

Caring for Infants and Toddlers: Encouraging Active Participation

by Jude Keith Rose, Emilie Kudela, and Emelie Cuppernell-Nolan

Emelie Cuppernell-Nolan:

When my husband and I made the decision to enroll our 16-month-old daughter in child care, I felt both overwhelmed and a bit depressed. Images of “day care,” characterized by children with dirty diapers, over-stimulating environments, and chaos, flooded my mind. How could the needs of my daughter be met among so many other children?

After hearing about a program from our daughter’s pediatrician, I perused the program’s website and found a wealth of information about the daily schedule, meals, environment, philosophy, and director/caregivers. On our first visit, we were delighted to see all that we’d hoped for in child care: a safe, clean, welcoming environment, both inside and out, with age-appropriate toys that were well organized and placed at the children’s level. We saw 1- and 2-year-old children playing and engaged in activities, very attentive caregivers, cloth diapering, and communication with the children in a way that I had honestly never heard before. All of our questions were answered, and the director provided information on multiple topics.

Our daughter began attending the center the following month. It was hard leaving her for the first time. The caregivers were very compassionate and supportive to me and my daughter as we made this transition in our lives, and I went to work that day and each day after with a feeling that she was safe and her needs were being met. That feeling was priceless.

I would often pick up my daughter at the end of the day and find her doing something I didn’t realize she could do. While picking her up during lunch, I saw eight toddlers sitting on wooden stools at toddler-size wooden tables, eating a delicious home-cooked meal. My 1½-year-old was drinking out of an open cup, using utensils appropriately, and asking for more when she was ready. As individual children finished eating, they dumped extra food into the compost bucket and brought their dishes to the wash bin before proceeding to engage in the play of their choice. All the while, the caregiver was peacefully and efficiently coordinating this performance. I was astounded! I had one child, just one! And I couldn’t get meals at home to go this smoothly. I realized I didn’t

know my daughter could drink out of an open cup because I’d never given her the chance. “Surely she’ll just spill it,” I’d think, “and then I’ll have a mess to clean up.” I’d never thought to ask her to bring her dishes to the sink when she was done eating, or imagined she might find this type of work rewarding.

What else was my daughter capable of that I was just assuming she couldn’t do? In this program, my daughter was exposed to things in a way I could not have provided her at home. She had a well-structured, safe, predictable day that allowed her the freedom to grow and learn, as all toddlers are driven to do. She was speaking Spanish words, learning to negotiate conflicts with her peers, eating healthy meals, beginning to use the toilet, learning a healthy view of her body, and gaining confidence in her capabilities.

I remember an instance at home, watching my daughter at 2 years old changing a diaper on her doll. Before she started, she placed her hands on the doll very carefully and looked in its eyes and said, “I’m going to change your diaper now.” Then she proceeded to slowly and peacefully take off the diaper and put on a new one, stopping every so often to look in the doll’s eyes and smile warmly. As I watched her, I thought, “That’s her caregiver!” I realized I’d seen her caregiver change diapers this exact way. I reminded myself of the importance of good communication and eye contact with not just my child, but with anyone I interact with. I reminded myself to slow down and enjoy what I’m doing when I’m doing it. And to treat diaper changes, baths, meals, etc., with my child not as a chore I have to do quickly and get over with, but as an experience to enjoy. I would have never guessed my 2-year-old daughter would be teaching me these lessons through her pretend play, as she acted out her experiences in child care.

The experience of my daughter’s time in this infant/toddler program will be with her—and me—forever. Learning to be comfortable with struggle, to have optimism about life, to have a sense of self-worth and compassion for others—these are just some of the values instilled in toddlers at this program. How better can we prepare our children for the world they face?

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Finding child care—quality child care—for infants and toddlers can be one of the most challenging tasks a parent faces. Knowing what to look for in a child care program is not something we typically learn about from our own parents, our obstetrician, our midwife, or even our child's pediatrician. Yet, as this family's experience demonstrates, finding care that you feel good about for your child makes all the difference in the world. In order to meet the needs of children and families, infant/toddler care providers must design their programs to meet the unique needs of this age group. At no other time in a typically developing child's life is the child so dependent on adults, are personal care needs so intimate, or are parent's needs as emotionally laden—it's hard to leave your baby! And for many good reasons.

