How do early childhood educators provide nurturing care to infants and toddlers that supports their long-term development? This article outlines eight practical strategies, called the Ps of the Responsive Caregiving Process.

Responsive Infant Caregiving: Eight Proven Practices

Lisa Leifield and Tisha Bennett Sanders

Brain research has confirmed what many early care and education professionals have known all along—warm, nurturing relationships among babies, toddlers, and their caregivers support children's development (National Association for the Education of Young Children [NAEYC], 2005; National Research Council & Institute of Medicine [NRC], 2000).

The nurturing adult-child interaction that supports children's development is called *responsive care* (Lally et al., 1995). Responsive care is supported by small adult-child

> **Babies are born with different temperamental styles.**

Subjects & Predicates

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ratios and primary care systems (Bernhardt, 2000; Lally et al.). Furthermore, small adult-child ratios support the child observation strategies that are central to responsive care.

It is important for caregivers to *intentionally* implement responsive interactions because this type of care has been shown to be particularly important for encouraging babies' social-emotional development (Casa, n.d.; Hyson, 2004; NRC, 2000; Shonkhoff, 2004). Specifically, responsive care

- helps babies learn to be communication partners,
- encourages babies to feel warm and close to people, and
- supports babies' enthusiasm for exploring their environments (Parlakian & Seibel, 2002).

Gerber (1979), Honig (1985, 1989), and Lally (1990) were early advocates for responsive, relationship-based care for children in out-of-home care. Recognition of the value of responsive care intensified as the numbers of babies entering early care and education grew during the 1980s. During this time, women increasingly

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entered the workforce and women on welfare were facing work requirements, necessitating child care for their children (Lally, 2003).

In the early 1990s, Head Start and Zero to Three, the National Center for Infants, Toddlers, and Families, responded to the need to support the early care and education community in implementation of responsive relationship-based care. The U.S. Department of Health and Human Services Advisory Committee's Report on Early Head Start recommended the use of responsive adult-child relationships as a principle to guide the development of Early Head Start, which was established in 1995 (U.S. Department of Health and Human Services [HHS], 1994).

> **Implement intentionally responsive interactions.**

Also in that year, Zero to Three published a comprehensive guide on how to implement responsive care called *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practices* (Lally et al., 1995). This guide, written for infant-toddler caregivers and administrators who support their work, emphasized the importance of responsive relationship-based care to children's social-emotional development.

Perhaps most important, we have learned to appreciate the role of relationships in every aspect of early development. Infants and toddlers develop expectations about people's behavior and about themselves based on how parents and others treat them. Through daily interactions with responsive, affectionate adults, babies experience their first true positive love relationships. Trust and emotional security develop when infants learn that their needs will be met predictably and consistently. Self-confidence develops as babies and toddlers learn to communicate their needs and master challenges in the world. (Lally et al., 1995, p. 7)

Head Start reaffirmed its commitment to responsive care when it established the Early Head Start Mental Health Initiative (Chazen-Cohen, Jerald, & Stark, 2001) and identified responsive relationships as a key component of Early Head Start Programs, using an infant mental health approach (Boss, Mann, & Rudolph, 2004).

This article offers a framework to help caregivers remember, reflect on, and assess how to use the responsive process in early care and education settings for babies—the "Ps of Process." Each P represents a key component of the responsive process as identified by researchers.

1) View babies as **Partners**.
2) **Personalize** interactions for each baby.
3) Observe babies' **Preferences**.
4) Observe babies' **Pleasures.**
5) Choose **Positions** that encourage positive emotional exchanges.
6) **Pace** interactions to match each baby's tempo.
7) Make interactions **Predictable**.
8) **Partner** with parents.

Vignettes about nine primary caregivers—Lola, Markesha, Kelly, Marsha, Jaymin, Tanisha, Jan, Kia, and Yen—demonstrate ways to implement the Ps of the responsive process during babies' daily routines. Although the responsive process is key to development of all young children, the vignettes here focus on babies younger than one year of age. Infants with disabilities are included because all babies benefit from responsive care.

