# **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period:\_\_\_\_\_\_\_\_ Due: \_\_\_\_\_\_\_\_**

# **ECE2 Final Review**

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| --- | --- |
| **Licensing Standards** | **Licensing Standards** |
| 1. **\_\_\_\_\_ Qualifications for directors**
2. **\_\_\_\_\_ Qualifications for caregivers (lead teachers)**
3. **\_\_\_\_\_ Qualifications for assistant caregivers (support teachers)**
4. **\_\_\_\_\_ Maintain the number of caregiver-to-child**
5. **\_\_\_\_\_ Ratio of 1:7 with a maximum of 14 in a room**
6. **\_\_\_\_\_ Birth – 23 month ratio**
7. **\_\_\_\_\_ Ratio of 1:15 with a maximum of 30 in a room**
8. **\_\_\_\_\_ 3 year old ratio**
9. **\_\_\_\_\_ School age ratio**
10. **\_\_\_\_\_ At all times caregivers are to maintain**
11. **\_\_\_\_\_ Set Up the Environment so staff can**
12. **\_\_\_\_\_ If there is more than one staff member in a space, position yourselves so that you can**
13. **\_\_\_\_\_Define Scan and Count**
14. **\_\_\_\_\_ Listen for specific sounds or the absence of them that could**
15. **\_\_\_\_\_ Staff uses what they know about their children to**
16. **\_\_\_\_\_ When the staff engages and reflects, they can use this to work together to**
 | 1. **4 year old group**
2. **supervise and be accessible to children at all times**
3. **staff do a head count so they always know how many children are in their care and what they are doing**
4. **Must be at least 21 years of age and have one of the following: associates, bachelors, or graduate degree from an accredited college with 12 semester credit hours of early childhood development courses current or a valid national certification such as a Child Development Associate credential (CDA).**
5. **Assist in the care of the children**
6. **Must be at least 18 years of age and be able to independently care for children.**
7. **1:20 with a maximum of 40 in a room**
8. **observe and see children at all times**
9. **Anticipate children’s Behavior and potential challenges**
10. **1:12 with a maximum of 24 in a room**
11. **Must be at least 16 years of age and 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.**
12. **indicate a potential danger**
13. **Ratios**
14. **active supervision of each child**
15. **2 year old group**
16. **1:4 with a maximum of 8 in a room**
 |
| 1. **\_\_\_\_\_ Establish, follow and ensure that all staff and volunteers follow a**
2. **\_\_\_\_\_ All children have an admission, health assessment (medical information like allergies), and immunizations form**
3. **\_\_\_\_\_ Keep children’s records and personal information**
4. **\_\_\_\_\_ # of square feet of indoor space for each child**
5. **\_\_\_\_\_ # of square feet of outdoor space for each child**
6. **\_\_\_\_\_ # of working toilet for every 15 children**
7. **\_\_\_\_\_ All areas of the facility (indoor and outdoor) are kept**
8. **\_\_\_\_\_ Outdoor area is enclosed by**
9. **\_\_\_\_\_ Provider shall ensure that no child is subjected to**
10. **\_\_\_\_\_ Any person who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately**
11. **\_\_\_\_\_ Inform parents, children and those who interact with the children of the center’s behavioral**
12. **\_\_\_\_\_ Individuals who interact with the children shall guide children’s behavior by using**
13. **\_\_\_\_\_ When it is needed to stop children from injuring themselves or others, or from destroying property caregivers shall**
14. **\_\_\_\_\_ Interactions with the children shall not include**
15. **\_\_\_\_\_ All harmful objects and hazards are to be**
16. **\_\_\_\_\_ Items with small parts or that fit through a paper towel tube are too small for children under**
17. **\_\_\_\_\_ A first-aid kit must be kept in the center / with the children and include at least supplies like**
18. **\_\_\_\_\_ These emergency drills are conducted monthly and every 6 months.**
19. **\_\_\_\_\_ Health and safety plans are located in the center and followed by the staff, children and parents in the event of an**
20. **\_\_\_\_\_ Parents will be asked to sign for and receive a written report of**
21. **\_\_\_\_\_ key factors in preventing and reducing the spread of illness**
22. **\_\_\_\_\_ Toys and materials (bedding, dress-up clothing, etc.) should be**
23. **\_\_\_\_\_ 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. These are the steps for**
24. **\_\_\_\_\_ Handwashing is required to be done**
25. **\_\_\_\_\_ Policy for caring for children who are ill**
26. **\_\_\_\_\_ During diapering/toileting practices, first-aid and when handling food – when you are touching anything that is wet and not yours are all guideline for when you should**
27. **\_\_\_\_\_ Each child age 2 years and older is offered a meal or snack**
28. **\_\_\_\_\_ Providers should be aware of and follow**
29. **\_\_\_\_\_ Food is served in**
 | 1. **Restraining a child’s movement by binding, tying, or any other form of restriction that exceeds gentle, passive restraint.**
2. **written health and safety plan to protect the children**
3. **use gentle, passive restraint with children**
4. **kept on file and updated regularly**
5. **1**
6. **the age of 2**
7. **Fire and disaster drills**
8. **expectations and how any misbehavior will be handled**
9. **antiseptic, bandages and tweezers**
10. **confidential**
11. **35**
12. **inaccessible to children**
13. **notify Child Protective Services or law enforcement**
14. **safe, in good repair and free from hazards**
15. **Positive reinforcement, redirection and by setting clear limits that promote children’s ability to become self-disciplined.**
