

Sleep, Rest, Relaxation

Regs

81 Sleep, rest and relaxation

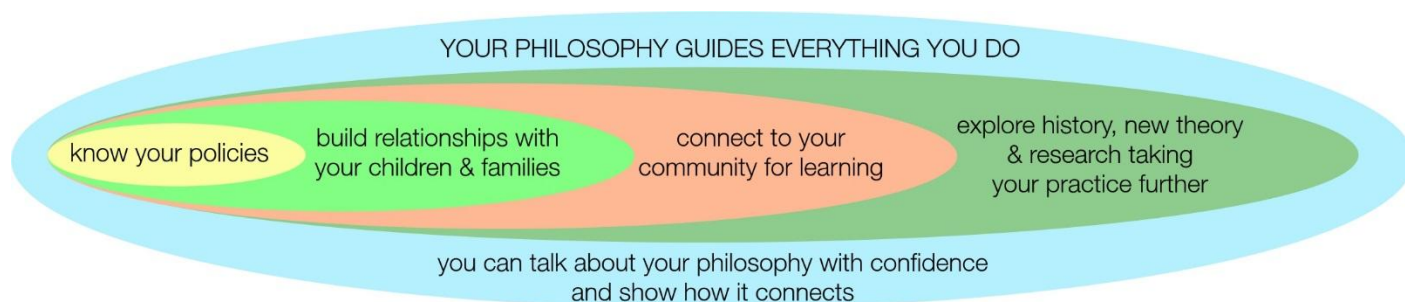
NQS

2.1.2 Each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation.

EYLF

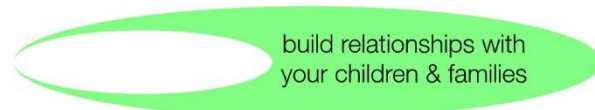
Responsiveness to children

2.1.2
5th - 9th
Oct 2015
Week 31



Show your practice

Centre Support is NOT about paper work. It's all about the changes you make, can show, can talk about and demonstrate for the assessor after reading our weekly learning pages and putting it into practice. If you don't make changes, you won't get great results under the NQS.



The amount of time children sleep at a service is often a source of friction between families and educators. Families may say they want their child to sleep less or not at all so that their evening/bedtime routines run smoothly ie the child is tired and ready for bed earlier than had they slept at the service.

This can be a tricky situation because we are aware of the need to provide continuity of care between the service and home where possible (NQS 6.3.2), to recognise the expertise of families (NQS 6.2.1) and to develop partnerships with families to improve learning outcomes for children (EYLF/MTOP Principle).

However building relationships with families also involves sharing your professional expertise, and helping families understand your legal obligations ie you have a duty to ensure the health, safety and wellbeing of children at the service. This includes their needs for sleep and rest.

Better Health Victoria has a fact sheet about children's sleep and naps which families may find useful. Some of the information includes:

- Toddlers need, on average, around 10 to 12 hours sleep per night, and still need daytime naps
- Even if your child sleeps well at night, they still need a morning and or afternoon nap until at least the age of two and a half to three years.

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Sleep_children_and_naps

know your policies

Sleep, Rest, Relaxation and Clothing Policy

- The service will have a quiet and restful environment for sleep and rest that enables educators to see, hear and closely monitor children
- Educators and staff will follow the safe sleeping procedures in the policy which are based on recommendations from SIDS and Kids
- Educators will respond to the individual rest needs of each child. **If a resting child falls asleep without assistance in instances where families have requested the child not have naps, educators may allow the child to sleep for a period they believe is in the best interests of the child's health and wellbeing.**
- If a child has a medical condition which prevents educators from following these procedures an alternative resting practice must be authorised by a registered medical practitioner in writing. This should be part of a child's Medical Management Plan
- All cots must meet Australian Standards and be labelled AS/NZS 2172:2010 or AS/NZS 2195:2010 (folding cots)
- Children should be dressed in clothing that is suitable for the weather, can get dirty, does not restrict their movement and allows for ease of access for toileting.

Week 31 NQS 2.1.2 Each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation.

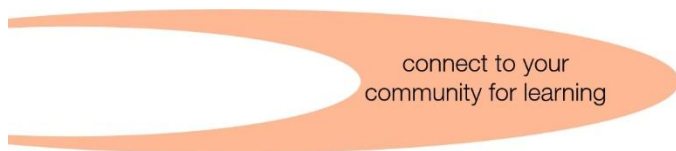
Relationships with children are strengthened when we promote their agency (NQS 1.1.6) ie when we allow children to make choices and decisions about things that affect them. In the context of sleep and rest, this happens when educators respond to children’s verbal and non-verbal cues indicating tiredness. It also happens when routines are flexible enough to accommodate the needs of children who do not require sleep or rest.

Learning Outcome 3.2 Children take increasing responsibility for their own health and physical wellbeing.



Reflect & Learn

How could you improve communication with families about your service practices and obligations in relation to sleep and rest?



There are many organisations in the community that provide information about children’s sleep. These include SidsandKids, State/Territory Health Departments and hospitals. The Royal Children’s Hospital Melbourne, for example, notes that educators can encourage families to establish good sleep hygiene by:

- setting up a good bedtime routine with a consistent bedtime and a regular wake time
- keeping the child’s bedroom media free - no TV, DVD player, handheld gaming or smartphone device
- avoiding caffeinated drinks for children (including cola and Milo), or if not possible, avoiding them after 3pm.

http://www.rch.org.au/ccch/growthrive/sleep/essential_for_life_and_learning/?utm_source=Grow+%26+Thrive+e-newsletter&utm_campaign=223a9ffc62-Grow+Thrive+Vol2+No1+Sleep&utm_medium=email



Reflect & Learn

What resources do you make available to families which support your service practices and family wellbeing?



