Early Learning Listening Tour

Thank you for this opportunity. My name is Amanda Moreno, and I am the Associate Director of the Marsico Institute for Early Learning and Literacy at the University of Denver. I am here to represent the earliest segment of the early learning population, that is, infants and toddlers and those who care for and educate them. As someone invested in the unique safety, nurturance, and educational needs of infants and toddlers, I was very grateful to see that this Listening Tour specified an age-range of birth through eight. However, I also know that in many initiatives starting at birth, the quality and professional development needs that uniquely impact the birth through three group are still often an afterthought, if thought of at all. Thus, I am here today to try and clarify why we cannot just hope that infant-toddler programs will ride the coattails of initiatives for older children.

A perfect storm is brewing, due to the presence of at least four factors: 1) population statistics from 2002-2007 indicate that 73% of children birth-to-three have a primary child care arrangement that is not exclusively parental. 2) Now decades-old and widely accepted research indicates that brain development in the birth-to-three period is the highest-potential, highest-risk, most rapid, and most experientially-determined that it will be in the entire human life span. 3) Infant-toddler care is the least available, most expensive, and lowest quality care available. I am a parent too, and had an infant in full-time center-based day care not too long ago, and I can tell you that despite my privileged status, the choices in my commute area ranged from “no way” to just passable. 4) Federal sources of research funding for investigator-initiated innovations in this age-range are unacceptably unavailable. The Institute for Education Sciences, for example, defines early learning as ages 3-5. Research in the birth-to-three range is limited to Special Education or children explicitly at-risk for such conditions. This sends the message that infant-toddler care is not education, and disincentivizes well-trained researchers from pursuing these critical questions. It is not by accident that if you check the peer-reviewed literature, randomized controlled trials and other rigorous methodologies on infant-toddler educational enhancements and professional development approaches are quite literally, non-existent.

But if care at this level is merely a “parent replacement”, why do we need professional development at all - isn’t it good enough to hire sensitive individuals with nurturing dispositions? Even if we had a field teeming with brilliant baby whisperers, that would still not be enough. Take, for example, the fact that child care operates with groups of children. But the brains of children at this age are really not designed to pick up information in the absence of direct eye contact with the deliverer – they just won’t know it was meant for them. For this reason, the “primary care” model, in which a specific caregiver is assigned a very small number of specific children, should be as much of a given in best practice as low ratios. But if Directors and caregivers don’t understand this underlying logic about brain development, they won’t be passionate about practicing primary care, and they won’t have a common language to discuss it competently with parents and other stakeholders.

Thankfully, Colorado is a state that recognizes these disconnects and has invested in substantial efforts to try and correct them. Most notably, we have the statewide “Enhancing Quality in Infant-Toddler” Care Initiative. On a more limited scope, my colleagues at Clayton Early Learning and I have developed and implemented “Learning through Relating”, a combined infant-toddler curriculum and professional development system, with initially encouraging evidence. But these efforts need further support and systematic evaluations if they are to meet their promise.

In an improved system of infant-toddler professional development, college courses are necessary, but not sufficient. Practicum experiences are non-negotiable, but not very practical if there are no model settings in which to intern. Cultural and linguistic diversity in staff is important, but cultural and linguistic competency in ALL staff should be a given. Performance-based standards should drive professional pathways and compensation levels, but we can’t defend standards as evidence-based if no entity will own the mission of funding the research. Like it or not, infants and toddlers are increasingly in the care of professionals, and the time has come for a credible alignment between what we know about children in this high-risk, high-potential period, and what we do with them.