



CONNECTICUT
BIRTH TO THREE SYSTEM
PRESCHOOL SPECIAL
EDUCATION

BIRTH through 5 news

• *Working together for children with disabilities*

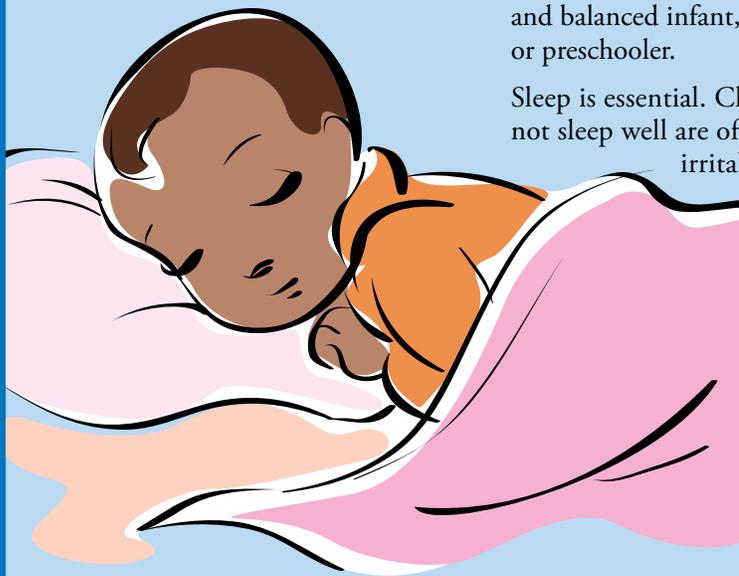
• INFORMATION FOR FAMILIES AND PROFESSIONALS

FALL 2010, VOL.11, NO. 5

The S.A.N.E. Approach to Sleep

From *The Whole Child S.A.N.E. Strategies for Success*

By: Debra Dickson RPT of Therapy Works Pediatrics LLC in Old Lyme CT and Anne Buckley-Reen OTR of ForKids OT in Long Island NY



Most of us take a good night's sleep for granted. However, for many young children lack of sleep can affect a child's ability to function, experience positive emotional states and good health. The S.A.N.E. approach facilitates biological change through: restorative Sleep, Activities to reduce stress and assist with sensory integration, proper Nutrition, and nurturing Environments that suit the individual nervous system. This combination can create a calm, healthy and balanced infant, toddler or preschooler.

Sleep is essential. Children who do not sleep well are often cranky and irritable. Some have trouble falling asleep, others staying asleep. Poor sleepers are not happy children. The reason for this is simple. During restorative sleep, the brain and body produce serotonin,

a chemical necessary for mood stabilization, coping, attention and memory. The less serotonin available, the less able a young child is able to deal with even the most mundane day to day tasks and stresses.

Activity is critical for the biochemical balance necessary to produce serotonin and melatonin for sleep. Stress depletes our coping chemistry, throwing the entire nervous system out of balance and thus disrupting sleep. Children with sensory processing challenges, or ADD/ADHD are often stressed and require strategies and consistent routines to calm their minds and bodies. Proper

and developmentally appropriate activities, designed for an individual child's needs, can mean the difference between success and stress.

Recommendations for home include a sleep hygiene program. Routines and a set schedule, beginning at least 30 minutes before lights out, are essential for all children, but especially children under stress. After following this routine at the same time each night, most parents report significant changes in one to two weeks.

- Establish a consistent bedtime. 7:00 to 7:30 for preschoolers.
- Banish TV, computer or video games after dinnertime. Despite the fact that the child may look like a couch potato while watching, EEG studies show that these 'screens' tend to rev-up rather than calm-down young minds.
- Be sure the child gets at least one hour of strenuous physical activity outside during the day.
- Provide a calming and soothing warm bath for about 15 minutes, followed by a deep towel massage to arms, legs, back, hands and feet. Add Epsom salts to the bath for further calming effect. The body temperature must drop prior to sleep (a real challenge for our "movers and shakers") and the bath will assist the body in dropping its core temperature.
- Speak quietly, use soothing tones and talk about the nice feeling of pajamas and rest.
- Proceed straight to a dark, cool bedroom, as the body temperature will begin to rise again within 30 minutes. These 30 minutes following the bath, are the prime time biologi-

This article is translated into Spanish on page 2. Ver la versión española de este artículo en la página 2.

