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Topic 1

In this topic you will learn about:

1A Catering for sleep needs

1B Creating appropriate sleep environments

Promoting safe sleep

Rest may include sleep and time spent quietly relaxing. Children have different sleep needs and will be used to different sleep environments from home. Ongoing communication with families allows you to identify the individual baby's or toddler's needs.

Finding out their needs and providing safe and hygienic sleep and rest options help the baby or toddler to feel safe, secure and supported, which in turn helps them feel a sense of belonging. This links to Outcome 1 of *Belonging, being and becoming: The early years learning framework for Australia* (EYLF): Children have a strong sense of identity.

Watch this video about the assistance babies require from adults.



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The following table maps this topic to the National Quality Standard and *Belonging, being and becoming: The early years learning framework for Australia*.

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children's health and safety
✓	Quality Area 3: Physical environment
	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
	Quality Area 7: Governance and leadership
Early Years Learning Framework	
Principles	
✓	Secure, respectful and reciprocal relationships
	Partnerships
	High expectations and equity
✓	Respect for diversity
	Ongoing learning and reflective practice
Practice	
✓	Holistic approaches
✓	Responsiveness to children
	Learning through play
	Intentional teaching
	Learning environments
✓	Cultural competence
	Continuity of learning and transitions
	Assessment for learning
Outcomes	
✓	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

Remove nappy**6**

Remove any waterproof cover and nappy, ensuring you place the items safely away from the child's reach. Also ensure nappy pins are closed once removed or placed well away from the child's reach. Take precautions to ensure you don't come into contact with body fluid.

Clean bottom**7**

Clean the child's bottom – wipe away excess faeces with the soiled nappy, then thoroughly clean their bottom with wipes. Bottoms that are simply wet also need to be wiped to ensure the skin is cared for.

Dispose of materials**8**

Dispose of all soiled materials, including gloves. Remove gloves by peeling them back from your wrists inside-out, and dispose of them in the appropriate bin.

Put on clean nappy**9**

Put on a clean nappy (ensuring pins are placed in horizontal position with the pin head facing outwards or using a nappy fastener and waterproof cover).

Dress child**10**

Dress the baby/toddler.

Wash child's hands**11**

Wash the child's hands with a wipe or by using the child sink.

Cleaning and disinfecting

Always wear gloves when changing soiled nappies. It is essential that pregnant women wear gloves for every change.

Between each nappy change, the bench or change mat must be cleaned with soap or detergent and water. Bleach may also be used regularly throughout the day to disinfect the area. Some services use vinegar as an environmentally sound disinfectant; this should be applied to the change mat and left for at least two minutes before being wiped prior to use again.

If an area is directly soiled, the cleaning process should occur and disinfection with bleach should immediately follow. In addition to cleaning after use, the whole nappy-change area should be disinfected at least once during the day.

Soiled nappies, wipes, paper and washers must be kept out of the child's reach and placed in lidded containers as soon as possible after use.

Toilet areas require the same level of care as nappy-change benches. Potties must be emptied into the toilet and cleaned and disinfected as soon as possible after use. They should never be cleaned in a hand-washing sink, as this will spread germs.



2B Supporting toilet learning

Toilet learning is often thought of as a physical development milestone that relates to a baby/toddler becoming aware of their need to use the toilet, acting on this need by taking themselves to the toilet and carrying out toilet use. Toilet learning also provides opportunities for other knowledge and skill development.

Signs of toilet-learning readiness



Initially, toilet learning requires the toddler to develop physical sensations and abilities. These are identified through certain signs of readiness.

Signs of readiness for toilet learning include:

- ▶ an understanding of what wet and dry mean
- ▶ being able to identify wet and dry feelings on the skin
- ▶ an interest in toilets, toileting, urine and faeces
- ▶ having a dry nappy for extended periods of time
- ▶ being able to hold on for the period of time between identifying a signal telling them they need to use the toilet and getting to the toilet and undressing
- ▶ the ability to remove pants or clothes and place themselves on the toilet
- ▶ an awareness of their own physical needs and how to meet these.