Abraham Maslow (1908 – 1970) argued that everyone has a ‘hierarchy of needs.’ We need to fulfil our basic needs before moving on to more advanced needs. For example, we don’t care about belonging or being loved if we are starving, thirsty or exhausted. We need to eat, drink and sleep and then we’ll focus on our other needs. It is the same for children. They won’t focus on activities or experiences if they are tired. They may be tired because developmentally, their bodies require sleep or rest, or maybe they had a bad night’s sleep.

It is pointless forcing tired children to engage in that exciting activity you had planned. Not only will there be very little learning happening, but you are likely to find yourself implementing positive behaviour guidance strategies to manage inappropriate behaviours.

How does sleep help refresh our brain? Research undertaken by the University of Colorado Boulder shows that connections in the brain generally became stronger during sleep as young children aged. They also found that the strength of the connections between the left and right sides of the brain increased by as much as 20% over a night’s sleep. These are strong indications that sleep and brain maturation are closely related.

<http://www.colorado.edu/news/releases/2013/11/20/connections-brains-young-children-strengthen-during-sleep-cu-boulder-study>

YOUR PHILOSOPHY GUIDES EVERYTHING YOU DO

you can talk about your philosophy with confidence and show how it connects

Talk to other educators about the things in your philosophy that require and support reflexive practice. Practice talking about the way your philosophy supports the expectations of Element 2.1.2. You need to be able to discuss how your philosophy informs your service practices.

Embedded Practice to get EXCEEDING

In your curriculum you need to show embedded practices to get EXCEEDING. This week ensure you have the following on your curriculum:

NQS 2.1.4 Preventative steps are evident in controlling the incidence and spread of infectious diseases. In addition, the management of injuries and illness accords with recognised guidelines, and best practice regarding these issues is *embedded* in the everyday program.

Children should understand the reasons why we insist on good hand hygiene, sneeze etiquette etc. It helps to relate procedures to real life events. For example, who has had the 'flu or knows someone that's been sick with the 'flu. Peak 'flu time is from May to September.

How do you get the 'flu?

The 'flu spreads from person to person by:

- droplets spread from an infected person's coughs or sneezes
- touching surfaces contaminated by infected droplets (including hands, phones, keyboards and door handles) and then touching your mouth, nose or eyes.

How can you stop the spread of the 'flu?

- stay home when you are sick
- wash your hands regularly with soap and water or use an alcohol based hand gel
- wash your hands before touching your eyes, nose and mouth
- use a tissue, or the inside of your arm, when you cough and sneeze
- throw tissues away immediately and wash hands
- don't share items like cups, toys or things which touch the mouth or nose

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- stay at least 1 metre away from people who have flu-like symptoms
- clean frequently touched surfaces regularly, such as door handles, taps, tables, benches and fridge doors
- get annual 'flu vaccinations

Source: Qld Health Influenza (The Flu) Fact Sheet



Reflect & Learn

How often do your fridge door, taps and door handles get cleaned?

Professional Communication

Who's and whose

Who's is short for who is. 'Whose' relates to ownership.

Who's (who is) coming to visit us today?

Miss Alice is the educator who's (who is) best at mentoring students.

Whose hat has a picture of the beach on it?

We have a child whose mother undertakes assessments and ratings of children's services.

Tip: If the sentence doesn't make sense using who is, use whose.

What do the Regulations and NQS Elements say?

Situation

A colleague tells you that all children need to sleep or rest at the same time so that educators can go on breaks. How do you respond?

Answer

Critical Reflection - Groups of Children

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Definition - Critical reflection means looking at practices from different perspectives eg through the eyes of children and families, from different theoretical viewpoints, taking into account social, ethical and equity issues, and understanding how our attitudes, beliefs and values impact what we do.

Symbols	Total Symbols		Percent
Child Input ☆ ! ☆ ☆ ☆			%
Family Input ○			%
Educator Input △ ☆ ☆			%

Count the symbols on your curriculum, add and divide by the total to get the %

Evaluate - were you happy with the % of the symbols? Yes No

Mon	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Worst day						Best ever day				
Tues	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Worst day						Best ever day				
Wed	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Worst day						Best ever day				
Thurs	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Worst day						Best ever day				
Fri	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Worst day						Best ever day				

Are your routines flexible enough to accommodate children who wish to sleep or rest outside normal sleep/rest times? How could educators improve the way they respond to children's needs for sleep and rest?

How inviting is the area for quiet play activities? Do you have the same play options there day after day? What can you change?

How familiar are you with children's verbal and non-verbal cues indicating tiredness? Do you recognise the expertise of families in this area and seek guidance about each child from families? How could this help strengthen partnerships with families and build trust?

In dot point form, list what you have included on your curriculum due to this week's learning activities and reflective process. Remember to use these dot points to tell and show the assessor how critical reflection has changed your practices.

Critical Reflection - Individual Children

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Step 1. What have your reflections about child protection matters revealed?

Step 2. In dot point form, list the things that you have changed or implemented as a result of this week's learning activities and reflective processes. Remember to use these dot points to tell and show the assessor how critical reflection has changed your practice.

Reflect & Learn

For Example

Child's Name: *Sitah*

Date: *6.10.15*

When 18 month old Sitah arrived this morning, her Mum said she'd woken early because of the storm. Educators noticed Sitah was very clingy, and not interested in joining in any activities.



- Educators adjusted Sitah's routine and put her to bed much earlier than normal.*
- While the other children were sleeping later in the day, Miss Tricia shared special one on one time with Sitah at the sticky art easel.*

Child's Name:

Date:



Child's Name:

Date:



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