Utah CTE

Early Childhood Education 3 (2023-)

Students will receive Utah Pre-service Training and implement Utah Child Care Licensing Rules 1

1 **Complete and implement Pre-service training** 1.1

1 Utah preservice-All students should complete the annual Utah preservice training 1.1.1

2 https://childcarelicensing.utah.gov 1.1.2

1 2.5 hours of training is required before providing care to children 1.1.2.1

3 Individual center health and safety plan based on Utah Childcare Licensing Rules 1.1.3

1 Training should be provided based on individual center or preschool rules 1.1.3.1

2 **Students will review and implement Utah licensing standards.** 1.2

1 Identify qualifications for directors, lead teachers, and supporting teachers in an early childhood setting. 1.2.1

2 Maintain the number of caregiver-to-child ratios for single-age groups of children in the table below: 1.2.2

3 **Apply active supervision of each child at all times.** 1.3

1 Set Up the Environment- so staff can supervise and be accessible to children at all times 1.3.1

1 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 1.3.1.1

2 Scan and Count- staff always know how many children are in their care and what they are doing 1.3.1.2

3 Listen- listen for specific sounds or the absence of them that could indicate a potential danger 1.3.1.3

4 Anticipate Children's Behavior- staff use what they know about their children to anticipate potential challenges 1.3.1.4

5 Engage and Reflect- staff work together to assist in the care of children 1.3.1.5

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2. Child Safety and Injury Prevention 1.3.2
    1. All harmful objects and hazards are inaccessible to children; to view a list see the Child Care Center Rule Interpretation Manual, section 13 1.3.2.1
    2. Objects and other items that are brought into the center (backpacks, things in pockets, etc.) may also be hazardous 1.3.2.2
    3. Items with small parts or that fit through a paper towel tube are too small for children under the age of 2 1.3.2.3
3. Emergency Preparedness and Response 1.3.3
    1. Keep first-aid supplies in center, including at least antiseptic, bandages and tweezers 1.3.3.1
    2. Fire drills are conducted monthly and disaster drills at least once every 6 months 1.3.3.2
    3. Health and safety plan are located in the center and followed in an emergency or disaster 1.3.3.3
    4. Parents will receive a written report of every incident, accident, or injury involving the child 1.3.3.4
4. Health and Infection Control 1.3.4
    1. Keeping the facility clean, sanitized, and washing hands are key factors in preventing and reducing the spread of illness 1.3.4.1
    2. Toys and materials (bedding, dress-up clothing, etc.) should be cleaned weekly or more often if needed. (ie: for example if a toy is in a child's mouth) 1.3.4.2
    3. Proper Handwashing Procedures should be posted and followed: 1.3.4.3
    4. Use warm water. Run water over hands to remove soil before applying soap. 1.3.4.4
    5. Use liquid soap and rub hands together to create a soapy lather. 1.3.4.5
    6. Rub hands for at least 20 seconds including back of hands, between fingers and under fingernails. 1.3.4.6
    7. Rinse hands and dry with a single-use towel. 1.3.4.7
        1. Handwashing is required: 1.3.4.7.1
            1. Before handling or preparing food or bottles 1.3.4.7.1.1
            2. Before and after eating meals and snacks or feeding a child 1.3.4.7.1.2
            3. After using the toilet or helping a child use the toilet 1.3.4.7.1.3
            4. After contact with a body fluid 1.3.4.7.1.4
            5. When coming in from outdoors or arriving to work 1.3.4.7.1.5
        2. After cleaning up or taking out garbage 1.3.4.7.2
    8. 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 1.3.4.8
    9. Gloves should be worn during diapering/toileting practices, first-aid and when handling food 1.3.4.9

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5 Food and Nutrition 1.3.5

1 Each child age 2 years and older is offered a meal or snack at least once every 3 hours 1.3.5.1

2 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 1.3.5.2

Identify signs of child abuse, abusive head trauma, and sudden infant death syndrome. 2

1 Identify the signs of child abuse 2.1

1 Provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care. 2.1.1

2 Utah law requires any person who has reason to believe that a child has been subjected to abuse, 2.1.2

3 neglect, or dependency to immediately notify the nearest office of Child and Family Services, a peace officer, or a law enforcement agency. 2.1.3

4 Inform parents, children and those who interact with the children of the center's behavioral expectations and how any misbehavior will be handled 2.1.4

5 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 selfdisciplined 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 2.1.5

6 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 2.1.6

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2 Describe causes, prevention, and consequences for infant Abusive Head Trauma(AHT). 2.2

