

# STRANDS AND STANDARDS

## EARLY CHILDHOOD EDUCATION 2

(To be named Early Childhood Education 3 in the 2019-20 school year)



### Course Description

This semester course provides students an opportunity to work with children in a professional lab setting. Students enrolled in this course will: teach young children, demonstrate positive employment skills, maintain a healthy environment for children, and develop positive relationships with children. On-site lab experiences will be a major component of the course. Students will continue preparing for the Child Development Associate Credential (CDA). This course will strengthen comprehension of concepts and standards outlined in Science, Technology, Engineering and Math (STEM) education. Student leadership and competitive events (FCCLA) may be integrated into this course. Child Development, Early Childhood Education 1A and Early Childhood Education 1B courses are REQUIRED prerequisites.

<b>Intended Grade Level</b>	11-12
Units of Credit	.50
Core Code	34.01.00.00.050
Prerequisite	Child Development, Early Childhood Education 1A, Early Childhood Education 1B
Skill Certification Test Number	329
Test Weight	0.5
<b>License Type</b>	CTE and/or Secondary Education 6-12
<b>Required Endorsement(s)</b>	
Endorsement 1	FACS General Composite
Endorsement 2	CTE License: Child Development / Early Childhood Education
Endorsement 3	N/A

## STRAND 1

### Students will receive Utah Pre-service Training and implement Utah Child Care Licensing Rules

#### Standard 1

##### Pre-service training

- Utah preservice-All students should complete the annual Utah preservice training
  - [https://urpd.usu.edu/ou-files/uploads/Foundations\\_for\\_Success-CCDF\\_Topics\\_Quiz10.pdf](https://urpd.usu.edu/ou-files/uploads/Foundations_for_Success-CCDF_Topics_Quiz10.pdf)
  - 2.5 hours of training is required before providing care to children
- Individual center health and safety plan based on Utah Childcare Licensing Rules
  - Training should be provided based on individual center or preschool rules

#### Standard 2

##### Students will review and implement Utah licensing standards

- Qualifications for directors and teachers
  - Director
    - Must be at least 21 years of age
    - One of the following
      - associates, bachelors, or graduate degree from an accredited college with 12 semester credit hours of early childhood development courses
      - current, valid national certification such as a Child Development Associate credential (CDA)
      - or other credential deemed equivalent by the Child Care Licensing department
  - Caregivers (Lead Teacher)
    - Must be at least 18 years of age
    - Be able to independently care for children
  - Assistant Caregivers (Support Teacher)
    - Must be at least 16 years of age
    - Must work under the immediate supervision of a caregiver who is at least 18 years of age
    - May be included in caregiver to child ratios, but shall not be left unsupervised with children
- Administration and Children's Records
  - Establish, follow and ensure that all staff and volunteers follow a written health and safety plan
  - All children have an admission and health assessment (medical information like allergies), form on file
  - All children have current immunizations on file, unless they have an exemption

- Keep all children’s records confidential
- Facility
  - 35 square feet of indoor space for each child
  - 1 working toilet for every 15 children
  - All areas of the facility (indoor and outdoor) are safe, in good repair and free from hazards
  - 40 square feet of outdoor space for each child
  - Outdoor area is enclosed by fence, wall or natural barrier
- Ratios and Group Size
  - Maintain the number of caregiver-to-child ratios for single-age groups of children in the table below:

Ages of Children	# of Caregivers	# of Children	Maximum Group Size (with 2 caregivers)
Birth-23 months (Infants)	1	4	8
2 years old	1	7	14
3 years old	1	12	24
4 years old	1	15	30
School-age	1	20	40

- If a center has mixed age groups the ratios are different, see Interpretation Manual
- Caregivers maintain active supervision of each child always
  - Set Up the Environment- so staff can supervise and be accessible to children always
  - Position Staff- If there is more than one staff member in a space, position yourselves so that you can observe and see children at all times
  - Scan and Count- staff always know how many children are in their care and what they are doing
  - Listen- listen for specific sounds or the absence of them that could indicate a potential danger
  - Anticipate Children’s Behavior- staff use what they know about their children to anticipate potential challenges
  - Engage and Reflect- staff work together to assist in the care of children
- Child Guidance and Interaction
  - Provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care