A toddler who displays these signs or abilities is demonstrating to you that they are ready for the toilet-learning process. It would be appropriate to speak to the toddler's parents at this point and suggest some toilet-learning routines. Depending on the family you are working with, they may have their own ideas about the toddler's readiness and style of learning, or they may be keen to follow your lead.

Commencing learning prior to readiness may cause some toddlers to become anxious, afraid or confused. This may even cause the learning period to take much longer than if you wait for the signs of readiness.

On the other hand, some families have cultural practices that include starting toilet learning very early. If your discussion with the family and your observation of the baby/toddler shows that this is doing no harm, then there is no concern in you following this request.

Implementing toilet-learning routines

Your role in toilet learning is to support the child and their parents. Give gentle reminders, provide appropriate materials and equipment, and encourage success.

A routine of toilet use can support the learning process, as other children may need the toilet at these times too.

Reasons a toddler may have a toileting accident include:

- ▶ not being ready to start toilet learning or having physical difficulties
- ▶ a lack of self-esteem and feeling that they have little privacy; for example, insecure toilet doors
- ▶ not feeling comfortable in the environment
- ▶ feeling a lack of support, encouragement and supervision
- ▶ fear of punishment
- ▶ having drunk more fluids than usual
- ▶ cold weather
- ▶ excitement
- ▶ health issues
- ▶ a change in diet
- ▶ distractions
- ▶ clothing they are unable to remove
- ▶ fear or anxiety.

As the causes of toileting accidents are either out of the toddler's control or part of a larger issue, it is unreasonable to punish them for toileting accidents.

Be aware that an ongoing problem may indicate an infection or emotional issue, or it may just be that the toddler has difficulty focusing on bodily functions while engrossed in an activity.

Whatever the cause, your role is to support the toddler in returning to a clean and dry state, while following infection control procedures that include hygiene protocols. You should always:

- ▶ wear protective gloves
- ▶ rinse or wash wet or soiled clothing, following the service procedure for dealing with infectious materials
- ▶ return the clothing to the parent, either in a sealed bag if it is soiled, or in a cleaned and dried state.

Practice task 4

1. What educator support would you provide when children are toilet learning?

Consider:

- ▶ how the learning meets the individual baby's or toddler's needs
- ▶ how you can help them to develop self-knowledge and awareness
- ▶ being sensitive to mistakes
- ▶ being positive about mistakes
- ▶ family involvement.



Topic 3

In this topic you will learn about:

3A Managing nutrition and food hygiene

3B Providing positive mealtime environments

Promoting quality mealtime environments

The areas and equipment used for food preparation, handling, storage and serving are vulnerable to microorganism growth and may harbour bacteria, which can be dangerous, especially to babies and toddlers. Food-associated infection and disease can be extreme and even fatal, so any service with food, including breastmilk and formula feeds, must follow policies and procedures for cleaning and disinfection.

Babies being bottle-fed should be observed closely and be in contact with an adult. This routine is one of the most important times for them to develop confidence in you and to be emotionally soothed by physical holding. The EYLF encourages this routine as part of 'Belonging'.

3A Managing nutrition and food hygiene

You need to provide positive nutrition for babies and toddlers. This includes supporting parents who are breastfeeding. You must also ensure you follow safe hygiene practices when preparing milk and food.

Babies' feeds

For babies up to the age of six months, breastmilk or formula is their most important source of nutrition.



A mother may not be aware that they are able to come into the service during the day to breastfeed their baby, so remember to talk about this on enrolment. You should encourage mothers to come and breastfeed during the day if this fits into their schedule. You will need to provide privacy and a comfortable place to sit.

The mother may need some basic things that she may provide herself or request from you; for example, a blanket or a pillow. Ask the mother what she needs.