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1. Abusive head trauma (AHT), including shaken baby syndrome, is a severe form of child abuse that results in brain injury. 2.2.1
    1. It is caused by violent shaking and/or with blunt impact. 2.2.1.1
    2. The resulting injury can cause bleeding around the brain or on the inside back layer of the eyes. 2.2.1.2
        1. AHT often happens when a parent or caregiver becomes angry or frustrated because of a child's crying. 2.2.1.2.1
    3. Abusive head trauma is preventable by responding to infant crying appropriately. 2.2.1.3
        1. Examine ways to cope with crying. 2.2.1.3.1
    4. Techniques for soothing an infant: Touch, Motion, Sound. 2.2.1.4
    5. If your coping threshold (how much a person can take of something) for crying is reached and there is no one around to relieve you by taking the baby, put the crying baby down in its crib, close the door, and go do something to relieve the stress (i.e. dance to loud music, vacuum, watch TV, etc.) Checking on the baby every 5-10 minutes. 2.2.1.5
2. At least one of every four babies who experience AHT dies from this form of child abuse. 2.2.2

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3 **Describe sudden infant death syndrome (SIDS) and prevention strategies.** 2.3

1 SIDS is the sudden, unexplained death of an apparently healthy child in their sleep (often under 1 year old) 2.3.1

2 Use safe sleep practices to reduce the risk of SIDS: 2.3.2

1 Always place infants on their backs for sleeping. 2.3.2.1

2 No toys, pillows, stuffed animals, bumper pads, or wedges in the crib or bassinet. 2.3.2.2

3 Sleep infants in equipment designed for sleep, such as cribs or bassinets. Car seats, strollers, and swings should be avoided for sleeping. 2.3.2.3

4 Dress infants in sleep clothing, such as sleepers and sleep sacks, instead using blankets 2.3.2.4

5 Avoid letting infants get too hot when they are sleeping. Signs of overheating include sweating, damp hair, flushed cheeks, heat rash, or rapid breathing. 2.3.2.5

6 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 covering them with blankets. 2.3.2.6

3 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. 2.3.3

4 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. 2.3.4

Students will evaluate and model developmentally appropriate practices with children 3

1 **Review and implement a developmentally appropriate environment and curriculum** 3.1

1 Purposes of intentional space arrangement 3.1.1

1 Everything in your space, including furniture, materials and supplies set the tone for the class 3.1.1.1

2 Children will be inclined to act appropriately if the space is orderly and organized with a place for everything 3.1.1.2

2 Centers are defined and include a quiet/calming space where a child can be alone 3.1.2

1 Space should be welcoming, pleasing to the eye and safe 3.1.2.1

2 Children should have ownership in the space (ie: children's artwork displayed at their eye level) 3.1.2.2

4 The space should be inclusive (multicultural, non-sexist, differing abilities) through books, pictures and learning materials 3.1.3

1 Containers and shelves are child sized and labeled with words and pictures to support independence and language skills. 3.1.3.1

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4. Space arrangement 3.1.4
    1. Wet- Visual arts and Science/sensory 3.1.4.1
    2. Dry- Mathematics and manipulatives 3.1.4.2
    3. Active- Dramatic arts and blocks 3.1.4.3
    4. Quiet- English Language Arts and technology 3.1.4.4

Students will review guidance strategies in Early Childhood Education 1 Strand 3 & 4. Examine positive guidance strategies I-messages and problem solving. 4

1. **Identify i-messages in the use of positive guidance strategies** 4.1
    1. I-messages: A specific description of behavior how it affects you, and your feelings about it. 4.1.1
    2. An i-message should follow this form “I feel when because , next time please .” 4.1.2
        1. Ex: “I feel worried when you climb up the slide because you might get hurt next time please use the ladder.” 4.1.2.1

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2. **Identify the reasons to teach and use i-messages in an early childhood setting.** 4.2
    1. Emotional intelligence: become more comfortable with labeling their emotions and communicating them to others. 4.2.1
    2. Assertiveness: respectfully and clearly teach others how to treat us. 4.2.2
    3. Problem solving: A tool to express feelings without blaming or judging. 4.2.3

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3. **Facilitate and encourage the development of independent problem solving.** 4.3
    1. Passive Intervention: Giving children time to work through their own problems. If a situation does not escalate to destructive or aggressive behavior, simply observe as the children seek a solution, or be present to serve as a gentle reminder to use words instead of action. Trust children to ‘figure it out’ and help as needed. 4.3.1
    2. Physical Intervention: Physically stop children when they are hurting each other. Then focus on actively resolving the conflict at hand. 4.3.2
    3. Active Intervention: Steps in Teaching Conflict Resolution 4.3.3
        1. Identify the problem and define it as a shared problem. 4.3.3.1
        2. Invite children to participate in fixing the problem. 4.3.3.2
        3. Generate possible solutions as a group. 4.3.3.3
        4. Examine each idea for its merits or drawbacks. Decide which idea to try. 4.3.3.4
        5. Work out ways of putting the plan into action. 4.3.3.5
        6. Follow up. Evaluate how the plan worked 4.3.3.6