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NF05-625 Communicating with Families: *Communicating with Families of Infants*

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Communicating with Families: *Communicating with Families of Infants*

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Families have many adjustments to make as they transition to parenthood. Parenting is a lonely endeavor sometimes. Often families rely more on outside child care, and with that comes the need, particularly for families of infants, to keep the communication lines open between themselves and their child-care providers. A variety of techniques can be used to help families and child-care providers communicate effectively.

Families of infants naturally are very anxious for their child and often express concerns about what may seem to the provider to be trivial issues, such as schedules and food. The demands actually reflect a deeper concern: that their child be safe, loved and attached to *them*, the family.

One danger in a child-care setting is that a child-care provider's strong attachment to the individual infants may interfere with his or her relationship with the child's family. It is easy to feel "I am better for this child than her family" or even "I care more than the family." These are difficult feelings with which to deal. Still, child-care providers must never forget that the relationship between family and child is the crucial one for the child's welfare and development. A child-care provider has a child for a very brief time compared with the family, who has the child forever.

Many families who bring their infants into child-care settings are under some stress. For example, the mother who would prefer to stay home with her child but cannot or who has mixed feelings about whether to work or stay home will feel more relaxed as she becomes assured her child is in a good, safe place; the provider is not only her child's friend but also *her* friend; and the provider cares about her as a person. Families who do not feel the caregiver is competing with them will not be afraid that their children will love the child-care provider more than them. They will be more effective and better families because of their supportive child-care arrangements.

Infants change so dramatically during the first three years. They go from helpless, dependent, puzzling newborns to walking, talking and interacting toddlers. This is a dramatic, rapid process. Families, particularly first-time families, need opportunities to understand and support this rapid developmental growth.

Because infant development takes place so quickly, it must be shared as it happens. Families of infants benefit from seeing and sharing the little changes that indicate growth, not just the easily observable milestones like pulling themselves up to stand or walking. Informal written communication can fill this role.

Formal Conferences

Anecdotal notes — observations of what happened, when it happened, where it happened and with whom it happened — are written down for review later. These notes can be beneficial when communicating with families. Share this developmental information with the family regularly. It will create a wonderful dialogue between families and child-care providers.

Try using an inexpensive spiral-bound notebook for each infant. Begin by writing down one anecdotal note a week for each child, then send the notebook home and ask the family to write one anecdotal note about what happens at home. This back and forth sharing of observations — not opinions and judgements — develops skills. Providers learn how to really observe an infant's behavior, and families also become good observers of the child's developmental growth at home, which can then be shared with their child-care providers and health-care professionals.

Something else beneficial happens. Families get a glimpse of what child-care providers do all day besides diaper, feed and hold infants. Informal written communication reinforcing that observation is a crucial part of the child-care provider's role. It communicates that child-care providers are important sources of information about the child's development, and it provides a great opportunity for providers to share resources

with families. What is shared with families is as important as what isn't shared. Make sure to communicate with families philosophies related to learning and brain development and how activities are incorporated into the daily schedule to enhance the infant's development. Because families only observe what is happening during drop-off and pick-up, it is important to share activities such as reading stories and other stimulation, just as the feeding schedule is shared.

Consider formal oral conferences at the end of the first full week of care, one month later, and at least quarterly thereafter. In addition, these conferences might be helpful anytime something is going to change — like a change in staffing or scheduling. Although this seems like a lot of conferences, they can take place fairly simply by telephone, thus avoiding the scheduling problems of face-to-face conferences.

Frequent formal conferences confirm the need for open communication. Structure the topics that need to be covered so similar topics are covered each time. Make a list of questions to ask each time. (For example: What are your observations about your child's experience at child care? Has anything changed in your family?) Keep notes from each conversation and compare them to see if there are trends, continued concerns or even complications that require help.

Informal Conferences

The foundation of communications with families is the daily exchanges that take place between family members and child-care providers. They take place daily during arrival and departure from the child-care setting. Don't overlook the importance of these interactions. Families get to view their infant's experience from these verbal exchanges. The amount and accuracy of these conversations can build confidence or concern.

Confidence builds if the child-care provider shows their connection with the infant. Concern builds if the providers aren't reliable reporters of the child's experiences or can't share information with families when asked.

Written communication, such as pattern sheets, help the child-care provider easily communicate the activities of the day to the families. Completing the report sheet as the activities take place makes it easy to communicate exactly what has taken place during the day for the child. Report sheets take the burden off the provider's memory and allow all family members — not just the one picking up the infant — to be involved.

To increase communication from home to the child-care provider, ask families to complete a home report form, noting what has happened overnight. This information will help providers give the best care possible. Examples of report forms are provided at the end of this publication. Use them as guides to develop a format that will work best for the provider and families. Provide a supply of home report forms so families can complete them before leaving home and won't have to feel rushed or stressed to complete them as they're dropping off the infant.

Child-care providers and families must invest in building the relationship. The outcome of the investment is families whose parenting skills grow as their infant matures and develops. The benefit for the child-care providers is that their observation and communication skills improve, and they are better able to care for the infant or child in their care.

References

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Daily Family Information

Child's Name _____ Date _____ Arrival Time _____

Last evening my child had the following foods:

How long did she/he sleep last night? _____

What time did she/he get up this morning? _____

Did she/he sleep well? _____ If the answer is "no," what seemed to be the problem (i.e., diarrhea, fever, etc.)?

Did she/he have a bowel movement this morning? _____

Did your baby have breakfast this morning? _____ If "yes," what time, what and how much did she/he eat?

What liquids or solids did you bring today? _____

Medications to be given — medication, amount and time _____

Is there any other information that will help us take better care of your baby today? _____

Daily Report on Infants for Families

Child's Name _____ Date _____ Provider _____

Feeding

FOOD	AMOUNT	TIME	COMMENTS	INITIALS

Diaper Change

VOIDED	STOOL	TIME	COMMENTS	INITIALS

SLEEP

TIME	COMMENTS	INITIALS

MEDICATION

PREScription INFORMATION	TIME	INITIALS

Stimulation/Activities (ex: reading, music): _____

Provider's Comments: _____

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Relationships**
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