View Babies as Interaction Partners

Right from the start, babies are ready for human interaction. Brain research indicates that babies are born wired for interaction (Lally et al., 1995; NRC, 2000). For example, newborn babies show that they are interested in interaction by gazing at their mother or father or by turning to the sound of their parent's voice (Brazelton, 1992; Zero to Three, n.d.).

Through positive emotional exchanges, parents and caregivers let babies know that they are just as interested in interacting with babies as the babies are in getting to know them. The caregiver's role is to help babies learn how take turns interacting. Caregivers help babies interact

Nancy P. Alexander

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by reading and responding to their signals. With lots of practice, babies learn to start the interaction. Then it is the adult's turn to read and respond to the baby's invitation to interact! Every time adults respond to a smile with a smile, connections are being built (Greenspan, 1999; Lerner & Dombro, 2000).

Early emotional exchanges help babies not only in their daily interactions with caregivers but with all future interactions as well (Brazelton & Greenspan, 2000; Greenspan, 1999; Shonkhoff, 2004; Thompson, 2002). Warm, positive connections during emotional exchanges lead babies to come to expect warm, nurturing interactions with family members, teachers, and other children as they grow into the preschool years and later in elementary school (Knitzer & Lelkowitz, 2005; Thompson, 2002).

In this first vignette, Lola engages in turn-taking exchanges responsive to children's developmental characteristics. She exchanges smiles, babbling sounds, and takes part in delightful pop-up-toy fun.

> Maria, a 4-month-old, has recently begun to laugh and smile when Lola, her primary caregiver, is in play space next to her. Lola responds to Maria's smiles with smiles.

> Then, hearing 6-month-old Gabbie start babbling, Lola turns and smiles at her. Gabbie sees Lola smile and babbles back. Lola continues the exchange by quickly responding with the same babbling string, "ba-ba, ba-ba."

> At the same time 8-month-old Ethan is playing with a pop-up toy. He looks to Lola. Lola waits to see if Ethan needs assistance, wondering if he wants help pushing down one of the buttons. Ethan whines and looks again to Lola, so she asks "Would you like me to push the button?" She slowly pushes the blue button and out pops a cow's head. As Lola moos, Ethan laughs and moos, imitating Lola. He pushes the cow head back down, in effect asking Lola to continue the play.

Personalize the Approach for Each Baby

Personalizing interactions refers to designing interactions specifically tailored to an individual baby (Greenman & Storehouse, 1996). A personalized approach to a child's temperament or individual style promotes warm feelings between adult and baby. *Temperament* refers to a baby's individual way of relating (Chess, 1990; Strum, 2004). Three key groups stress the importance of caregiver responsiveness to babies' temperament styles (Early Head Start National Resource Center, 2004; HHS, 2000; NAEYC, 2005).

Babies are born with different temperamental styles (Chess & Thomas, 1996, Strum, 2004). Researchers have used terms such as *easy, difficult,* and *slow to warm up* to describe these temperament styles. Early care and education providers typically have babies with all three temperamental styles in their care.

- Some babies have regular sleeping patterns, approach new situations comfortably, cry or fuss only when they are hurried or tired, and have typical activity levels for babies of their age. These children are usually referred to as *easy* babies (Chess, 1990; Chess & Thomas, 1996).

- A smaller number of babies are referred to as feisty or *difficult.* Babies who have a feisty temperament style may be difficult to calm, are extremely active or fussy, and have short attention spans. Feisty babies typically have irregular eating and sleeping patterns. They also tend to be moody and their reactions to changes in routines or schedules are very strong.

- Still other children are called *slow to warm up.* These babies are cautious as they approach new situations. After initially taking care with new places or people, they are then able to interact with others in comfortable ways. They may also have difficulty with changes in routines and becoming familiar with new toys or materials. Their expression of emotions may not be as robust as easy children, which makes their needs and preferences more difficult to read. Focused observation by caregivers helps identify these babies' needs and preferences.

To help design more personalized interactions, caregivers are encouraged to ask these questions about each child.

Questions to Ask About Each Child

What things does the baby attend to on his or her own?

What toys or interactions does the baby enjoy?

How do individual babies like to be touched or rocked?

