

Determining Groups: Who Goes with Whom?

What is the best way to determine who goes with whom? First, it is important to clarify what state regulations allow. Because regulations change and there is usually more than one option, check what the regulations say rather than make assumptions based on your usual practice. You may have more options. Consider the program's need for flexibility. Too narrow a definition of a group (for example, young infants or one year olds) may result in fewer options when you are trying to fill an opening than a wider age range would allow. Finally, of course, grouping has implications for each child's experience.

Age Range

If you were to visit programs throughout the country, you would find arrangements that range from a group that spans six weeks to five years olds spending the whole day together (often known as family grouping) to very narrow age groups, where all children's ages are within six months of each other.

The Value of Mixed Age Grouping

Many feel that there is an inherent logic to mixed age groups because they are more natural, closer to a family model. After all, human children aren't birthed and raised in litters. In group care, a natural tendency of caregivers is often to minimize individual differences. This inclination is stronger when the age range is narrow. Wider age groups result in greater awareness of children's differences. That children about the same age are very similar is something of an illusion adults maintain to keep from being overwhelmed by the variety of differences that children present. At any age, development is not uniform across developmental areas. A twenty-four-month-old child may equal this thirty-month-old child in language and perceptual development, that seventeen-month-old child in large-motor development, and this twenty-three month old in small-motor development and social development, yet all of these children are perfectly normal. Having ten children the same age says little about the developmental range of the group; a broad developmental spectrum must still be planned for.

Centers in the United States rarely use extended age grouping for children under three years old. There is rarely a span beyond a twelve-to eighteen-month range, reflecting the age grading in school and the licensing guidelines that often make mixed age grouping more costly. But there are a number of advantages in giving others the opportunity to be with children older and younger than themselves:

- ◆ greater continuity because a child will make fewer transitions from group to group. Children (and parents) are in the group and with the staff for a longer time and therefore are more likely to develop real relationships. Child care centers struggle with inevitable staff and child turnover as it is. To force a move every year or at even shorter

intervals needlessly builds in instability, resulting in frequent changes of caregivers as well as of physical environments and peers.

- ◆ older children have the opportunity to be the most competent and to learn helping and caring skills through interacting with younger children.
- ◆ siblings may be able to be together.
- ◆ young children learn new skills from being with older children.
- ◆ routines may be easier to manage and individualize because of the wide range of needs and schedules.
- ◆ staff and children avoid the tension that can come when a group consists of all toddlers, all of whom have trouble sharing and coping with group life.
- ◆ it happens to an extent, anyway. The actual age range experienced by the children is also dependent on another factor: space available in the next age group. In a center that is usually full, children often get "stuck," unable to move until a space opens up. Or they may have to move a little sooner than anticipated to take advantage of a space.

If the age range extends beyond eighteen months, caregivers have to be more skilled to provide a program appropriate for all children in the group. It is a challenge to provide the range of materials, equipment, and experiences needed by children of diverse ages within one space. There is often a natural movement toward the lowest common denominator—that is, toward providing only materials and experiences that are safe and manageable for the youngest children and that therefore do not fully meet the needs of the oldest children—or toward aiming for the middle, which slights both older and younger children.

There may be staff members who feel uncomfortable with the younger or older children and would not work as well in a multiage group.

Are There Advantages to Grouping Children as Close to the Same Age as Possible?

Not generally for the children, but the success of whatever method of grouping is used depends to a considerable extent on the perceptions of staff and parents, who often prefer narrower age groups. Staff may feel stretched dealing with a wider age range. Parents of younger children worry about whether their children will be safe and well cared for. Parents of older children fear that their children may not be challenged, may "regress," or may slow in development.

These perceptions are important because any arrangement must have the support of both parents and staff. But many of the benefits of narrow age grouping are illusions based on the notion that same-age children are the same. It seems easier because you can provide the same equipment and schedule, do the same things, react the same ways, and de-emphasize all the ways the children are really different. It is only easier when the children are supposed to fit the program and not the

reverse and when staff are supposed to do things to and for the children, such as instruct and care for them in a largely standardized fashion.

Family Grouping

A few centers have been designed specifically to accommodate "family groups" with homebase spaces fitted out for small groups of children six weeks to five years. Adjacent to the homebase are areas where the older children can be taken for activities and experiences not suitable for the younger children. The schedule includes starting and finishing the day and eating with the mixed age group in the homebase and providing some time away from "home" for the older children with children their own age. In a well-designed facility, this arrangement is close to ideal. The only drawback, however, is cost. In most licensing jurisdictions, this arrangement requires more costly staff/child ratios than age-graded arrangements.