A sign on the door can help protect the mother's privacy by letting others know she is feeding. This will also ensure the baby is not distracted, making for a pleasant time they can enjoy together.

Some mothers will be happy to feed their child in the room with you. This can be of great benefit to the older children as they see how the baby is fed; they may ask questions about what is happening and why. Give them honest, clear responses so they learn about wellbeing and health.

If mothers need support while breastfeeding, you can contact the Breastfeeding Helpline or the local Australian Breastfeeding Association branch. If a mother is not sure if she is allowed to feed in public, you can assure her that the *Sex Discrimination Act 1984* (Cth) states that it is a legal right, as does all state and territory legislation.

Caring for milk

The following outlines how you can care for different types of milk.

Breastmilk

Some mothers may provide breastmilk for their baby by expressing milk throughout the day by hand or by using a mechanised or electric pump. This task can be extremely time-consuming and demanding, so you must take good care of this milk and waste as little as possible.

Breastmilk can be stored in the refrigerator for up to 48 hours or in a freezer for up to three months. Frozen breastmilk must be thawed quickly, but never put in boiling water or it may curdle. You should not microwave breastmilk. Instead, place the container under cold running water and gradually allow the water to get warmer until the milk becomes liquid. Test the temperature by dropping a little milk onto your wrist.

As you must throw away any milk that is left over and never refreeze or reheat leftover milk, ask mothers to supply breastmilk in multiple small quantities to prevent waste.

Example**A baby refuses food**

Montana is 11 months old. At home she chews on a rusk and is fed mashed fruit for lunch. When she attends care, the educators follow the lunch menu and provide her with vegetables as they do the other children. Montana is used to a rusk and fruit for lunch, so she becomes annoyed and wriggly, and refuses to eat the vegetables. The educators are not sure why she won't eat, so they call her mum to find out what she usually eats.

Practice task 5

1. Check a service's policies and procedures to find out what they say about bottle hygiene. Write down any additional points that you think should be included.

2. Where in a service could a mother breastfeed their baby? Do you think this is suitable? Why or why not?

3. Provide a list of **five** foods that may be suitable for a baby to eat at 11 months.

Learning checkpoint 3

Promoting quality mealtime environments

Part A

The following is an example of an infant milk formula label. Use the label to answer the questions that follow.

Example	Infant milk formula				
	Feeding guide				
	Approximate age	Weight of baby (kg)	Single feed preparation – no. of level scoops	Cooled boiled water (ml)	Feeds in 24 hours
	2 months	5	5	150	5
	5 months	7	6	180	5
	8 months	9	7	210	3

Preparing the feed:

- ▶ Wash your hands and sterilise all the equipment following the manufacturer's instructions.
- ▶ Boil water and leave to stand until the temperature reaches 50–60°C (30–40 minutes). Measure the required amount of water into a sterilised bottle.
- ▶ Add the required amount of powder (1 scoop to 30 ml) to the water. Level the powder off with the back of a clean, dry knife. Do not press or heap the powder.
- ▶ Place the cap on the bottle and shake well. Remove the cap and place a sterilised teat on the bottle. If required, cool the prepared formula by holding the bottle under cold running water. Always test the temperature before feeding.
- ▶ Use feeds within one hour and always discard any leftover milk after feeding.
- ▶ Bottles of boiled water can be stored in the fridge for up to 24 hours. When needed, add the appropriate number of scoops and then heat the formula.

1. You are preparing formula for a five-month-old baby.
 - a. What amount of boiled water would you prepare and how many scoops of formula powder would you add?

Direct contact

Direct contact means being able to see all the babies/toddlers you are responsible for and immediately interact with them if necessary. It can also refer to physical contact.

Indirect contact

Indirect contact occurs when you are able to hear the babies/toddlers or see them through a glass viewing window. It means you can monitor them, but it should not be used as the primary method of supervision for any length of time.

Providing safe environments

The activities that babies/toddlers regularly take part in may pose a high risk of harm. Activities such as rolling, sitting, crawling and walking are safe enough on their own, but can become dangerous depending on the space in which they are done.