Produced by the State Department of Education Early Childhood Special Education Program and the Connecticut Birth to Three System in collaboration with the



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cally speaking, for sleep. After 30 minutes, the body temperature will start to rise. Body temperatures are 1 to 2 degrees cooler during sleep, which is why we need covers. Many children are unable to keep their body temperature low and therefore throw off covers and wake up. Keeping a very cool room can be helpful to these children, who may need the weight of the covers for their sensory system, but also need to keep cool to remain asleep.

- Read one short story and turn the lights out. Accept no excuses for more.
- Avoid nightlights, as light on the skin decreases the production of melatonin. Any light will slow melatonin production. Even when the child's eyes are closed, and he is sleeping, light on his skin can decrease his production of melatonin. Dark rooms are best. If the child needs a small night-light to fall asleep, consider removing it after he has fallen asleep.

- If the child gets out of bed, remain silent and quietly place him back in the bed. You may need to do this multiple times (even 20 or 30) in the first few nights, but most parents report success within a week.

Nutrition is essential for proper body function, including sleep. In order to fall asleep and stay asleep, the body requires certain nutrients. According to Sidney Baker MD, good nutrition, addressing protein and vitamin needs, especially at breakfast and lunch, are keys to influencing the brain's ability to achieve a deep restorative sleep in the evening. Diets high in sugar and other stimulants (chocolate, caffeine) will inhibit sleep. In addition, sugar has been shown to be an irritant to the central nervous system. Save treats for special occasions and try never to eat them after 4 pm. Check with your pediatrician or a dietitian regarding supplements and the potential side effects of any medications.

Environmental factors including space, structure, sounds and light can both positively and negatively affect sleep.

Protected space, such as a bed placed against two walls with a view of the door can allow the nervous system to relax. For children who need lights on to fall asleep, red light is recommended as it has less influence on serotonin production. Use a dimmer switch and turn the lights all the way out once the child is asleep. Music with a 60 beat per minute tempo can help calm the mind and regulate the child who is out of balance. "Baby-go-to-Sleep Heartbeat Lullabies" can help colicky babies. "Ocean Surf: Timeless and Sublime", and other Surf CD's have proven helpful to all ages.

Sleep is an essential foundation for all functions. These basic sleep strategies are effective for many children. Parents report that their children's lives (and their own) have been positively changed by just using the sleep and nutritional strategies described.

Remember S.A.N.E.

Strategies are not just for kids.



Enfoque S.A.N.E. del Sueño

De "The Whole Child" S.A.N.E. Strategies for Success

Por Debra Dickson RPT de Therapy Works Pediatrics LLC, Old Lyme, CT y Anne Buckley-Reen OTR de ForKids OT, Long Island, NY

La mayoría solemos dar el sueño por sentado. Sin embargo para muchos niños menores la falta de sueño puede afectar su aptitud para funcionar, experimentar estados emocionales positivos y tener buena salud. El enfoque S.A.N.E. facilita cambios biológicos mediante: Sueño restaurador, Actividades que reduzcan la tensión y propicien la integración de los sentidos, Nutrición adecuada, y Entorno reconstituyente del sistema

nervioso. Esta combinación puede crear un infante, niño pequeño o preescolar, saludable, sosegado y equilibrado.

El Sueño es esencial. Los niños que no duermen bien suelen estar majaderos e irritables. Algunos tienen dificultad en dormirse, otros en mantenerse dormidos. Los niños que duermen mal no son niños contentos. La razón es muy simple. Durante el sueño reparador el cerebro y el organismo producen serotonina, necesaria para estabilizar el humor, hacer frente a situaciones, fijar la atención y ejercitar la memoria. Mientras menos serotonina tenga, menos capaz es el niño menor de realizar las más mundanas tareas cotidianas y dominar tensiones.