How does each baby calm down when fussy?

What are the child's reactions to sound, lights, and touch/textures?

Subjects & Predicates

Babies feel secure and develop both trust and feelings of closeness when caregivers consistently handle routines in ways that match babies' individual temperaments.

What are the baby's moods like?

How regular are baby's sleeping, eating, and elimination habits?

Use this information to design interactions for a particular baby (Lally, 1990). Use voice, touch, and facial expressions to support emotional exchanges with individual children.

Expecting all young infants and toddlers in group care to change to meet individual teacher's personalities is inappropriate (Lally et al., 1995). Rather, caregivers must adjust their behaviors to support children. Developing personalized interactions is a continuous learning process for both caregivers and babies (Greenspan, 1999; Lally, 1990).

Markesha adapts her interactions, toys, and materials to be responsive to the temperamental characteristics of babies while she greets parents and children.

Every morning before families and children arrive, Markesha reviews her anecdotal observations to reflect on how her interactions reflect her knowledge of the temperament styles of babies in her care. She notes that Erica, a feisty 4-month-old, was fussy yesterday, but was better able to find her thumb to suck during her morning nap. She makes a special note to herself to support Erica's ability to self-calm when fussy.

Her notes also reflect that easygoing Terrel, age 10 months, played enthusiastically with a variety of toys, some old and some new, so she places out the same toys. Markesha knows that it takes a little longer for Tanisha, a slow-to-warm-up baby, to try a toy that isn't familiar to her, so she puts out a textured ball next to Tanisha's favorite yellow ball.

Terrel and his dad arrive first. As usual, Terrel greets her with a big smile and crawls across the room to explore his favorite toy that makes noise.

Next to arrive is 9-month-old Tanisha, who nestles into her Mom's shoulder, then slowly peeks around to watch Terrel eagerly playing. She glances at her favorite ball and then at the textured ball. Markesha goes over, softly touches her on the back, and quietly says, "I see you looking at that new ball. You can play with it when you are ready."

Eight-month-old Erica, still drowsy and fussy, and her mom arrive shortly. Markesha walks with her mother to Erica's crib, as Terrel's dad plays with Terrel to settle him in for the day. As they walk, Erica's mom gives Markesha a change of cotton knit clothes because Erica is irritable when wearing clothes with a rough texture. Markesha asks how Erica slept last night because she has a better day and is more available for fun emotional exchanges if she has slept through the night. Markesha tells Erica's mom that that they are working on helping her to find her thumb to support a peaceful transition to sleep when tired.

Just as Markesha does, effective caregivers observe children for their reactions. Babies differ in the amount of stimulation and interaction they desire (Lally, 1990). Their temperamental styles influence how they initiate and respond to interaction.

Observe Babies' Preferences

Babies have preferences and like to make choices, just as adults do. Since babies cannot yet use words, they use signals to let adults know their choices (Lally et al., 1995). Giving very young children opportunities to choose helps them develop a feeling of control (Dombro, Colker, & Dodge, 2002; Post & Hohmann, 1999). This sense of control is the beginning of each young child's journey toward autonomy and independence (Greenspan, 1999; Lally, 1990; Lerner & Dombro, 2000).

Individual babies have different ways of expressing preferences and as they grow the kinds of signals they use to express preferences changes (Greenspan, 1999; Roberts & Heyman, 2000). For example, during feeding very young babies may turn away from the bottle. As they get older they may push the spoon or bottle away, or shake their heads.

There are many ways to give babies choices and honor their pref-

erences throughout the day. Make sure there are a variety of toys and play objects. Observe to see what individual babies choose to do, and then make sure to have those objects available. Watch babies to see which books they prefer. As story selections are rotated, be sure to keep out favorite books, as Kelly does in this vignette.

> Every day Kelly uses her anecdotal records to help plan interactions and provide choices for the babies in her care. Babies can reach their favorite toys on low shelves. She has pictures of children's families placed along the wall so children can crawl over to look any time they want. After making little books of children's families and putting them near the dramatic play toys, Kelly noticed these books became children's favorites. Thus, when rotating out a few books every other week, Kelly decided not to rotate but to update these family books. By asking one or two families for an updated picture every 2 weeks, this book project gives her another opportunity to reconnect with families about their babies.