- Any person who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services or law enforcement
- Inform parents, children and those who interact with the children of the center's behavioral expectations and how any misbehavior will be handled
- Individuals who interact with the children shall guide children's behavior by using positive reinforcement, redirection and by setting clear limits that promote children's ability to become self-disciplined
- Caregivers shall use gentle, passive restraint with children only when it is needed to stop children from injuring themselves or others, or from destroying property
- Interactions with the children shall not include: restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint
- Child Safety and Injury Prevention
  - All harmful objects and hazards are inaccessible to children; to view a list see the Child Care Center Rule Interpretation Manual, section 13
  - Objects and other items that are brought into the center (backpacks, things in pockets, etc.) may also be hazardous
  - Items with small parts or that fit through a paper towel tube are too small for children under the age of 2
- Emergency Preparedness and Response
  - Keep first-aid supplies in center, including at least antiseptic, bandages and tweezers
  - Fire drills are conducted monthly and disaster drills at least once every 6 months
  - Health and safety plan are in the center and followed in an emergency or disaster
  - Parents will receive a written report of every incident, accident, or injury involving the child
- Health and Infection Control
  - Keeping the facility clean and sanitary, and washing hands are key factors in preventing and reducing the spread of illness
  - Toys and materials (bedding, dress-up clothing, etc.) should be cleaned weekly or more often if needed for example if a toy is in a child's mouth
  - Handwashing procedures should be posted and followed
    - Handwashing Procedure
      - Use warm water. Run water over hands to remove soil before applying soap.
      - Use liquid soap and rub hands together to create a soapy lather.
      - Rub hands for at least 20 seconds including back of hands, between fingers and under fingernails.

- Rinse hands and dry with a single-use paper or cloth towel.
- Handwashing is required...
  - Before handling or preparing food or bottles
  - Before and after eating meals and snacks or feeding a child
  - After using the toilet or helping a child use the toilet
  - After contact with a body fluid
  - When coming in from outdoors or arriving to work
  - After cleaning up or taking out garbage
- A child who is ill with an infectious disease may not be cared for at the center except when the child shows signs of illness after arriving at the center
- Gloves should be worn during diapering/toileting practices, first-aid and when handling food
- Food and Nutrition
  - Each child age 2 years and older is offered a meal or snack at least once every 3 hours
  - Providers should be aware of food allergies and sensitivities and ensure that children are not served the food or drink of which they are allergic/sensitive
  - Food is served in dishes or napkin and not placed on a bare table

All the above standards are from the Utah Center Rule Interpretation Manual, sections 7-24. For specifics see <https://childcarelicensing.utah.gov/centerinterpretation.html>

### Performance Skills

List the Utah Child Care Licensing Agency with contact information. Include the qualification requirements for personnel and group size, adult-child ratio requirements

*\*CDA Resource Collection RC VI-1, pg. 14*

## STRAND 2

**Students will evaluate and maintain a healthy and safe environment for children**

### Standard 1

Identify signs and symptoms of child abuse and neglect, including sexual abuse and reporting requirements

- Signs and Symptoms of Child Abuse
  - Physical
    - Physical Indicators: unexplained bruises, unexplained burns, confinements and unexplained welts
    - Behavioral Indicators: children are easily frightened, wary of physical contact, afraid to go home, destructive to themselves or others
  - Sexual
    - Physical Indicators: bed-wetting, soiling and chronic constipation

- Behavioral Indicators: withdrawn or depressed, passive or aggressive behavior, lack of eye contact with adults, knowledge of sexual acts beyond their years
- Emotional
  - Physical Indicators: physical delays, ulcers, developmental lags and habit disorders
  - Behavioral Indicators: poor self-esteem, difficulty expressing feelings, and problems with relationships
- Neglect
  - Physical Indicators: abandonment, starvation, lack of supervision, lack of medical care, frequent absenteeism/tardiness and poor hygiene
  - Behavioral Indicators: stealing, begging, being self-destructive, failure to thrive
- Reporting Child Abuse
  - As a child caregiver, you are required to report any suspected child abuse and neglect.
  - The best way to stop abuse and neglect is to report it. If a child talks to you about being abused, take him/her seriously and report the possible abuse.
  - All reports remain confidential and when you make a report in good faith you are immune from any liability.
  - Utah Child Abuse Reporting Law requires any person who has reason to believe a child has been subjected to abuse or neglect to immediately notify DCFS. Failure to obey the Utah Child Abuse Reporting Law, constitutes a class B misdemeanor.