Ensure the environment where the activity is performed is safe by limiting the potential risks described in the following table.

Risk	Safety actions
Babies are at risk of falling from a bed, sofa or change table.	<ul style="list-style-type: none"> ▶ Ensure you collect all the equipment and materials required for nappy changing or bathing prior to collecting the baby. ▶ Always take the baby with you if you need to move away from the table, bench or bed. ▶ A useful rule is to always have one hand on the baby.
Unrestrained babies can easily slide out of strollers and highchairs and be injured from a fall, or catch their neck as they slide, possibly even strangling themselves.	<ul style="list-style-type: none"> ▶ Use suitable, age-appropriate restraints.
Babies can injure themselves on poorly designed furniture; for example, catching their leg in the bars of a cot.	<ul style="list-style-type: none"> ▶ Check standards and guidelines. ▶ Any nursery equipment should be well designed so that injuries do not occur.

As babies begin to eat solid food, choking becomes another high risk. Food must be prepared to meet the abilities of the baby or toddler. Meal and snack times must be carefully supervised.

As a baby grows and is able to crawl and move, the danger of accidents increases because crawlers can:

- ▶ get into small spaces
- ▶ pick up small objects and put them into their mouths with the risk of swallowing, inhaling or choking
- ▶ fall into a wading pool, water trough or unfenced swimming pool
- ▶ fall down stairs
- ▶ pull heavy objects from shelves and tables onto themselves as they start to stand and walk around furniture.

It is important for you to assist families to keep their child's immunisation up to date and provide you with current records. There are a few strategies you can use to support parents in remembering to immunise their baby/toddler at the appropriate times.

Strategies to help families stay up to date with immunisations

- ▶ Diarise the dates that immunisations are due for each baby/toddler, and then ask parents about their status. If applicable, you can refer them to the 'no jab, no play' information available from the service.
- ▶ Add reminders about immunisation to invoices or other notices.
- ▶ Use noticeboards or newsletters to remind parents about the importance of immunisations.
- ▶ Use electronic media; for example, sending an SMS or email to parents, or putting it on the centre's Facebook page.
- ▶ Provide an online form that parents can complete and submit when the child's immunisation is updated.

You can find out more information about childhood immunisation at: <http://aspirelr.link/immunise-australia>

Practice task 8

1. Write down whether you would use verbal or written methods for the following communication:
 - a. Sharing daily mealtime information with the parents of babies/toddlers
 - b. Keeping up to date with a baby's or toddler's immunisation status
2. Give an example of a method you could use to communicate with parents about children's immunisation records.

Summary

- ▶ It is important to communicate with families about what a baby/toddler eats and drinks.
- ▶ The process of development involves activities that can be unsafe. You must ensure the environment is prepared for babies' physical exploration and learning.
- ▶ Supervise babies and toddlers closely to reduce the risk of injury.
- ▶ Immunisation details must be kept up to date.

- b. Explain how the area is supervised to reduce the risk of injury.

- c. Explain the encouragement that is provided to babies/toddlers when practising their skills.

4. Use the following pictures to show that you understand how to create a safe environment for babies/toddlers, where they can use their hands, mouths and bodies to explore.

- a. Provide the image numbers for items that are unsafe for babies/toddlers.

- b. Provide the image number for **three** items that are most appropriate for a baby.

- c. Provide the image number for **three** items that are most appropriate for a toddler.



5A Creating times for learning

If you understand the developmental milestones relevant to each baby or toddler, you can identify factors that contribute to your understanding of their individual routines, preferences, cues and planned or spontaneous play needs. Your communication with babies and toddlers is vital to many different areas of their development.

Brain development

A child's cognitive ability is influenced by the environment they are provided with. Children's brains are constantly developing new connections. Research has proven that the quality of the experiences and interactions babies are involved in are linked to brain development in many stages of their life.