La Actividad física es indispensable para el equilibrio bioquímico propiciador de la producción de

serotonina y melatonina necesarias para dormir. La tensión agota el sistema químico que permite afrontar situaciones, afecta todo el sistema nervioso y trastorna el sueño. Los niños con dificultades sensoriales, o ADD/ADHD, suelen sentirse estresados y necesitan estrategias y rutinas apropiadas para calmar mente y cuerpo, diseñadas específicamente para cada niño de acuerdo con su desarrollo, suficientes para lograr el éxito y evitar el estrés.

Las recomendaciones para el hogar incluyen un programa de higiene del sueño. Rutinas y horarios fijos para acostarse, comenzando por lo menos 30 minutos antes de apagar la luz, son esenciales para todos los niños pero especialmente para los estresados. Después de seguir esta rutina a la misma hora todas las noches, la



mayoría de los padres reportan cambios significativos en una o dos semanas.

- Hora fija para ir a la cama: 7:00 a 7:30 para los preescolares.
- Prohibición de TV, computadora o juegos de video después de la hora de la comida vespertina. Los estudios de EEG indican que esas “pantallas” tienden a excitar en lugar de calmar las mentes tiernas.
- El niño debe hacer por lo menos una hora de actividad física vigorosa en exteriores durante el día.
- Un calmante baño tibio de 15 minutos seguido de un masaje con toalla en brazos, piernas, espalda, manos y pies. Añadir sal de Epsom al baño para mayor efecto calmante. La temperatura del cuerpo debe bajar antes de dormirse, verdadero reto para los niños más inquietos, y el baño puede ayudar a bajarles la temperatura del cuerpo.
- Hablarle al niño en voz baja, usando tonos calmantes, comentarle la sensación agradable de la pijama y el descanso.
- Proseguir directamente a un dormitorio oscuro y fresco porque la temperatura del cuerpo volverá a elevarse otra vez en 30 minutos. Estos 30 minutos que siguen al baño son biológicamente hablando la hora mejor para el sueño. Pasados

esos 30 minutos la temperatura del cuerpo puede comenzar a elevarse. La temperatura del cuerpo es uno o dos grados mas baja durante el sueño y es por eso que necesitamos taparnos. Muchos niños no consiguen mantener la temperatura del cuerpo suficientemente baja y por eso se quitan la sábana o colcha y se despiertan. Mantener el cuarto más bien frío puede ser conveniente para esos niños que necesitan el peso de la frazada para su sistema sensorial, pero que también necesitan mantenerse frescos para seguir dormidos.

- Leerle al niño una historia corta y apagar la luz. No aceptar excusas para seguir leyendo.
- Evitar las luces de noche porque la luz en la piel disminuye la producción de melatonina. Cualquier luz reducirá la producción de melatonina. Aún cuando el niño tenga los ojos cerrados y esté dormido, la luz en la piel puede disminuir la producción de melatonina. Lo mejor es que el cuarto esté oscuro. Si el niño necesita una luz pequeña para dormirse considere apagarla tan pronto se haya dormido.
- Si el niño se sale de la cama, manténgase en silencio y así colóquelo en la cama. Puede necesitar hacer esto muchas veces,

hasta 20 o 30 en las primeras noches, pero la mayoría de los padres reportan éxito en una semana.

Una buena Nutrición es esencial para la función del organismo, incluyendo el sueño. Para dormirse y permanecer dormido el cuerpo necesita ciertos nutrientes. Según Sydney Baker MD la buena nutrición enfocada en las necesidades de proteínas y vitaminas, especialmente en el desayuno y almuerzo, estimulan la aptitud del cerebro para un sueño profundo al caer la noche. Las dietas altas en azúcar y otros estimulantes (chocolate, cafeína) inhiben el sueño. Además el azúcar se ha comprobado que es un irritante del sistema nervioso central. Deje los dulces para ocasiones especiales y trate de no dárselos nunca a los niños después de las 4:00 pm. Investigue con su pediatra o dietista sobre los suplementos y efectos secundarios de cualquier medicina.