Quality child care has been linked to lower absenteeism, higher worker productivity, and increased job satisfaction. In contrast, poor-quality care during the child's first 4½ years has been associated with obedience and academic problems that persist into adolescence (Vandell et al., 2010). The importance of quality early care environments has been validated through several longitudinal studies. Findings include higher academic, educational, and employment achievement through young adulthood. For children experiencing difficult home-life environments, attending quality early childhood programs has been associated with less risk for depression (McLaughlin, Campbell, Pungello, & Skinner, 2007), as well as higher earnings and lower rates of incarceration through age 40. Extensive research acknowledges the importance of early care environments, noting that children are active participants in their development and that human development is continuously shaped by the interaction between biology and experiences. It is further recognized that people are part of the child's environment, supporting the idea that nurturing relationships are essential (Shonkoff & Phillips, 2000).

The importance of responsive, respectful caregiving interactions is also supported by prominent infant care specialist Magda Gerber, as well as by authors of infant-toddler texts, infant-toddler researchers, and curriculum development specialists. In fact, these specialists all emphasize the importance of caregiving as the curriculum for infants and toddlers. Rather than developing intellectual activities, pared down from preschool curriculum, they urge caregivers to respect the complexity of learning that is involved in times of interaction during caregiving routines—eating, dressing, bathing, diapering/toileting, and resting—and in supporting transitions between activities, such as arriving at child care, going outside, and changing activities.

Nurturing relationships for infants and toddlers demand adult recognition of the child as a person—a person who has feelings, interests, and skills—from birth. Babies have an innate need to communicate. Turn-taking, the most basic form of interaction and communication, begins in the first few months of life as the infant suckles, then pauses, and the parent looks at or talks with the baby, then pauses. As the child begins to vocalize, responsive turn-taking results in greater vocalization by the infant (Bloom, Russell, & Wassenberg, 2009). Gerber concurs that it is adults who need to slow down, pause, and wait for the child's response. From her perspective, not only are the infant's efforts to communicate valued by the patient adult, the infant herself is valued as an active participant and partner in her own care. She also is valued as a person who deserves to continue her activity, rather than be interrupted to meet the adult's agenda. Caregivers who recognize the wholeness and sophistication, if you will, of the baby, take the time to

“Good infant care is neither
baby-sitting nor preschool.
It is a special kind of care
that resembles no other”

- The Program for Infant/Toddler Care

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observe and find ways to engage babies that meet their individual styles, interests, and abilities, inviting participation whenever possible.



photos © Jude Keith Rose

What does engaging babies who are not yet speaking look like? How do we elicit cooperation from the toddler who says “NO!” when asked to come for a diaper change? Helping a defiant toddler can be very challenging for caregivers and parents alike. Responding in a calm manner can be extremely difficult. Luckily, there are many “tricks of the trade” that all caregivers can utilize—they won’t all work all of the time, but if adults are able to be patient, creative, and flexible, then caregiving routines, transitions, and unusual circumstances often can be handled with grace. In fact, the child’s sense of self develops within the context of relationships.

THE PROGRAM FOR INFANT/TODDLER CARE

The Program for Infant/Toddler Care (PITC), a collaboration between WestEd and the California Department of Education, has developed six program policies as the foundation for supporting the development of emotionally secure infants and toddlers in group care. Each of these six policies serves to support relationship-based curriculum that is focused on responsive caregiving in order to meet the needs of infants and toddlers. These policies include recommendations regarding group size, primary caregiving, meeting the individual needs of children, continuity of care, cultural and familial continuity, and including children with special needs.

Group Size

Of utmost importance, small group size and low caregiver:child ratios support other aims, such as individualization of care and responsive caregiving. Having too many children to care for can create stressors for adults and children, resulting in inadequate care. While legal ratios vary by state, they often exceed ratios recommended by advocates for quality. Adult:child ratios of 1:3 or 1:4 in groups of 6-12 children are considered optimal. Gerber prefers an even smaller group of four infants with one educator.