Times when the brain is at its optimum learning potential are called 'windows of opportunity'. At these times, scaffolding experiences are most valuable. This window of opportunity is almost constant for babies and toddlers. They are open to all the quality positive interactions and experiences you can provide.

Babies and toddlers quickly develop social skills for engaging with adults and learning about the world. The following table provides some expected development milestones at different ages.

Age	Development milestones
The first signs of social activity	<ul style="list-style-type: none"> ▶ Touching and holding your fingers during feeding ▶ Showing recognition of their primary caregivers ▶ Paying attention to what is happening around them
By four months	<ul style="list-style-type: none"> ▶ Reaching for familiar people ▶ Playing with toys
By six months	<ul style="list-style-type: none"> ▶ Exchanging interactions with a caregiver ▶ Able to smile and play peek-a-boo games
By nine months	<ul style="list-style-type: none"> ▶ Initiating activities ▶ Developing strategies for gaining attention ▶ Clinging to familiar people ▶ Cooperating in games
By 12 months	<ul style="list-style-type: none"> ▶ Looking to their caregivers to check self-need ▶ Wanting someone familiar when they are hungry or hurt ▶ Beginning to be independent

- ▶ be valuable physical contact times
- ▶ allow the baby or toddler to learn about their own needs
- ▶ be enjoyable.

Babies and toddlers need to move through physical care routines at their own pace or in small groups of others with similar needs. This enables their personal routines to be implemented in a way that provides choice and flexible timing. It also makes the day more spontaneous and enjoyable.

You should make the most of spontaneous one-to-one times in the routine as an opportunity to interact. Consider the examples in the following table.

Routine	Possible activities
Changing nappies	<ul style="list-style-type: none"> ▶ Doing this slowly and making this a one-to-one time ▶ Singing ▶ Touching and talking about body parts such as toes and fingers ▶ Looking at a mobile or poster ▶ Talking about what you are doing ▶ Repeating baby/toddler sounds
Feeding the child	<ul style="list-style-type: none"> ▶ Doing this slowly and making this a one-to-one time ▶ Talking about the food or drink ▶ Talking quietly about the physical experience, for example, hot, cold, tastes and textures
Settling the child to sleep and welcoming them after sleep	<ul style="list-style-type: none"> ▶ Doing this slowly and making this a one-to-one time ▶ Doing calming and relaxing activities ▶ Stroking ▶ Patting ▶ Talking or whispering ▶ Singing

During these routines you must treat the baby or toddler with respect and demonstrate that they are important by:

- ▶ returning the interactions they initiate with you
- ▶ greeting and farewelling every child
- ▶ using children's names often
- ▶ respecting a child's name by using it correctly
- ▶ never giving children nicknames unless these are provided by parents as the name the child is known by
- ▶ being affectionate, but avoiding terms like 'darling' or 'sweetie'.

Respect can also be shown by using an approach that assists you to gain the baby's or toddler's trust. Whether you need to wipe a nose, change a nappy, move the child to another area or put them in a high chair, always approach them, move to their level and tell them what you are going to do. Just because the child is not able to communicate with words does not mean they are unable to understand or that they shouldn't be prepared for a change.

5B Responding to cues

The way you respond to a baby's cues and needs influences their ability to form trusting relationships for the rest of their life. A baby develops trust when you respond to their cues quickly and appropriately; they learn mistrust when you misunderstand their cues or fail to respond appropriately.

Your role as an educator is to provide high-quality care to babies to ensure they are happy, healthy and have all their needs met. This means you are achieving your EYLF goals of belonging, being and becoming. You can find a copy of the EYLF at your service or at: <http://aspirelr.link/eylf>



Babies experience a whole range of feelings and needs. It is sometimes difficult to interpret and understand these needs as they are unable to communicate their feelings with words. Instead, babies use their own communication methods that include a range of nonverbal signals and sounds called cues.