It is just as important to give children with disabilities opportunities to express what they prefer. The cues that children with disabilities use may be less visible than the cues of typically developing children. Work in partnership with parents to learn the cues their children use to signal their choices and preferences. Children with severe and multiple disabilities may use eye gaze to indicate their choices. Sometimes children with disabilities may take longer to respond to their choices, too. The child's early intervention specialist can provide guidance and cues about how to provide choices for children who have vision and hearing impairments.

Find Out What Brings Babies Pleasure

What makes individual babies laugh, squeal, chuckle, and smile? What delights or amuses them? Finding out the answers to these questions helps caregivers share happiness, amusement, and fun with babies—and strengthens connections with each child (Greenspan, 1999). To find out what brings babies pleasure, just watch them… closely. Some babies like toys that make noise while other babies prefer to play with toys with interesting visual patterns. Some babies prefer toys that are both visually interesting as well as sound producing!

Babies also differ in the kinds of social games they enjoy. Some babies think it is fun to blow raspberries, while others relish imitation games. Some babies respond well to light touches or nursery rhymes while others prefer hide-and-seek or peek-a-boo games. Repeating games helps babies develop a sense of security. In time, they will initiate the games.

Movement games are a source of pleasure for many babies. Some babies enjoy being hoisted high in the air, while other babies like bouncing or jiggling. Watch babies during movement games to make sure they don't get overwhelmed. Notice when children push away. Slowing down or stopping an interaction in response to children's cues ensures that children don't become agitated, frightened, or irritable.

Parents are wonderful sources of information on things such as games or toys that bring their babies plea-sure. Parents' input is particularly helpful when children are getting used to a new setting or when the family culture is different from that of the caregiver. When caregivers play the same social games that are played at home, it helps to build a sense of continuity between home and center. This helps babies feel secure and transition more easily into an unfamiliar place (Honig, 2002). Not only is it important to use parents' observations when their children are new to care, it's equally important to exchange information with parents regularly, as this next vignette illustrates.

> Caroline brings her 9-month-old baby, Kaitlin, to the on-site employer-sponsored child care center every morning. Marsha, Kaitlin's primary caregiver, asks Kaitlin's mom what her baby's favorite songs and games are at home. During the day, Marsha uses the suggested pat-a-cake singing game and a special "name game" made up for Kaitlin by her mom. Marsha provides the family with anecdotal observations of Kaitlin's actions during playful games. Every month Marsha reminds parents in her group to tell her if their children are playing new games or learning new songs at home.

Choose Positions That Support Positive Emotional Exchanges

Because observation is so important to the responsive process, it is essential for caregivers to be in positions to see and make eye contact with each child. Caring for babies is physically strenuous work, and everyone should be comfortable. Personalizing the way a baby is held

communicates to the child that his or her comfort is important. It is one more unique way to assure that babies feel cared for. Additionally, staying in close proximity to children provides a secure base as children move away and then back to a caregiver (Honig, 1993).

The following vignette illustrates how the thoughtful way Jaymin positions herself allows her to share positive exchanges with babies. She can easily pick up on their enthusiasm for new discoveries. Children can easily check in as they move away from her in the carefully designed environment for safe exploration.

> Jaymin is sitting on the floor where she has a clear view of all the babies. She nestles 4-month-old Sam on her lap, while giving 10-month-old Cory a reassuring look as he crawls away to his favorite red ball, looking back to check for her. Demetrius, carrying a well-loved book, toddles over to Jaymin and plops down next to her. While pointing out the names of the toys on the page, Jaymin periodically watches as Cory continues to frequently look back to her.

Visual input is very important to young children's social and emotional development. It is crucial that babies with disabilities are positioned to be able to see and interact with their caregivers. Some children with disabilities may have difficulty holding up their trunks and heads. This can interfere with their ability to exchange a smile or gaze with caregivers, or make it difficult to interact around favorite books or toys. Physical or occupational therapists as well as parents can provide ideas on how to position children comfortably by suggesting seating equipment or adapting existing seating equipment.

