Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **675 / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your ECE Periods:\_\_\_\_\_\_\_\_\_\_\_ Due in 10 days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or you will **NOT** be in the child care training center until it is turned in.

**ECE Child Care Licensing Training Modules**

***“WHO HAS TO DO THIS?”* ECEA and ECE2 Students who have NOT already been pre-serviced trained this school year. This training will be done one time each school year.**

***“WHY DO WE HAVE TO DO THIS?” Child Care Licensing Rules - Center Rule Interpretation Manual*** [***https://childcarelicensing.utah.gov/centerinterpretation.html***](https://childcarelicensing.utah.gov/centerinterpretation.html)

***\*\* R430-100-7 (8): PERSONNEL: As a Utah State Licensed Child Care Training Center, “Each staff member; new director, assistant director, caregiver, assistant caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. High school or college students who work with children in a center as part of a child development class are considered to be volunteers and must complete orientation training no later than 10 days. Rationale / Explanation: The purpose of this state standard rule is to ensure that all new staff members receive basic training for the work they will be doing and understand their duties and responsibilities. Because of frequent staff turnover in the child care field, it is essential that the health and safety of children in care are protected by not leaving new caregivers alone with children until they have completed basic orientation training. \*\****

**All orientation training listed below shall be completed, turned in to the instructor, recorded as training documentation, and kept on file.**