Los factores del Entorno incluyen el espacio, la estructura, los sonidos y la luz que pueden afectar al sueño positiva o negativamente. Un espacio protegido tal como la cama colocada entre dos paredes con vista a la puerta puede ayudar al sistema nervioso a calmarse. Para los niños que necesitan alguna luz para quedarse dormidos, la luz roja es más recomendable porque tiene menos influencia en la producción de serotonina. Use un interruptor regulador y apáguelo completamente una vez que el niño se haya dormido. La música con un ritmo de 60 por minuto puede ayudar a calmar la mente y regular al niño desequilibrado. Las canciones de cuna como “Baby-go-to-Sleep Hearbeath Lullabies” pueden ayudar a los niños con cólicos. “Ocean Surf: Timeless and Sublime” y otros CDs pueden ser útiles en todas las edades.

El sueño es fundamento esencial para todas las funciones del organismo. Estas estrategias básicas del sueño son eficaces para muchos niños. Los padres reportan que las estrategias de sueño y nutrición por sí solas han efectuado cambios en la vida de los niños y de los padres.



Birth to Three Update

By Linda Goodman, Director,
Birth to Three System

Under the Individuals with Disabilities Education Act, Congress has always been concerned that children who need special education services are identified. In the law, that is called *Child Find*. And school districts are responsible for *Child Find* for children from birth to age 21, although they are only required to provide services to eligible children from three to age 21.

In Connecticut, since Birth to Three (Part C of the IDEA) is administered by the Department of Developmental Services, we have a formal Memorandum of Understanding with the Department of Education stating that Birth to Three will be responsible for identifying children from birth to age 2 years 10 ½ months (children referred to Birth to Three within 45 days of their third birthday are re-directed to their school districts for an evaluation).

As part of that *Child Find* effort, the IDEA requires the Birth to Three program to notify school districts of all children enrolled who will be turning three in the near future. The purpose of this notification is to give the districts an opportunity to contact families who have not yet referred their children for evaluation by the school district just to make sure that families are aware of their right to an evaluation. The information that will be sent to districts includes the child's name, date of birth, the parent(s) name(s), the address and telephone number, the language spoken by the parents, and the name and telephone number of the child's service coordinator. These reports are transmitted to the school districts three times a year. Each report will include notification for any enrolled child who is over the age of two-and-a-half.

Notification is not the same as a referral for an evaluation. It does not create any kind of school record for your child. It is merely a way for the school district to check with you to make sure that they have not overlooked any child whose parents might have wanted an evaluation.

Providers' Perspective

Good Night Sleep

By Linda Grimm

As parents, many of us have memories of those sleepless nights when we first experienced the joy of parenthood. However, when your child's sleep patterns are irregular, it is likely to cause a problem for the parent as well as the child. The most common sleep problem for a young child is falling asleep. When you're tired, stressed or worried about your child, having the child sleep with you may seem to be the easiest answer and may even work, but it is only a short-term solution. It is important to teach your child to sleep in their own bed. The longer you wait the harder it will be.

To create a longer-term solution, you have to change your own behavior in order to change your child's behavior. You will need to commit to developing and consistently following a bedtime routine with your child that includes pleasant and calming activities. It can be difficult for your child to separate

from you, so the routine should be 10 to 30 minutes with a way for the child to predict how long each activity will take. Activities can include a bath, rocking in a rocking chair, cuddling, reading a book, saying a prayer or singing a song; the activities should be specific to your family. It can be valuable to think of activities that eventually the child will be able to do on his own as he gets older.

If the problem is more intense, parents may need a systematic, planned response to the behavior. In his book, *Solve Your Child's Sleep Problems*, Dr. Richard Ferber provides a detailed strategy called The Progressive Approach, which can be quite successful.

Although initially getting your child to sleep alone may be a lot of work, the long-term benefits for both you and your child make it well worth it. There is nothing like a good night sleep.



Early Childhood Special Education Update

By Maria Synodi, Coordinator, Early Childhood Special Education

New news for school districts this year includes a change to one of the policies and procedures in the Birth to Three System. The policy change is related to *Child Find*, which is the obligation to locate, identify and evaluate infants and toddlers who may need early intervention. *Child Find* responsibilities also extend to children who are aging out of the Birth to Three System. Under federal and state law, the Birth to Three System is obligated to notify the school district in which the child and family reside that the child will shortly turn the age

of three. So beginning July 1, 2010, directory information will be provided to school districts for all toddlers who are two-and-one-half years of age and older who are receiving early intervention. The purpose is to help ensure continuity and uninterrupted services for those children who are eligible for special education. Such notification also helps ensure that school districts have some period of time to anticipate and plan for the services and personnel preschool children with disabilities may need. The Birth to Three System provides *Child Find* information to districts three times per year. That information includes child specific information released through parental consent and de-identified information when parent consent has yet to be provided. But when children attain the age of two-and-a-half years, directory information

