

INFANT IN GROUP CARE: SOCIAL, EMOTIONAL, AND COGNITIVE CONSIDERATIONS

Social, emotion and cognitive aspects of the infant continue to be intertwined in group care.

Separation of the infant from the family, when placed in the group care environment, must be closely coordinated between the family members and the group care staff.

Arrival and Departure:

The greeting and farewell routines are consistent between the family members and the group care staff.

The group care staff consistently greets the infant and family members upon arrival. The adult, in a friendly manner, discusses with the family member how the infant slept, what time the infant awoke, when the last diaper change occurred, what and when the infant ate last. Finally, the family member is asked if there is any concern or information to be shared.

The adult consistently greets the family member upon departure. The adult shares with the family member when and how long the infant napped, the number of diapers and if there were bowel movements, what, when and how much the infant ate. All of this information is documented on the record keeping clipboards that are available to the family member by the arrival/departure area. Share anything of interest regarding the infant that occurred during the day.

Napping:

By the time the infant enters group care, a certain amount of regularity has been established in the napping pattern. The initial intake interview with the family indicates what the napping routine has been in the home. For consistency between the home and the group care setting, this same napping pattern is continued. Therefore, the adult anticipates, based upon the family's information, when the morning nap may occur. The adult observes for signals from the infant that a nap is needed. When the adult comes to know the infant better, the signals become easier to interpret. The adult then responds to the infant's need for a nap by telling the infant that it is time to take a nap. Slowly and calmly take the child to the napping area, and gently place the infant in the bed. The routine for saying good night at nap time parallels how the family handles this routine. However, the routine should be consistent each time, and have the elements of warmth, calm, brevity and finality. It is the infant's task, ultimately, to self-calm into sleep.

The emotional context is relaxed and engaged. The adult maintains physical contact and involvement with the process until departing from the napping area.

Diapering:

The group care setting typically has a schedule for diapering the infants which occurs every two to two and one half hours, or sooner if required. The adult that changes a particular infant remains constant.

Therefore, the adult anticipates that the diaper is soiled. The adult calmly approaches the infant and observes what the infant is doing. If the infant is involved in an activity, the adult pauses for an appropriate moment to begin. The adult says,

I will check your diaper. If the diaper is soiled the adult says, Your diaper is soiled; I will change your diaper. The adult slowly and calmly lifts the infant, walks to the diaper changing area, and proceeds to change the infant's diaper with involvement of the infant in the process.

The emotional context is relaxed, accepting and engaged. The adult maintains eye contact and involvement with the process and with the infant.

Feeding:

The group care setting typically has a schedule for feeding the infants which occurs every two to three hours, or sooner if required. The infant has a consistent adult that feeds her.

The adult anticipates when the infant is hungry. The adult calmly approaches the infant and observes what the infant is doing. If the infant is involved in an activity, the adult pauses for an appropriate moment. The adult says, It is time for your bottle (or food). The adult slowly and calmly lifts the infant and walks to the feeding area. The bottle (or food) is already prepared because the adult has anticipated that the infant will be hungry and prepared the food prior to approaching the infant. The younger infant will remain in the adult's arms during feeding. The older infant will be at the weaning table if she is able to sit upright in the cube chair.

In either situation the adult is involved, focused and engaged with the infant in the feeding process. The adult maintains eye contact and involvement with the feeding process and the infant.

Active Rug Area:

The infant spends less time napping and more time awake as she grows. The diapering and feeding process take a certain amount of the awake time, and are important times for establishing a strong emotional, social and cognitive relationship. However, with the infant spending more extended periods of time awake, there is more time spent in the active rug area. The active rug area becomes a focus point for warm and joyful interchange.

The active rug area provides open space for the infant's free movement and exploration.

As the adult comes to know a particular infant, the particular activities that are favorites are repeatedly shared.

The emotional context is relaxed and engaged. The adult maintains eye contact and involvement with the process and the infant.

Having appropriate activity materials on the shelf nearby provides easy access for the adult to introduce activities. The adult takes care to:

- **Anticipate**
- **Introduce**
- **Observe**
- **Interpret**
- **Respond**

The adult's role is to anticipate, to introduce, to observe, to interpret, and to respond to the infant's signals for activity. The infant is not yet able to signal social, emotional and cognitive needs outside the most fundamental physical needs.

The adult anticipates the needs of the infant and introduces experiences and materials that would most likely meet the infant's social, emotional and cognitive needs.

The adult introduces the infant to situations or materials by moving the infant to the active rug area when the infant is alert, and not being diapered or fed.

The adult observes the infant's response.

The adult interprets the infant's response to the experience or the materials.

The adult responds based upon the adult's interpretation of the infant's signals.

In the role of anticipating an infant's interests the following guidelines are useful:

Visual:

- Mobile - viewed horizontally, vertically and inclined
- Mirror – on the wall by the active rug area
- Moving objects – distant or close
- Facial expressions – examining changes in the human face, watching the movement of the mouth in speaking

Tactile:

- Active rug area covering - change the texture of the covering
- Grasping materials - change the material of grasping object
 - change the shape of the grasping object
- Teething rings – cold from refrigeration
- Stroking skin

Auditory:

- Rattles – change the quality of sound in the rattle
- Grasping toys – with sounds
- Wind chimes
- Bell – as part of a material
- Human voice
- Animal sounds
- Music box
- Music from tapes and CDs

Proprioceptive:

- Carrying and holding child
- Assist infant in rolling over
- Change infant's position

INFANT IN GROUP CARE: COMMUNICATION AND LANGUAGE CONSIDERATIONS

The infant is in a sensitive period for language. The brain is pre-wired for language acquisition.

...humans have the mechanisms for acquiring language which are established in the mind long before they actually learn to speak. ...language is already programmed in the brains of infants

Understanding the Human Being, Page 135

The infant is fascinated by the human face, from which language is generated. The movement of the mouth and lips are particularly interesting to the infant. When the adult speaks to the child, hearing, linguistic, social and emotional centers of the brain are activated.

The adult needs to face the infant directly during routines such as diapering and feeding. During active play, the adult establishes eye contact before speaking if possible. Speak slowly, calmly, and distinctly in a conversational tone of voice about what is actually happening for the infant when speaking.

The infant mouths sounds of speech and may or may not produce actual sounds. The responsive adult pauses in speaking when the infant begins to mouth sounds. When the infant pauses the adult continues. The result is a back and forth conversational rhythm between the adult and the infant. This pattern is reflective of actual conversation between two people.

Speech is the most important stimulation that a baby receives. It activates hearing, social, emotional and linguistic centers of the brain all at once, but their influence on language development is most profound.

What's Going on in There? by Lise Elliot, Ph.D., Page 367