting can help parents learn about appropriate development and stimulation for their child. They may not have any other way of learning these skills.

COLLABORATION IS ESSENTIAL

- Communicate clearly with child care providers about the trauma/loss that the child has or may be currently experiencing.
- Help the provider to understand the needs of this child and how they are different from the needs of a child who has been in consistent, safe, and nurturing care.
- Encourage childcare providers to ask for help with understanding a child's behavior and/or mental health consultation to avoid expulsion of the child.

SPECIAL ISSUES

- Transition for children from childcare to parenting time and back (this may cause emotional dysregulation and challenging behaviors)
- Increased likelihood of developmental delays
- Medical or developmental issues related to exposure to drugs/alcohol and/or toxic stress

RESOURCES

FOR MORE INFORMATION...

- <https://nirs.ne.gov/therightplace/>
- Nebraska Step up to Quality
– <http://www.education.ne.gov/StepUpToQuality/>
- Nebraska Association for Infant Mental Health (NAIMH)
– <https://www.nebraskainfantmentalhealth.org/>
- Nebraska Association for the Education of Young Children (NeAEYC)
– <http://www.nebraskaeyc.org/>
- Nebraska Department of Education, Office of Early Childhood (NDE)
– <http://www.education.ne.gov/oec/elc.html>
- DHHS, Child Care Licensing
– <http://dhhs.ne.gov/publichealth/pages/crlChildCareLicensingIndex.aspx>



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