NOTE: There are also centers where twenty to thirty children under five years spend much of their day together in "family" groupings. This is a significant misnomer. Families are not of such size and this type of grouping places particular stress on the younger children in the group.

Our Recommendations: Flexible, Moderately Wide Age Ranges

In our experience, maintaining a moderately wide age range in homebases is desirable and can receive the support of staff and parents. Assuming the approval of licensing authorities, we recommend the following ranges:

Infants
six weeks to fifteen months

Toddlers
twelve to thirty months

Intermediates (Twos)
twenty-four to thirty-six months

Our allowances for overlap provide flexibility in new enrollments, necessary move ups, and individual needs.

It is possible to include both very young babies and younger walkers in a single group as long as

- ◆ younger babies have some protection from older, mobile babies.
- ◆ the routine care of younger babies—feeding and holding, for instance—does not take up so much of the caregivers' time that they have little time for the older babies.
- ◆ the relative ease and enjoyment of playing and interacting with more responsive older babies does not keep caregivers from ensuring that younger babies are spending their time well.

There is a natural developmental break somewhere between twelve and eighteen months. Developmental changes include an increase in language comprehension, huge developments in mobility, greater self-assertion, and an increase in social interactions with other children. Another natural break occurs at around two years of age, when children experience a burst in language expression, increased attention span, and ability to engage in more focused and complex play. These changes have implications for the environment, the experiences offered, and the ways adults interact with the children.

If grouping is done by relatively narrow age ranges, there are other avenues to ensure mixed-age experiences. All children benefit from being with older and younger children. Shared activities, playground time, walks, and mealtimes create opportunities for infant-through-school-age children to spend time together. But infants and toddlers do not belong in large groups, and multiage experiences should take that fact into account.

Organizing for Quality: Staffing and Group Size

Staff/child ratios and group sizes have enormous impact on the cost, quality, and accessibility of child care. It is an area that everyone involved (except the children, of course) should understand. For example, if comparable quality can be achieved at a ratio of one more child to a caregiver, the cost of care is reduced and the cost savings (or additional income) can go toward increasing staff compensation and/or reducing parent tuition. If ratios needed to be decreased to improve quality, the reverse is true. If a slightly higher group size is acceptable, it can result in requiring fewer separate rooms to serve the same number of children, reducing the cost of building or renting a facility, or in creating space for something else (e.g., two toddler rooms of twelve rather than three rooms of eight children). Or it can result in more children, thus more income, which can be applied to salaries or tuition.

Staff/Child Ratios

There is widespread professional agreement that children under two years old deserve staff/child ratios of one adult to four children or fewer. Most child care authorities (including NAEYC) believe children grouped from six weeks to twelve months should have at least a one to three staff/child ratio, children grouped six weeks to fifteen months, a one to three or one to four ratio, children grouped twelve to twenty-four months or older, a one to four ratio, and children grouped fifteen to either thirty or thirty-six months, a one to five ratio.

Is quality care possible with staff/child ratios that are slightly less than desirable? This is an important question because staff/child ratios are not only a key quality factor, they are also the key factor in the cost of care and thus determine if care is affordable for parents as well as if more money is available for staff compensation. In a program with a stable, highly skilled, experienced staff and a well-designed,

supportive facility, a one to four ratio for children under fifteen months, a one to five ratio for children fifteen months to twenty-four or thirty months, and a one to six ratio for around twenty-four to thirty-six months can result in good care. But it is *unlikely* that ratios higher than one to four for infants or one to five for toddlers will produce high-quality care even with other favorable conditions.

Group Size

Group size is an important factor in its own right, independent of staff/child ratios. Generally, smaller is better. Smaller groups are likely to lead to

- ◆ more attention to individual children.
- ◆ children spending time in groups of one to three children.
- ◆ a more relaxing, serene environment.
- ◆ less noise.
- ◆ less emphasis by adults on "crowd control."
- ◆ less regimentation of children.
- ◆ increased opportunities for staff to get to know each individual child and parent.
- ◆ a manageable number of adults and children, which in turn allows young children to become familiar with and to the people around them.