Primary Caregiving

Primary caregiving, meeting individual needs, and continuity of care are three other policies believed to be critical for quality infant/toddler care. Primary care systems support the development of secondary attachments to their caregiver. Attachment to the caregiver is visible when infants seek them out, using them as a secure base to venture from. Caregiving routines are recognized as valuable times to be enjoyed by the infant and the adult, wherein the infant has a contextual basis for learning. Eating, diapering, and resting routines are repeated from birth. Caregiving times provide opportunities for interaction and growth of autonomy. The infant engages with a glance, an acknowledging look, when asked, “Ready to get up?” Through continued invitation, children are able to actively participate in their own care and gain skills that enable them to understand and increasingly participate over time.

Meeting the Individual Needs of Children

The observant caregiver makes it a point of learning about each child. By being aware of the infant’s temperament, interests, preferences, emerging abilities, and vulnerabilities, the caregiver can smoothly adjust to the developing child and support the establishment of familiar routines while meeting individual needs. While primary caregivers support and provide intimate care for a portion of the children in the group, each caregiver works as part of a team with other caregivers to support the needs of all children in the larger group. Involving infants and toddlers takes time. It means looking for and waiting for the child’s response. It means observing the child during play and observing how he or she relates to others and the group. These practices are fundamental to gaining cooperation.



Continuity of Care

Adults know that building relationships take time. And responsive caregivers witness firsthand that it’s not just the adult making the relationship; the baby is participating, too. Attachment to a primary caregiver also takes time, and this relationship is nurtured as long as possible, resulting in stronger attachment and the potential for greater understanding and a deeper relationship, which is called continuity of care. Whenever possible, a caregiver remains with the same children as they grow, for the duration of time that the child is in care in a particular program. As caregivers learn about the children in their care,

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they are able to scaffold and support each child's learning while minimizing stressors. Before the baby is able to sit on her own, she sits in her caregiver's lap to eat. When done, she is shown how the leftover food is placed in the compost bucket, her dishes are put in the dish tub, and her face is wiped with a warm, wet cloth, which is then placed in the wash bucket. Over time, she will sit on her own, put food in the compost bucket and walk over to place her dish in the dish tub, then "cruise" around the shelf to put her face wipe in the wash bucket. . . . A sense of security and this type of predictable, participatory, and responsive caregiving interaction support competence in the youngest children.

Cultural and Familial Continuity

The Program for Infant/Toddler Care states that you cannot know the child without knowing the family. Relationship-building and partnering with parents are other crucial components for quality infant/toddler care. A collaborative relationship with parents is fostered during conversations or a home visit before care begins and on an ongoing basis during arrivals, departures, and other meetings. There may be times when programmatic philosophy and parental hopes and expectations are in conflict. It takes a humble caregiver who is skilled at communication to adeptly navigate difficult situations governed by different styles, wishes, or beliefs. It is important to understand that all parties want what is best for the child. Parents must be honored and listened to. Truly listening, and sharing observations and knowledge about the child, are all components to gaining understanding and finding a mutually acceptable way that results in care that is more consistent, familiar, and comfortable. Who wouldn't want that?

Including Children With Special Needs

Policies already discussed enable the provision of care to be individualized and responsive to any child's needs. While

reasonable accommodation may be required in order to enable the child with special needs to fully participate, relationship-based care supports the child with special needs to develop emotional security and resiliency. Children with special needs also deserve access to high-quality care.

INFANT/TODDLER ENVIRONMENTS

Environments have a powerful impact on children's behavior and learning. The way the environment is set up affects the way children explore and use materials, as well as how or where they interact with others or find spaces for independent focus or privacy/quietness. According to PITC, the optimal environment is one that minimizes rules, and therefore minimizes the need for adult intervention. It is stimulating but simple, rather than cluttered. By creating a rich environment that meets the needs of the group, the adult facilitates learning, rather than policing it. As the child grows, the environment is adapted to meet changing needs, interests, and abilities. Decisions regarding appropriate adjustments to the environment are determined by records maintained by caregivers to ensure that the classroom environment meets the developmental needs of the classroom community.