16. **fence, wall or natural barrier**
17. **40**
18. **physical, emotional, or sexual abuse while in care**
19. **food allergies and sensitivities**
20. **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.**
21. **dishes or napkin and not placed on a bare table**
22. **cleaned weekly or more often if needed for example if a toy is in a child’s mouth**
23. **Keeping the facility clean and sanitary, and washing hands**
24. **emergency or disaster**
25. **The Handwashing Procedure**
26. **every incident, accident, or injury involving their child**

1. **challenges**
2. **at least once every 3 hours**
3. **Wear gloves**
4. **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 and/or is not capable of participating in activities due to the illness.**
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| Healthy and Safe Environment | Healthy and Safe Environment |
| 1. **\_\_\_\_\_ Physical Abuse**
2. **\_\_\_\_\_ 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**
3. **\_\_\_\_\_ Physical Indicators: physical delays, ulcers, developmental lags and habit disorders. Behavioral Indicators: poor self-esteem, difficulty expressing feelings, and problems with relationships**
4. **\_\_\_\_\_ Neglect**
5. **\_\_\_\_\_ 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.**
6. **\_\_\_\_\_ The best way to stop abuse and neglect is to**
7. **\_\_\_\_\_ Shaken Baby Syndrome (SBS) occurs when**
8. **\_\_\_\_\_ Prevent SBS by creating a plan for care that includes**
9. **\_\_\_\_\_ When the caregiver becomes frustrated because they have tried to care for the baby and the baby will not stop crying, the caregiver’s next step is to**
10. **\_\_\_\_\_ The leading cause of death for infants between 1 month and 12 months of age and it happens for an unknown reason is known as.**
11. **\_\_\_\_\_ A way to reduce the risk of SIDS is to put the baby to sleep on their**
12. **\_\_\_\_\_ Always have infants sleep in equipment designed for infant sleep, such as cribs, bassinets, porta- cribs, or playpens (not adult beds, sofas, pillows, etc.). Smoke free room, use sleep sacks instead of blankets, keep them cool, supervise their sleeping, and do not use toys, pillows, stuffed animals, bumper pads, or wedges.**
13. **\_\_\_\_\_ Homeless children tend to deal with these issues**
14. **\_\_\_\_\_ Provide 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, use Resources for homeless families. These are**
 | * + 1. **Sexual**
		2. **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**
		3. **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**
		4. **Checking physical needs, looking for signs of illness or fever, trying calming techniques (swaddle, shushing, suck, swing, sway)**
		5. **Safe sleep practices and actions to take to reduce the risk of SIDS occurring.**
		6. **Back**
		7. **Emotional**
		8. **Methods for helping a child who is homeless**
		9. **Put the baby down in a safe spot while the caregiver takes time to calm down**
		10. **Utah Child Abuse Reporting Law**
		11. **Report it when it is suspected or known**
		12. **SIDS (Sudden Infant Death Syndrome)**
		13. **A baby is violently shaken because the person caring for the baby becomes frustrated or angry when the baby won’t stop crying.**
		14. **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 those that lack “fixed, regular and adequate nighttime residence”**
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| **Developmentally Appropriate Practices** | **Developmentally Appropriate Practices** |
| 1. **\_\_\_\_\_ This sets the tone for the class**
2. **\_\_\_\_\_ Children will be inclined to act appropriately if**
3. **\_\_\_\_\_ The spaces / areas within the center should be**
4. **\_\_\_\_\_ The space should be inclusive (multicultural, non-sexist, differing abilities) through materials like**
5. **\_\_\_\_\_ The space should give the children a feeling of**
6. **\_\_\_\_\_ The space within the centers, especially the entryway, should be**
7. **\_\_\_\_\_ Containers and shelves should be**
8. **\_\_\_\_\_Wet Space arrangement items and centers include**
9. **\_\_\_\_\_ Dry space arrangement items and centers include**
10. **\_\_\_\_\_ Dramatic arts and blocks belong in which space**
11. **\_\_\_\_\_ English Language Arts and technology belong in which space arrangement**
12. **\_\_\_\_\_ Lead Teacher**
13. **\_\_\_\_\_ 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.**
14. **\_\_\_\_\_ Calendaring**
15. **\_\_\_\_\_ 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)**
16. **\_\_\_\_\_ Daily Scheduling and routines**
17. **\_\_\_\_\_ 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.**
18. **\_\_\_\_\_ 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**
19. **\_\_\_\_\_ Lesson Plan**
20. **\_\_\_\_\_ Objective**
21. **\_\_\_\_\_ *Who* are you teaching? “The children will…” *What* is the expected standard for a specific observable learning outcome that will be met to evaluate or assess the child’s performance and learning? *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.**
22. **\_\_\_\_\_ Content Learning Area**
23. **\_\_\_\_\_ Vocabulary words and factual statements that you want the children to understand or grasp as they complete the learning centers**
24. **\_\_\_\_\_ Procedure**
25. **\_\_\_\_\_ Why is the activity DAP? How does it meet DAP requirements?**
26. **\_\_\_\_\_ Refers to the movement from one activity to another or the completion of an activity so as to begin a new activity**
27. **\_\_\_\_\_ Concrete Signals**
28. **\_\_\_\_\_ Novelty Signals**
29. **\_\_\_\_\_ items that the child can see are used to inform them of a change in activity.**