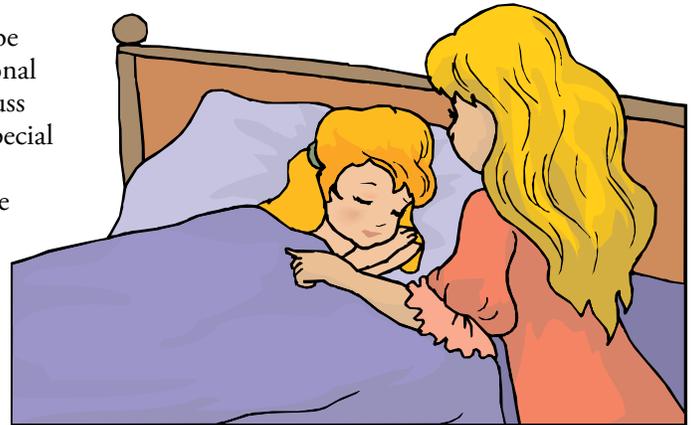
will be provided to the child's school district. Directory information will include the child's name, the child's birth date, the parent's name and contact information. This notification will not create an educational record for any child. Districts should consider this is an opportunity to connect with families whose children may be interested in the district's child find activities or other programs and services that may be available through the district or the community.

Other than that, here are a few other tidbits to look for –

- The annual Together We Will (TWW) conference is planned for Thursday, April 7, 2011. Be sure to save the date and register early.

- Early Childhood Special Education (ECSE) and the Birth to Three System will be conducting three Transition Forums in the winter/spring of 2011 for early intervention and school district personnel. Keep your eyes peeled for the flyer and registration information.
- The Department will be convening a few Regional ECSE Forums to discuss early childhood and special education issues with teachers, related service providers, and administrators. Keep posted for details.

The Department has an ECSE e-mail distribution list of early childhood and special education news and issues. If you would like to join, please contact maria.synodi@ct.gov



Parents' Perspective

Sleep Tips from Parents

Establish a ritual and stick to it every night.

Help young children learn early to put themselves to sleep.

Use a visual picture schedule for bed time:

	brush teeth	<input checked="" type="checkbox"/>
	potty	<input type="checkbox"/>
	put clothes in hamper	<input type="checkbox"/>
	bath	<input type="checkbox"/>
	put on pj's	<input type="checkbox"/>

That is what is on our chart, but you could add things like: read stories, sing a song, go to bed.

This chart helps our child know and remember his night time routine and stick with it!

Help your child to sleep by:

1. encouraging physical activities during the day
2. not eating too close to bed time
3. maintaining a consistent, quiet bed time routine - bath, book, bed

Help sleep in child's own bed by:

1. using special sheets child can pick out
2. spending time reading and cuddling on child's bed before bed
3. when child comes out of bed at night, bring him/her back to bed

Sleeping through the night

The Ferber Method has worked for me. I was never able to be consistent; there was always an excuse why I should rescue my baby even when "my baby" was almost two years old. Go figure.

For a child to be able to get him/herself back to sleep he/she needs to be able to soothe him/herself to sleep initially. Try to put baby to bed when he/she is still awake; A pacifier, cuddle blanket, or stuffed animal can be very helpful.

We purchased a nightlight for our young children. The light is programmable for the sun to shine in the am when you choose and the moon to shine at night, again when you choose. They are not allowed to get out of bed when the moon is out (of course there are exceptions) or in the AM before the sun is out. What an amazing difference!

- Start early....as young as 6 - 9 months, get in a routine (read the same 3 books in same order, then sing a little song, then put child in crib still awake). There will be lots of crying for the first 3 nights, but then, your child will begin to like his/her alone time.
- Use room darkening shades.
- Tell your child what he can do if he wakes up and it is still dark outside (close your eyes, sing a song, hug your bear, etc.).
- Reward your child for the desired behavior (staying in own bed or sleeping through the night).