### Standard 2

Prevent shaken baby syndrome and abusive head trauma, and coping with crying babies

- Shaken Baby Syndrome (SBS) occurs when a baby is violently shaken. This most often happens when the person caring for the baby becomes frustrated or angry when the baby won't stop crying.
  - Crying is a normal way of communication, even for several hours
  - SBS is a form of abusive head trauma
  - Babies' neck muscles are not strong and do not provide much support for their large heads. When someone forcefully shakes a baby, their brain repeatedly strikes the inside of the skull and injures the brain.
  - Nearly all victims of SBS suffer serious health consequences including severe brain damage, blindness, hearing loss, learning problems, seizures disorders, cerebral palsy and paralysis.
  - At least 1 of every 4 babies who are violently shaken die from SBS.
- Prevent SBS by creating a plan for care:
  - Check physical needs
    - Hungry, thirsty, need to burp, too hot, too cold, dirty diaper
  - Check for signs of illness or fever
    - Seek medical attention if necessary

- Try Calming techniques
  - Swaddle
  - Shush (White noise or rhythmic sounds like vacuum cleaner or a washing machine)
  - Suck (offer a pacifier)
  - Swing or rock baby gently
  - Side (sway with baby in football hold on their side)
  - Sing or talk to baby
  - Take baby for ride in the car or stroller
  - Hold baby close and breathe calmly and slowly
- Leave the baby in a safe spot and caregiver takes time to calm down. Once you are calm, try calming techniques again.

### Standard 3

Prevent SIDS and use of safe sleeping practices

- Understand SIDS (Sudden Infant Death Syndrome)
  - SIDS is the leading cause of death for infants between 1 month and 12 months of age.
  - SIDS is most common among infants between 1 and 4 months of age.
  - SIDS is not caused by immunizations, vomiting or choking.
  - Many SIDS deaths occur when infants who are used to sleeping on their backs at home are placed to sleep on their tummies by another caregiver. This is called "unaccustomed tummy sleeping". Infants who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.
- Use safe sleep practices to reduce the risk of SIDS:
  - Always have infants sleep in equipment designed for sleep, such as cribs, bassinets, porta- cribs, or playpens unless you have written instructions from the parent to have the infant sleep in other equipment.
  - Never place infants to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.
  - Be sure the infant sleep equipment is in an area that is always smoke free.
  - Always place infants on their backs for sleeping.
  - Don't have toys, pillows, stuffed animals, bumper pads, or wedges in the crib or bassinet.
  - Infants may have a hard time breathing if these items are too close to their faces.
  - Dress infants in sleep clothing, such as sleepers and sleep sacks, instead of covering them with blankets.
  - Avoid letting infants get too hot when they are sleeping. Infants are too hot when you see them sweating or have damp hair, flushed cheeks, heat rash, or rapid breathing.

- Supervise sleeping infants by having them sleep in a location where you can see and hear them or by doing an in-person observation at least once every 15 minutes.

### Standard 4

Recognize the signs of homelessness and available assistance

- Homeless children—those that lack “fixed, regular and adequate nighttime residence”
- Potential signs of homelessness:
  - Poor health and nutrition
  - Unmet medical and dental needs
  - Chronic hunger
  - Fatigue
  - Poor hygiene (lack of showers/baths, wear same clothes for days)
  - Poor self-esteem, extreme shyness, difficulty socializing and trusting people
  - Protective of parents and anxiety late in the day
- How you can Help
  - Active listening
  - Providing information
  - Modeling a sense of humor and fun
  - Showing enthusiasm
  - Instilling realistic hope
  - Questioning—Ask families to describe living situations and whether the situation is permanent.
- Resources for homeless families
  - Help hotlines—Dial 211 for up-to-date services
  - Homeless shelter directory