An appropriate environment is safe and promotes health. It is comfortable for both children and adults, including child-size furniture, as well as soft areas where adults can join children at their level. Supplies are conveniently located in areas where they will be used. Flexibility, achieved by the ability to move furnishings and climbing equipment, enables staff to change pathways and direct the movement of the group. Spaces that provide interest include variety: open spaces that enable freedom of movement, as well as wide climbing places to be with a friend. In addition, smaller, cozy spaces are important when children want to be alone or to find peace or privacy.



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Materials in the environment are organized and developmentally appropriate, providing challenge, but not frustration. Magda Gerber (2002) adds that materials should encourage children's active participation. She suggests the elimination of toys that make sounds and flash lights, instead encouraging the "active infant, passive object." Ideally, the environment also supports the child's development of positive self-esteem, promoting engagement and autonomy, resulting in an "I can do it!" experience. The environment also provides an opportunity to reiterate the program's recognition and value of each child's culture, including a diversity of books, images, and printed language for children in the community and greater society. It is a place where girls can climb and boys can cry, where children with special needs are also valued, included, and represented. The curriculum is enriched by incorporating songs, kitchen equipment, clothing, and foods from many cultures—especially those that represent the cultures of children in care. In turn, collaborative relationships are enhanced when all parties are welcomed and considered.

THE HUMAN COMPONENT

Beyond the environment and the PITC's six components of quality care, the human component is an integral component to quality care and encouraging engagement. Trained, skilled, attentive, and sensitive caregivers are key markers of a quality program. Providing quality care for infants and toddlers requires a special person—a person who not only understands and applies the important policies discussed thus far, but also is patient, humble, and willing to learn from babies—a person who is emotionally available to build attachments with the children in the program and who is able to collaborate as a member of a team. Being a caregiver of infants and toddlers is not easy; it is challenging yet rewarding work.

Beyond studying infant/toddler development, caregivers must



be willing to examine their own life experiences and beliefs, know their areas of comfort and discomfort, and be willing and able to perhaps change destructive habits or patterns and move beyond negative personal experiences. Children learn to navigate their world, supported by the guidance of important adults in their lives. How we guide children influences not only their sense of self, but also the manner in which they relate to others. As the child grows, methods change, but the message remains the same—"You are important and valuable and I believe in you. We will work together to take care of you." What we "say" and "do" sticks in the mind. From birth, a kind voice can be offered, a gentle touch can be modeled.

Communicating With Children

Positive communication supports children's learning and development in social-emotional, physical, and intellectual domains and is an essential ingredient to quality care. Positive communication is evident when caregivers speak "with" children, engaging them in conversation, rather than speaking "to" or "at" them. Recognizing children's accomplishments and what they can do, rather than commenting on what the child can't or didn't do, validates and supports the child. In addition, using descriptive, informative, nonjudgmental, inclusive language in the form of "I statements," and offering choices, are particularly valuable tools in the caregiver's tool kit for engaging children and eliciting participation and cooperation. Don't even talk about what you don't want to see . . . it sticks in the mind! Saying "Feet on the floor. . ." will work better than "Don't climb on the table!" Sometimes simply stating what you see changes a child's behavior. Rather than saying, "Aren't you going to try your broccoli?," try



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stating, “I see you ate all of your sandwich. You still have broccoli and a pear.” You may be surprised to see them pick up the broccoli and take a bite! Sometimes no words at all are required. Simply moving closer may change behavior, as can pointing at the bowl that still needs to be brought to the wash bin. Sometimes being close defuses conflict. We don’t always have to be serious or formal! Mix it up—sometimes playfulness is just the right ingredient for gaining cooperation (e.g., crawling along with a child who is resisting going to the diaper table).

Modeling Prosocial Behavior

It is critical that we model behavior that we want to see. If kindness, gentleness, and safety are important to us, then we must model these traits. Children are influenced by how we communicate with others and by “emotional eavesdropping” (Repacholi & Meltzoff, 2007). When we talk with adults on our team or with parents when they arrive, children pay attention. When we truly listen, we show we care. Modeling what we want to see includes being authentic about our feelings about how we are treated (e.g., not letting children hit us), as well as upholding all the rules we have for children ourselves: sitting when we eat, washing our hands before eating, using a kind voice when we stop or redirect unsafe behavior.