In her family child care home, Tanisha makes sharing books with babies a daily routine. Tommy, a 9-month-old with cerebral palsy, loves to listen to Tanisha read. However, Tanisha has difficulty positioning Tommy comfortably because of high tone or stiffness in his muscles. Tanisha asked for seating tips from Tommy's physical therapist, who provides therapy at Tanisha's home. Tanisha uses these ideas to include Tommy in the early reading process in a more comfortable way.

Babies are born wired for interaction.

Pace Interactions to Match Each Baby's Tempo

A central component of any partnership with babies is pacing interactions—adjusting tone of voice and movements in response to a baby's cues. Caregivers pace their speech to maintain a baby's interest without over-stimulation. Matching and pacing speech and movement to the child ensures the baby has an opportunity to respond and interact.

Pausing during interactions allows time for babies to take their turns in the interaction. Turn-taking supports development of communication skills (Lally et al., 1995; Lerner & Dombro, 2000).

Another way to personalize care is to pace the day for each baby (Lally, et al., 1995). All babies have different schedules for diapering, playing, eating, and sleeping. Although all early care and education centers have routines, high-quality

programs individualize children's schedules to match their individual biological rhythms (Dombro, Colker, & Dodge, 2002; Lally et al., 1995; Post & Hohmann, 1999).

This vignette illustrates how Jan looks carefully for a baby's cues so she can tailor her interactions accordingly.

> Tabitha is a new baby in the older infant room. Some of the babies in Jan's care like a leisurely diaper time, while other babies wiggle and squirm to move through diapering quickly. She watches carefully to see what Tabitha's reaction is to movement, touch, and talk during diapering.

> As Jan is changing Tabitha, she notices that the infant's eyebrows are furrowed and her lips are pursed, ready to let out a yell. Jan immediately slows the pace of her motions and speech. Tabitha takes a slow, long breath and gives Jan a smile of approval. Tabitha's new teacher has read her cues and understands that this new baby likes her diaper changed in a slower and more interactive way than the babies who prefer to get off the changing table more quickly.

Interact Predictably

Predictability refers to the extent that an adult's expectations and interactions are similar and reliable to young children. Predictability adds familiarity and security to relationships (Edwards & Raikes, 2002). This predictable security supports babies in their ability to participate in positive social exchanges (Lally et al., 1995).

Predictability makes participation in interactions with caregivers more engaging for young children. By repeating interactions, adults

help babies to learn their roles in interactions. When caregivers use the same games, songs, or finger-plays, babies learn them quickly. Even the youngest children are eager to be both the initiator and responder (Brazelton, 1992).

Predictable interactions during routines are particularly important (Greenman & Stonehouse, 1996). Remember that temperament affects how children fall asleep and wake up, their feeding preferences and habits, how they approach situations, the types of games they like, and how they calm when fussy.

Babies feel secure and develop both trust and feelings of closeness when caregivers consistently handle routines in ways that match babies' individual temperaments. As children grow, routines for groups of children become more similar. For example, in this next vignette a group of 1-year-olds has gravitated toward a naptime routine.

> Every day before putting the young toddlers to sleep, Kia reads a short book and then sings a sleepy-time song. The book and song are both restful and predictable for the children. Depending on their interests, Kia may read the same book and sing the same song for a week or 2. When it seems the children have tired of them, Kia changes to another short book and sweet, soft melody.

Partner With Parents

Forming parent and professional partnerships is a foundational concept of early childhood education. NAEYC accreditation criteria include forming partnerships with families as a key component of high-quality programs (NAEYC, 2005). Caregivers

are urged to develop systems for sharing information with parents daily and holding more formal parent-teacher conferences twice a year.

The Head Start Program Performance Standards also identify the importance of partnering with parents and supporting parents in their use of responsive interactions with their babies and toddlers (Chazen-Cohen et al., 2001; HHS, 2000).