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Birth to Three State Interagency Coordinating Council Update

By Mark A. Greenstein, MD, State ICC Chair

The State Birth to Three Interagency Coordinating Council (SICC) advises and assists the CT Birth to Three system in effectively managing the delivery of early intervention services and supports. The SICC plays a critical role in the provision of general oversight and quality assurance of early intervention services in CT. To accomplish these goals, SICC members work not only as a group, but also in subcommittees that convene at every meeting to address the following priority areas: Quality Assurance, Legislative and Financial Issues, and Communications. Our bylaws encourage that a parent member serve as the co-chair of each of these. Members of the public are encouraged to work on committees as well.

The Quality Assurance Committee has worked on safety issues for workers and families as well as autism services. Currently their focus is on working with the Lead Agency to help with oversight of programs.

The Legislative and Finance Committee has recently readdressed its dual but linked areas of importance. There has been and continues to be emphasis on the impact of increased parent fees on children and families as well as on the system itself. In addition, as we move into a new political climate after the upcoming election, the committee is also working on updates for legislators and state officers about the work of our Birth to Three system and newly adjusted fiscal activities that may result in increased reimbursement to the State.

The Communications Committee is responsible for internal and external communications as well as family leadership. This group has completed both an update to our bylaws and has also helped coordinate the SICC's first retreat in five years. The focus of this was on developing methods that enhance proactive activities for the SICC, strategic planning for the next two to three years and the organization of SICC activities.

We have had the good fortune of having several parents show interest in participation on the SICC and we continue to recruit parent members. All interested parents are encouraged to contact us.

To learn more about the SICC and its committees and their functions, please contact Anna Gorski, ICC Support, 860-418-8716 or better yet, join us at a future meeting!

The minutes for past meetings, the schedule, and directions for future meetings are located at the CT Birth to Three website, under the About Birth to Three, in the SICC section (www.birth23.org/aboutb23/SICC.html).



We need your help!

Please send your ideas or suggestions for future newsletter topics to Cathy.malley@uconn.edu or call 203-207-3267.

Thank you so much for your input.

Resources - Websites

www.sleepforkids.org/html/habits.html has information about sleep, REM and Non-REM sleep, sleep requirements by age, and sleep problems of children.

www.nichd.nih.gov/sids/ provides information on the Back to Sleep Public Education Campaign and ways to reduce the risk of SIDS.

www.safesleep.org provides consumer safety information about mattress safety, federal standards, bedroom air quality, bunk bed safety, and web pages especially for children.

www.webmd.com/parenting/guide/sleep-children explains sleep requirement for newborns through age 12.

www.mayoclinic.com/health/baby-sleep/FL00118 has ideas to help your baby sleep through the night and how to encourage good sleep habits.

www.mentalhelp.net/poc/view_doc.php?type=doc&id=14294&cn=462 explains how to establish routines and rituals around bedtime.

www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=122&id=1484 has information about children's sleep cycles, sleep associations and more.

Training Opportunities for Families and Providers

For more information visit the SERC website : www.ctserc.org (professional development) or call Jenn Sharpe at SERC at (860) 632-1485 x268.

Autism Study Group on Comprehensive Assessment

Presenter: Christine S. Peck, Psy.D.,
Cooperative Educational Services,
Trumbull & Janae Peluso, Education
Connection, Litchfield
Date & Time: Thursday, October
28, 2010 – 9:00 a.m. to 3:30 p.m.
(Additional dates to be determined)
Location: Rensselaer at Hartford
Fee: \$200 (team)

Behavior Strategies for Toddlers and Preschoolers

Presenter: Bobby Newman, Ph.D.,
BCBA, Room to Grow, New York
Date & Time: Friday, November 5,
2010 – 9:00 a.m. to 3:30 p.m.
Location: Marriott Courtyard,
Cromwell
Fee: \$65

Intentional Teaching Using the CT Preschool Curriculum and Assessment Frameworks

Presenter: SERC Consultants
Date & Time: Tuesday, November 9,
2010; January 19, 2011; March 23,
2011 9:00 a.m. to 3:30 p.m.
Location: Rensselaer at Hartford
Fee: \$40