Navigating Conflict

Conflict enters adult-child relationships when adults want something from children (e.g., having a diaper changed or getting dressed to go home) and into child-child relationships when, for example, two children want the same toy. Such times call for skillful navigation. When the adult wants to gain cooperation, engaging the child is particularly important. There has to be something the child wants, a way to participate. If it is not a choice for the child to have their diaper changed (for example), finding ways for the child to participate will make the activity more pleasant for all. A common example in the infant/toddler classroom is that of changing diapers.

- First: It is important that the caregiver is clear regarding what is expected, without offering a choice. “It’s time to change your diaper.” Do not add “OK?” When we say “OK?,” we imply an option is available.
- Second: After stating what will happen, find an option to offer—“Would you like to walk or shall I carry you?” If the child walks away, the caregiver follows and says, “I see that you want to push the cart, but it’s time to change your diaper. It’s very wet and we need to get a dry diaper on you so that you don’t get a rash” (information). “Would you like to push the cart over to the table?” Recognizing the child’s desire helps immensely.
- Third: Once at the changing table, the more involved the

child can be, the more she or he will learn and the more pleasurable the experience will be—“First, we need to get the wet diaper off” (descriptive, nonjudgmental, rather than calling it dirty or smelly). “Can you help pull open the tabs on your wrap? Look, here’s the spot you need to hold onto. . . .”



When the differing desires come into conflict between children, waiting to see if caregiver support is even necessary may result in surprising results. Adults cannot always solve children’s problems. When left on their own, children may come up with a resolution that we don’t deem as “fair,” or won’t be a solution that we would have expected or suggested ourselves, but the children are happy. By contrast, unsafe or socially unacceptable behavior requires adult intervention.

While it may be difficult to find the positive impulse behind biting, hitting, or grabbing someone’s toy, it is again important to acknowledge the child by putting words to what you see. If you didn’t see what happened, you can say, “No biting! That hurts Eliot. I know Anna had the truck a few minutes ago. Maybe you both wanted it, but I won’t let you bite him.” Even if the children are too young to tell you what they want, by describing the situation rather than solving it directly, you give the message that being bigger doesn’t mean you just get to decide or that you know what’s best. Next, rather than shunning the behavior, provide a model for the appropriate expression. Providing an example of what you’d like to hear fosters learning. “Use your words!” does little for the child whose toy is being pulled out of their hands; they cannot find the words to negotiate. The caregiver can suggest to Anna, “You can say ‘my truck’ ” and to

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Eliot, “You can ask Anna, can I see it?” (while demonstrating a reaching, open hand). What the toddler needs is support with communication—support in learning how to express their needs, and support in knowing that caregivers will keep them safe.

The use of “I” statements, coupled with a demonstration of the desired behavior, along with a positive statement describing the desired behavior, can be particularly valuable. For example: “Gentle! You both want the truck, but I won’t let you hurt each other. You can say, ‘Can I have it?’” (demonstrating reaching out with an open hand). This type of modeling gives children a lot of information: first, a recognition of their desires; second, an example of what to say as well as the opportunity to practice; and third, a hand gesture for how to express themselves when they aren’t yet able to repeat your words. This takes practice for adults and children alike. Eventually, even infants and toddlers can navigate challenging situations quite eloquently, sometimes better than adults!

It is a gift to give children our attention and respect. It is an honor to be trusted to care for them. Throughout each day, responsive caregiving enables both the child and caregiver to engage in a “dance” as they work together and adapt to each other’s needs and expectations. The biggest gifts we can give in return for being entrusted with their care is to truly value their families and each child as a capable young person, to give children opportunities, patience, and the time to show us what they know. Infants are amazingly perceptive, receptive, and insightful people. They have the potential to grow to be caring and loving adults. It is important that adults believe in babies and that adults let babies be their teachers. Pass it on.

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