> **What brings babies pleasure? Watch them...closely.**

Quality assessment approaches and curricula such as Tender Care, The Creative Curriculum for Infants and Toddlers, Educating and Caring for Infants and Toddlers, and the Ounce Scale provide a variety of suggestions for teachers and families about the responsive process (Bergen, Reid, & Torelli, 2001; Dombro, Colker, & Dodge, 2002; Post & Hohmann, 1999).

Supporting parents as partners is important because continuity supports children's development, behavior, and feelings of security (Honig, 2002). Use these questions to guide relationships with families.

Questions to Ask About Interactions With Families

Do caregivers and parents strive to be respectful of children's interests?

How do caregivers incorporate each family's cultural practices into materials, interactions, and exchanges of information?

How are parents included in staff daily/weekly discussions of their children?

How do staff learn from observing parents' strategies when they diaper or feed their children?

How routine are short, intimate conversations with families about their children?

In what ways does the curriculum support partnering with parents?

What policies and procedures ensure that caregivers and families share their observations about children's development?

> Five o'clock is one of the busiest times in the day at a Head Start Child Care collaboration center. Yen is completing the "Sharing and Caring" form that comes with the program's curriculum. It is one way to exchange with parents the things their babies do each day and for parents to share what their babies are doing at home. Yen writes to 4-month-old Hye Sook's mother and father that during longer periods of wakefulness, Hye Sook is cooing and smiling more.
>
> She also writes to 6-month-old Huie Lee's parents that Huie Lee plays the same kinds of babbling games with her now, just like the ones she plays at home. Yen is pleased she asked Huie Lee's mother for the ways she plays interactive games with her baby because she has so much fun when they play them together at the center.
>
> Yen checks her schedule to see when she can spend more time with parents than daily check-ins and anecdotal notes. She wants to have conversations with parents to learn about their babies as well as answer questions and share information. She thinks about scheduling a meeting with Quan's mother

and father who have recently immigrated and have faced so many changes. She wants to make sure Quan's transition to care is as smooth as possible.

Then there are those conversations that can be more difficult to handle, such as the one she needs to have with Ming's mother about concerns about her baby's hearing. She has noted that Ming tugs at her ear and doesn't turn to loud noises in the classroom or when she calls him. Yen has some concerns about his speech and language development, and she thinks it may be related to his hearing.

As she finishes reviewing her notes, Mei's mother comes in and moves to the changing table. Yen takes this opportunity to observe the diapering routine Mei's mother uses. Since Mei has a vision impairment, it is even more important that the diapering routine is as predictable as possible—including the order of the routine, touch cues, verbal cues, and the social games Mei's mother plays during diapering.

Responsive Caregiving: A Continuous Learning Process

Providing responsive caregiving is an ongoing learning process. As new babies enroll and familiar children move on, caregivers adjust to their individual preferences, needs, and temperaments. As babies grow, interactions are adjusted to match their new developmental characteristics. Partnering with parents is always essential—to learn from them as well as support them when they have questions or concerns.

Planning programmatic goals, utilizing the P's of the responsive process daily and in an intentional way, as well as keeping up-to-date on the latest research in the field, will surely provide children and families with the best services and relationships.

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The Ps of Process Responsive Caregiving Checklist

View babies as Partners
- ❏ I view babies as partners in the responsive process. I watch for times during routines to engage in emotional exchanges.

Personalize interactions for each baby
- ❏ I personalize my interactions for each baby. For example, I sing songs with individual children's names or with special meaning to a particular child.

Observe babies' Preferences
- ❏ I observe babies to identify their preferences for interaction. I provide opportunities throughout the day for babies to make choices.

Observe babies' Pleasures
- ❏ I can identify three things that give each baby in my care pleasure.

Choose Positions that encourage emotional exchanges
- ❏ I choose positions that support shared positive emotions such as sharing the fun of children's discoveries.

Pace interactions to match each baby's tempo
- ❏ I change my voice tone or rate of speech to support a baby's ability to interact.

Make interactions Predictable
- ❏ My actions are consistent over time. For example, I regularly hold a baby in a way similar to how the parent shows me that the child likes to be held.

Partner with parents
- ❏ I ask parents to describe interactions their children enjoy. I observe parents to identify strategies they use to personalize interactions for their babies.