A nonverbal cue is a behaviour or action that informs you of what the baby wants or needs. For example, a cue such as crying may mean different things depending on the type of cry and the physical actions that accompany it.

Watch this video to learn more about babies' cues.

The following table lists some common cues that babies display and their usual meanings.



Cue	Usual meaning
Gurgling	Content
Laughing	Happy
Pointing	Needing or wanting something
Fidgeting	Restless, bored
Grizzling	Unhappy, uncomfortable
Smiling	Happy, content
Sobbing	Distressed, hurt
Crying	Hungry, uncomfortable, hurt, lonely
Singing	Happy, content
Yawning	Tired
Wriggling	Uncomfortable, frustrated

Toddlers are generally unable to understand another person's point of view and are unable to wait for long periods of time. They become frustrated with the limitations of their abilities. When toddlers express themselves in a tantrum, try some of the following techniques, but remember that each child will react differently to your strategies.

Ways to help a frustrated toddler:

- ▶ Try to avoid stress – tired and hungry toddlers are more likely to become emotional.
- ▶ Distract the toddler when you see the emotions starting – acting at the correct time can avoid extreme emotions.
- ▶ Stay calm – adding your emotions to the toddler's will only create a larger issue.
- ▶ Think about what the toddler wants or needs – when they are calm you may be able to support them to gain what they want in another way.
- ▶ Be consistent.
- ▶ Think laterally – sometimes you need to be creative to move the toddler from one overwhelming or emotional situation to a more calm and controlled state.
- ▶ Reward success – use hugs, thanks, and words of support and encouragement.

Tiredness cues

Babies and toddlers need much more sleep than older children and adults. Many babies and toddlers give straightforward cues when they are tired.

A baby may look sleepy, yawn or lie around waiting to fall asleep. Some babies express tiredness by rubbing their eyes or becoming grizzly and easily upset; others tend to search for a bottle, breast or dummy to suck on.

When responding to tiredness cues, you should:

- ▶ respond quickly
- ▶ provide comfort by picking the baby up, talking gently to them and providing their comfort item
- ▶ follow the baby's individual routines and rituals; for example; some babies need to be rocked, patted or rubbed gently on their backs
- ▶ respond in a calm and relaxed way to settle the baby into a sleep, having everything ready beforehand
- ▶ adjust the environment to the baby's needs; this may involve changing the level of noise, light, temperature and ventilation.

Some babies have a bottle before a sleep, and some babies prefer to be placed in their cots and fall asleep on their own.

Example

Understanding individual rest needs

Asante is nearly 12 months old. He is an energetic child who crawls all the time. He has recently started to bite other children.

At rest time, Asante shows no signs of tiredness, although he is often restless and noisy. At first the educators think that he does not always need to rest or sleep, so instead they let him get up and play quietly. After a while, however, the educators realise that Asante only bites the other children in the afternoons when he has not had his sleep.

It seems that on these days he becomes overtired and can't tolerate the other children being near him, so he bites them.

When educators realise this, they spend more time helping Asante to fall asleep. As soon as they do this, the biting stops.



Topic 6

In this topic you will learn about:

6A Communicating information

6B Supporting home-to-care transitions

Developing relationships with families

Parents and other family members hope that you will respect their values and support them in achieving what they want for their baby or toddler. They will identify whether you respect their values by considering:

- ▶ how you interact with them
- ▶ the questions you ask
- ▶ how confident you are in leading the relationship
- ▶ how you relate to their child and others
- ▶ the policies and procedures of your service
- ▶ how you involve them in the care environment
- ▶ whether you interact spontaneously with their baby or toddler
- ▶ the types of planned activities you organise for their baby or toddler.

The most common method for communicating day-to-day information is by using an individual chart. The chart you use should be set out with all the things you need to communicate, and spaces for comments and additions. It should be clear, so everyone can read it easily, but comprehensive enough to record the things that are required. If possible, the chart should be one the parent can take home to ensure they have access to the information and have time to take in all the details.

Watch this video to learn more about methods for collecting information from families.