All of the above standards are from the Foundations for Success CCDF Topics for Pre-Service Training. For specifics see [https://urpd.usu.edu/ou-files/uploads/Foundations\\_for\\_Success-CCDF\\_Topics\\_\\_Quiz10.pdf](https://urpd.usu.edu/ou-files/uploads/Foundations_for_Success-CCDF_Topics__Quiz10.pdf)

### Performance Skills

Summarize the legal requirements in Utah regarding child abuse/neglect and Mandatory Reporting Guidelines

*\*CDA Resource Collection VI-3, pg. 14*

## STRAND 3

**Students will evaluate and model developmentally appropriate practices with children**

### Standard 1

Review and implement a developmentally appropriate environment and curriculum

- Purposes of intentional space arrangement



- Everything in your space, including furniture, materials and supplies set the tone for the class
- Children will be inclined to act appropriately if the space is orderly and organized with a place for everything
- Centers are defined and include a quiet/calming space where a child can be alone
- Space should be welcoming, pleasing to the eye and safe
- Children should have ownership in the space (ex. children's artwork displayed at their eye level)
- The space should be inclusive (multicultural, non-sexist, differing abilities) through books, pictures and learning materials
- Containers and shelves are child sized and labeled with words and pictures to support independence and language skills.
- Space arrangement
  - Wet- Visual arts, Science, sensory
  - Dry- Mathematics and manipulatives
  - Active- Dramatic arts and blocks
  - Quiet- English Language Arts and technology
- Identify and/or demonstrate the responsibilities of the lead and support teacher.
  - Lead Teacher: Create the daily plan for the class. Responsible for the pace and order of the lessons. Anticipate the needs of the children. Involve support teachers to help with lessons and activities, crowd control, preparation, etc. Clean up and leave the classroom better than you found it. Complete an evaluation of the day with suggestions for next time.
  - Support Teacher: Help with activities, crowd control, preparation, and anticipate classroom/lead teacher needs. Make activity idea suggestions. Fulfill assignments of preparing activities from the lead teacher. Get involved in the activities and support the children. Help with clean-up and evaluating the day's activities.
- Understand calendaring, daily scheduling/routines, learning centers and group time.
  - Calendaring- identifies what month, week, or day will "look" like. Teachers may assign a theme for a determined length of time. Calendaring gives you the ability to make sure that your curriculum is covered, and nothing is forgotten or overlooked.
    - Themes- One main topic, idea or concept around which the classroom activities are planned. The most effective themes are those that address the interests and needs of the children (i.e. seasonal events, holidays etc)
  - Daily Scheduling and routines- Provide a flexible schedule for each day including lessons and activities so the center runs smoothly. Provide consistency and predictability. Gives a feeling of security because they can predict what will happen next. Diminishes misbehavior.

- Learning Centers- Can be offered in all content areas and on a variety of levels. Children can work independently or in small groups. Help children focus and actively learn, share and explore concepts at their own pace.
- Group Time- a time when children come together as a community of learners where they share their thoughts, listen to one another, actively participate together and build a sense of respect and support for one another
- Know the components of a lesson plan.
  - Lesson Plan- A description of the activity that includes goals and procedure
  - Skills- The overall goals that the teacher wants the children to learn, know and/or do. Based on the predetermined standards and the teacher writes the goal (Skills) on how to meet it. They describe the expected outcome or desired results of an activity.
    - Three parts to plan skills
      - Who
        - Who are you teaching? “The children will...”
      - What
        - What is the expected standards for a specific observable learning outcome that will be met?
        - This is how you will be able to evaluate or assess the child’s performance and learning.
        - Never use the words “learn or understand” as verbs.
      - How
        - How will you use measurable strategies or ideas for activities to facilitate the standards and promote learning? Explain the actions that will be done by the child.
      - Example
        - The child will sort clothing into what will and will not protect you from rain.
  - Content Learning Area- Fine and gross motor activities in the areas of English Language Arts, Mathematics, Science and Sensory, Social/Emotional and Social Studies, Creative Arts and Physical/Health and Safety
  - Concept- Vocabulary words and factual statements that you want the children to understand or grasp as they complete the learning centers.
  - Procedure- What is going to be done step-by-step and how you are going to do it. Also, includes the supplies or materials that will be needed for the activity.
  - Rationale- Why is the activity DAP? How does it meet DAP requirements?
  - Transitions- Refers to the movement from one activity to another or the completion of an activity to begin a new activity.
    - Concrete Signals- children or objects move from one place to another
    - Visual Signals- items are used that the child can see to inform them of a change in activity.
    - Auditory Signals- sounds used to move children from one area to another