30. **\_\_\_\_\_ sounds used to move children from one area to another**
31. **\_\_\_\_\_ The most significant development of this occurs from birth to 3 years of age where the health, growth, and development depends on the implementation of positive practices.**
32. **\_\_\_\_\_ Positive brain development practice examples**
33. **\_\_\_\_\_ Support overall health and safety, 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**
34. **\_\_\_\_\_ Discipline**
35. **\_\_\_\_\_ Guidance**
36. **\_\_\_\_\_ Punishment**
37. **\_\_\_\_\_ Developing self-discipline is**

1. **\_\_\_\_\_ A very effective way to teach children the desired behavior**
2. **\_\_\_\_\_ Children feel more secure when**
3. **\_\_\_\_\_ Respond to aggressive behavior in**
4. **\_\_\_\_\_ Adjust the environment**
5. **\_\_\_\_\_ 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**
6. **\_\_\_\_\_ Natural Consequences**
7. **\_\_\_\_\_ Logical Consequences**
8. **\_\_\_\_\_ Positive statements, Redirection, Reverse attention, Positive reinforcement and Encouragement, Limited choices, and Time Away/Cool down area**
 | * 1. **Welcoming, pleasing to the eye, and safe**
	2. **Visual arts, Science, sensory**
	3. **Ownership (ex. children’s artwork displayed at their eye level) and belonging.**
	4. **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**
	5. **The set up of the space including furniture, materials and supplies, and the design - Everything in your space.**
	6. **Quiet space arrangement**
	7. **Themes**
	8. **Active space arrangement**
	9. **Mathematics and manipulatives**
	10. **the space is orderly and organized with a place for everything**
	11. **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**
	12. **defined and include an area that is a quiet/calming space where a child can be alone**
	13. **books, pictures, dolls and learning materials**
	14. **child sized and labeled with words and pictures to support independence and language skills. Clear containers work best.**
	15. **Support Teacher**
	16. **involve the use of unusual or new actions and devices to move the children from one activity to the next**
	17. **Transitions**
	18. **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.**
	19. **Rationale**
	20. **Group Time**
	21. **A description of the activity that includes goals and procedure**
	22. **Visual Signals**
	23. **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 (objective) on how to meet it. They describe the expected outcome or desired results of an activity.**
	24. **Learning Centers**
	25. **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.**
	26. **Children or objects move from one place to another**
	27. **Concept**
	28. **Three Parts to an Objective**
	29. **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**
	30. **so that items that might be a potential problem are placed out of sight**
	31. **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**
	32. **Positive guidance techniques**
	33. **Brain Development**
	34. **the overall goal of guidance and discipline**
	35. **Provide proper nutrition, exercise and sleep, Have a safe and loving home, 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**
	36. **nonaggressive ways**
	37. **Common reasons children misbehave**
	38. **More positive brain development practice examples**
	39. **caregivers are consistent**
	40. **Behavior modification when needed; to teach and train a behavior by instruction and exercise in accordance with rules and conduct**
	41. **Creates a continual long term influence on behavior. Ie: example.**
	42. **occurs with interference from the caregiver and should be relevant to the misbehavior. It should be short in duration, not imposed in anger, and provide opportunities for the child to learn from their behavior and/or decision**
	43. **Guiding by example**
	44. **A penalty inflicted for wrongdoing, a crime or offense. Physical or verbal attacks**
	45. **Auditory transition signals**
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| **Licensing** | **Health and Safety** | **Developmentally Appropriate** |
| 1. **D**
2. **F**
3. **K**
4. **M**
5. **O**
6. **P**
7. **A**
8. **J**
9. **G**
10. **N**
11. **B**
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13. **C**
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15. **E**
16. **I**
 | 1. **B**
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19. **X**
20. **Z**
21. **W**
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23. **Y**
24. **T**
25. **DD**
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27. **BB**
28. **S**
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 | 1. **B**
2. **A**
3. **G**
4. **N**
5. **J**
6. **K**
7. **M**
8. **D**
9. **I**
10. **L**
11. **F**
12. **E**
13. **C**
14. **H**
 | 1. **E**
2. **J**
3. **L**
4. **M**
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15. **G**
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17. **X**
18. **T**
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21. **BB**
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23. **AA**
24. **Y**
25. **S**
26. **Q**
27. **Z**
28. **P**
29. **V**
 | 1. **SS**
2. **GG**
3. **II**
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5. **NN**
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7. **RR**
8. **HH**
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10. **MM**
11. **JJ**
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13. **KK**
14. **EE**
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16. **FF**
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