Information to collect and share

These informal and formal methods usually collect information about the baby's or toddler's needs and preferences, including:

- ▶ cultural requirements
- ▶ expectations of the parents
- ▶ developmental abilities
- ▶ additional support needs
- ▶ play needs and interests
- ▶ preferred toys and activities
- ▶ preferred levels of social interaction
- ▶ food and drink preferences and needs
- ▶ sleeping and rest patterns
- ▶ health status.

In addition, you are responsible for sharing information with parents about their baby or toddler and their daily physical care routines.

Some things you may need to communicate with parents include:

- ▶ bottle feeds; for example, times and quantities
- ▶ solid food; for example, when it was eaten, what was eaten and how much was eaten
- ▶ nappy changes; for example, times, whether there were bowel or bladder movements, and sometimes a description of stools
- ▶ sleep or rest; for example, times, settling issues and length of sleep
- ▶ medication, if relevant
- ▶ emotions; for example, how the child has presented during the time and if they were upset, grumpy, playful or quiet.

Parents need to know this information because babies and toddlers have individual routines and preferences. It allows parents to carry on the child's care with knowledge of what has happened while they were not present.

This information is important for a baby or toddler as they are unable to communicate their own needs. The information you provide about the day assists the parent to ensure they meet the needs of their child as best as they possibly can.

Example

Individual chart**Name: Bianca****Date: 7 February 2018****Sleep**10–11 am settled with dummy
1.45–2.45 pm settled with dummy**Nappy change**11 am wet, 11.30 am soiled and firm, 1.30 pm wet,
2.45 pm wet**Bottle**11.15 am full bottle taken
3.00 pm full bottle taken**Food**

12.30 pm cereal and formula (2 teaspoons)

Play notesEnjoyed watching the new fish mobile in the nappy change area.
Laughed at 'this little piggy' rhyme and wiggled toes asking for repeated play.**Other**

Last medication today.

Practice task 11

1. What are some of the forms of communication that might occur when a baby or toddler arrives in an education and care environment?

2. What information might be shared between the parent and the educator in this situation?

3. Explain how the information shared in this context links to the NQS, EYLF or Education and Care Services National Regulations.

Observing these attachment behaviours allows you to determine how well you have developed relationships with the babies or toddlers, and guides you as to what a child who is attached to you requires. These attachment relationships also help you see why it is important for primary carers to respond to the emotional needs of a baby or toddler. Providing strong, genuine relationships helps children and families feel a sense of belonging.

Providing positive transitions

Strong relationships that lead to healthy transitions can only develop if your service puts basic child-focused practices into place. These include:

- ▶ having educators consistently caring for the same baby or toddler
- ▶ meeting or exceeding the ratio of children to adults so that needs can be supported promptly
- ▶ creating a sense of belonging for each child
- ▶ understanding the age and stage of the baby or toddler, and having realistic expectations
- ▶ highly prioritising relationships with children and families
- ▶ providing predictable yet flexible routines
- ▶ responding to the individual patterns and routines of the baby or toddler.



You can support positive transitions into care by:

- ▶ welcoming children and parents at arrival
- ▶ developing a rapport early in the arrival
- ▶ encouraging parents to stay until the baby or toddler is settled
- ▶ supporting the baby or toddler to take an interest in activities, or involving the baby or toddler in some activity
- ▶ being positive
- ▶ providing an attractive environment
- ▶ ensuring health and safety issues are managed.

It is common for babies and toddlers to be distressed by separation. Some things you can try to help them settle and feel safe include:

- ▶ physically comforting the baby or toddler with a cuddle, hug or a rub on the back, arm or shoulder
- ▶ rocking a baby
- ▶ providing comforters to relax the baby or toddler, usually a favourite toy or object
- ▶ talking to the baby or toddler
- ▶ listening to the baby or toddler
- ▶ redirecting or distracting the baby or toddler with another activity
- ▶ using a transition action.