Including Children with Autism in Early Childhood Education Programs, Pre-K

Presenter: Susan Izeman, Ph.D., BCBA,
Abilis, Stamford
Saturday, November 13, 2010 – 9:00
a.m. to 12:00 p.m.
Location: SERC Library Community
Room, Middletown
Fee: \$25

The Link between Literacy, Social-Emotional Development, and Challenging Behavior

Presenter: Tweety Yates, Ph.D. ,
University of Illinois at Urbana-
Champaign
Date & Time: Tuesday, November 16,
2010 – 9:00 a.m. to 3:30 p.m.
Location: Four Points Sheraton,
Meriden
Fee: \$40

Supporting Families with Toddlers and Preschoolers Children with Autism Spectrum Disorder

Presenter: Marianne Barton, Ph.D.,
University of Connecticut
Date & Time: Thursday, November 18,
2010 – 1:00 p.m. to 4:00 p.m.
Location: SERC Classroom,
Middletown
Fee: \$25

Supporting Families with Toddlers and Preschoolers Children with Autism Spectrum Disorder

Presenter: Marianne Barton, Ph.D.,
University of Connecticut
Date & Time: Friday, November 19,
2010 – 9:00 a.m. to 12:00 p.m.
Location: ACES, Hamden
Fee: \$25

Overview of the Autism Diagnostic Observation Schedule

Presenter: Christine S. Peck, Psy.D.,
Cooperative Educational Services,
Fairfield, CT
Date & Time: Wednesday, December 1,
2010 – 9:00 a.m. to 12:00 p.m.
Location: SERC Library Community
Room, Middletown
Fee: \$30

Including Children with Motor Difficulties in Early Childhood Education Programs, Pre-K

Presenter: Laurie Waple, Consultant
Date & Time: Saturday, December 4,
2010 – 8:30 a.m. to 1:30 p.m.
Location: SERC Classroom,
Middletown
Fee: \$25

Including Children with Disabilities in Early Childhood Education Programs, Pre-K and Kindergarten: A Focus on Paraprofessional Support

Presenter: SERC Consultants
Date & Time: Thursday, December 9,
2010 – 9:00 a.m. to 1:00 p.m.
Location: SERC Library Community
Room, Middletown
Fee: \$25

The Pyramid Model: Using Interventions to Support Social-Emotional Competence and Address Challenging Behaviors in Young Children

Presenter: Geneva Woodruff, Ph.D.,
Consultant
Date & Time: Thursday, December 16,
2010 – 9:00 a.m. to 3:30 p.m.
Location: Marriott Courtyard,
Cromwell
Fee: \$45



This newsletter is available in English and Spanish. Visit the Birth to Three website at www.birth23.org and click on Publications, or the Department of Education website at www.sde.ct.gov, then click on the Early Childhood link.

Este boletín está disponible en inglés y en español. Visite el sitio del Sistema para Infantes a Tres Años en www.birth23.org y pulse a Publicaciones o el del Departamento de Educación en www.sde.ct.gov. Pulse entonces el enlace 'Early Childhood' (primera infancia).

Sleep Tips from Parents

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Provide supports that will help the child to sleeping through the night:

- Help him learn to soothe himself.
- Provide a transitional object (pacifier or blanket for example).
- Provide music.

Give the child the smell of a parent – e.g. an article of mom's or dad's clothing to sleep with.

Expect relapses. Your child might stop sleeping through the night when she is sick, for example.

- By the age of 5 years, most children do not nap, but do need a full nights sleep (about 10-12 hours).
- Too little sleep may affect your child's behavior and impact school performance.
- Once a child starts school, or goes from 1/2 to full day of school, you may find that they need MORE sleep.
- Stick to a set bed time. This includes weekends.
- Keep a consistent bedtime routine, by taking the same familiar steps each night. This will help your child "wind down" from the busy day and may include bath, reading, brushing teeth. You may want to avoid TV, as this may be too stimulating.
- Do not allow your child to have a TV in the bedroom. Good habits start early.



SAVE THE DATE

Together We Will (TWW) Conference

Thursday, April 7, 2011 at the Crowne Plaza, Cromwell, CT.

The 2011 theme for the conference is:

“Create Positive Early Learning Experiences for Young Children”