- Novelty Signals- involve the use of unusual or new actions and devices to move the children from one activity to the next

### Standard 2

Practice positive principles of child growth and development, including brain development

- Brain Development
  - Most significant from birth to 3 years of age.
  - Brains total capacity develops 90% before a child reaches age 5.
  - Positive practices in the early years are key to the condition of their overall health, growth and development
- Positive Practices
  - Provide proper nutrition, exercise and sleep
  - Have a safe and loving home
  - Support overall health and safety
  - Show warmth and be sensitive to their needs and messages
  - Follow the child's lead and respond to their cues in a timely and predictable way
  - Be consistent and have routines and limits
  - Sing songs and read with the child
  - Hold and touch the child
  - Talk with the child during every day experiences (diapering, bathing, dining, etc.)
  - Use appropriate discipline without harshness
  - Give attention and praise when the child follows instructions or shows positive behavior; limit attention for defiant behavior like tantrums

Reference:

<https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html>

<https://www.zerotothree.org/resources/series/healthy-minds-nurturing-your-child-s-development#the-handouts>

### Standard 3

Review and implement positive guidance principles

- Identify guidance, discipline, and punishment
  - Guidance: continual long-term influence on behavior
  - Discipline: Behavior modification when needed; to teach and train a behavior by instruction and exercise in accordance with rules and conduct
  - Punishment: A penalty inflicted for wrongdoing, a crime or offense. Physical or verbal attacks
  - Developing self-discipline is the overall goal of guidance and discipline
  - Guiding by example is a very effective way to teach children the desired behavior
  - Children feel more secure when caregivers are consistent
  - Respond to aggressive behavior in nonaggressive ways. i.e.: When responding to a 2-year-old having a temper tantrum, if the caregiver remains calm and nonaggressive, then the situation becomes deescalated and can be resolved quicker

- Adjust the environment so that items that might be a potential problem are placed out of sight
- Identify common reasons children misbehave.
  - Normal behavior for the child's age
  - Natural curiosity
  - They do not know any better
  - To get attention
  - To get power
  - For revenge
  - Feeling inadequate or incapable
  - The need to feel that they belong
- Implement natural and logical consequences.
  - Natural Consequences – occur without interference by letting nature just take its course. The child can see the result of his behavior/choices. This consequence can't be used if it will cause harm to the child, other's property, if the consequences are too far in the future, or if the behavior cannot be tolerated
  - Logical Consequences - occurs with interference from the caregiver and should be relevant to the misbehavior. It should be short, not imposed in anger, and provide opportunities for the child to learn from their behavior and/or decision
- Practice positive guidance techniques
  - Positive statements
  - Redirection
  - Reverse attention
  - Positive reinforcement
  - Limited choices
  - Time Away/Cool down area
  - Encouragement

### Performance Skills

Create a developmentally appropriate fine motor skills lesson plan; include Skills, content area, concepts, procedure, rationale and transitions

*CDA Resource Collection II-4 \*CDA pg. 13*

Create a developmentally appropriate gross motor skills lesson plan; include Skills, content area, concepts, procedure, rationale and transitions

*CDA Resource Collection II-5 \*CDA pg. 13*

Select two of the six Competency Standards and write a statement of competence for each  
*\*CDA pg. 15-17*

Keep an ongoing log of CDA Professional Education and Work Experience hours (5.03) *\*CDA pg. 8-10*

- Use a CDA tracking worksheet to document professional education/training hours in the eight subject areas (hours obtained while enrolled in Child Development and ECE I & II may be recorded)

## EARLY CHILDHOOD EDUCATION 2

- Work experience must be with a group (five or more) children, ages Birth to five, in a center-based program (hours obtained while enrolled in Child Development and ECE I & II may be recorded)
- Hours must be verified (i.e. signed off by a teacher, copies of certificates, transcripts, letter)

### Skill Certificate Test Points by Strand

Test Name	Test #	Total Points			Total Questions
		1	2	3	
Early Childhood Education II	329	13	10	19	35