|  |  |  |
| --- | --- | --- |
| **Staff Orientation and Annual training shall include the following Training MODULES plus an annual background check.** | | **How to complete this orientation and annual training** |
| **State of Utah Child Care Licensing background Check application form and processing fee**  ***If this is NOT completed within ten days of the semester, you will NOT be allowed to go in the center until it is done.***  **3000 points (yes, three thousand)** | | * **Option 1: Go to the class website / Canvas and click on the link for *Background Check and Training Module Information* to find the *Background Check form and information*** * **Option 2: Go to the Utah Department of Health Child Care Licensing website – Background Screening Form** <https://ccl.utah.gov/ccl/#/background-screening-form> * An **$18.00 fee** is required to process and complete **each** background screening. This will assessed as a class fee. * **If a student HAS NOT COMPLETED the background check by the time they turn 18, they will also need to complete a fingerprinting.** Fingerprints have a **$37.00** processing fee are done through the school police officer. |
| 1. **1**   1. | **Utah Child Care Licensing Rules #7-24**    ***\_\_\_\_\_\_ / 150 points***  **(150 blanks)** | * **Read through the -A- document to see which blanks to fill in on the -B- document of the *Utah Child Care Licensing Rules*. Write the answers for each blank ON YOUR OWN PIECE OF PAPER and ATTACH IT.** * **OPTIONS for obtaining the documents:**  1. **Get both the *-A- and -B- Utah Child Care Licensing Rules* packets*.* When you are finished, return the packet.** 2. **Go to the ECE class Canvas page and click on the module for *Background Check and Training Module Information* where you will find both the *-A- and -B- Utah Child Care Licensing Rules packets*.**   **This information is also found in great detail at the Utah Child Care Licensing Program website** <https://childcarelicensing.utah.gov/centerinterpretation.html> ***Current Child Care Licensing Rules* Sections R430-100-7 through 24.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2.** | **Preventing (SIDS) sudden infant death syndrome and use of safe sleeping practices**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Go to the ECE class website and click on the side link for *Background Check and Training Module Information*. Click on the Training Module Resources assignment link. Click on the link for *Preventing Sudden Infant Death Syndrome* to read about and help you to complete the information below.** * **How can you help to prevent SIDS use of safe sleeping practices?**  |  | | --- | |  | | | |
| **3.** | **Recognizing the signs of homelessness and available assistance**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Go to the ECE class Canvas page and click on the module for *Background Check and Training Module Information* where you will findinformation on *recognizing the signs of homelessness* to help you complete the information below.** * **What are signs of Homelessness?**  |  | | --- | |  |  * **What assistance is available to help children and families affected by homelessness?**  |  | | --- | |  | | | |
| **4.**  **4.** | **The Davis District’s ECTC (Early Childhood Training Center) Health and Safety Plan**  ***\_\_\_\_\_\_\_ / 40 points***  ***(8 blanks x 5pts each)***  **The Davis District’s ECTC (Early Childhood Training Center) Health and Safety Plan** | | * **Go to the ECE class Canvas page and click on the module for *Background Check and Training Module Information* where you will find *Davis District’s ECTC (Early Childhood Training Center) Health and Safety Plan.* Read through the Davis District’s ECTC (Early Childhood Training Center) Health and Safety Plan to answer the questions below.** * **What is meant by the caregiver giving *direct supervision of the children at all times*? (supervision and ratio)**  |  | | --- | |  |  * **What is the ECTC policy for releasing children to authorized individuals only? What if you do not know the individual? (attendance)**  |  | | --- | |  |  * **What will the ECTC do to prevent and control infectious diseases? (sick care policy)**  |  | | --- | | **Sanitation of surfaces, toys, and materials:** | | **Sick policy:** |  * **In terms of emergency preparedness, what will we do in our center if:**  |  | | --- | | 1. **There is a fire or emergency evacuation?** | | 1. **There is an earthquake?** | | 1. **There is a lockout?**   **Lockdown** |  * **How will the ECTC keep children’s and family’s information confidential?**  |  | | --- | |  | | | |
| **4A. job description and duties**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Go to the ECE class Canvas page and click on the module for *Background Check and Training Module Information* where you will find *Job description and Duties* to read about and help you to complete the information below.** * **What are 3 of your job descriptions, responsibilities, and duties that you are expected to perform in your area?**  |  | | --- | | **1.** | | **2.** | | **3.** | | | |
| **4B. Introduction and orientation to the assigned children.**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Go to the adult manager in your assigned child area and schedule a time to complete this section on having an *introduction and orientation to the assigned children.*** * **Have the adult manager sign here to show that you received your orientation from them:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **What are 2 specific responsibilities, and duties that you are expected to perform in your assigned area?**  |  | | --- | | **1.** | | **2.** | | | |
| **4C. Review the information in the health assessment for each child in your assigned group**    ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Go to the adult manager in your assigned child area and schedule a time to complete this section on having a *Review of health assessment for each child.*** * **Have the adult manager sign here to show that you received your orientation from them:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Name one of the children that you were given special CONFIDENTIAL information concerning their care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** * **What attention are you to provide for the above listed child who needs special CONFIDENTIAL care?**  |  | | --- | |  | | | |
| **4D. Proper cleanup of body fluids**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | | * **Go to the ECE class Canvas page and click on the module for *Background Check and Training Module Information* where you will find information on *Proper Clean Up Of Body Fluids*.** * **Summarize the 8-step procedure for cleaning up body fluids.**  |  | | --- | |  | |
| **4E. Point of Service**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Go to the ECE class Canvas page and click on the module for *Background Check and Training Module Information* where you will find information on *Point of Service*.** * **What is your role during Point of Service?**  |  | | --- | |  | | | |
| **4F. Child and Adult Care Food Program (CACFP)**  **AND Civil Rights Training**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Read New Employee Orientation Training for the Child and Adult Care food Program (CACFP) *(BELOW)* and initial each item that you will support.** * **Read the Civil Rights Training *(BELOW)*  for the Child and Adult Care food Program (CACFP) and initial each item that you will support.** * **For more information on this food program, you can go to** [**http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/training.php**](http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/training.php) **Click on the link for *Child and Adult Care Food Program (CACFP).*** | | |
| **EMPLOYEE ORIENTATION TRAINING FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) (initial each item that applies and you will support)**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand the importance of giving each child a complete serving of each item on the menu.   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I know how to look up serving sizes based on age and the type of meal by using the Food Chart.  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that each child needs to receive their full serving of milk unless there is a medical statement (from a medical person) telling what they should get instead. It has also been explained to me that each child must get their own milk, and that passing it to someone else because they don’t want it does not count.  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have had Point of Service (POS) meal counts explained to me and understand that meal counts must be taken during the meal, after the child has received their complete meal and before they have left the table.   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that I do not mark children on the meal count sheets if they do not come to the table and are not served a meal.   6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I know how to look up serving sizes based on age and meal type on the Infant Meal Chart.  7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand infant meals must be served and recorded according to the Infant Meal Chart. I also understand infants up to one year old only get formula or breast milk (not regular milk) as part of a CACFP meal.  8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that infant meals must be recorded as soon as possible after the infant was served.  9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have had meal production sheets explained to me.  10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have had the USDA Food Buying Guide and Utah Simplified Food Buying Guide explained to me.  11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that meals must be planned on the meal production sheets at least a week before the meal.  12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that the actual amount prepared for children age 1 and up and any adult that were served must be recorded on the meal production record as soon as possible after the meal is prepared and during the meal if possible.  13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that food cannot be used as a punishment. Meals and snacks cannot be withheld or threatened to be withheld, or the child isolated during meals.  14. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have received Civil Rights training (SEE BELOW) and understand that children cannot be treated differently because of race, color, national origin, sex, age or disability. | | | | |
| **CIVIL RIGHTS TRAINING FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) (initial each item that you will support)**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The six protected classes under the Civil rights legislation are National origin, Race, Color, Age, Disability, and Sex.   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Civil Rights training must be provided ANNUALLY to staff involved in the CACFP.  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children with disabilities must have a statement certified in writing by a licensed physician.  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Each facility serving the public must predominately display the ***Justice For All Poster*** in public.   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Law requires reasonable provisions be made to accommodate children whose parents make a request for special nutritional needs.   6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I know how to look up serving sizes based on age and meal type on the Infant Meal Chart.  7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ All medical information must be kept confidential.  8. Read over the following and initial that you understand them.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **“This institution is an equal opportunity provider”.** This statement must be included in documents in the same size font as the body of the text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Special Dietary Needs Manual*** is a resource to assist in accommodating children with disabilities.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Civil Rights Statement*** must be included on all announcements and any materials sent home to parents or published on a web page. | | | | |
|  | **Preventing shaken baby syndrome, abusive head trauma, and coping with crying babies.**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Go to the ECE class website and click on the side link for *Background Check and Training Module Information*. Click on the Training Module Resources assignment link. Click on the link for *Coping with Crying Babies and* *Preventing Shaken Baby Syndrome* to read about and help you to complete the information below.** * **Give 3 strategies for coping with a crying baby**  |  | | --- | | **1.** | | **2.** | | **3.** |  * **How can you prevent Shaken Baby Syndrome and abusive head trauma from occurring?**  |  | | --- | |  | | | |
|  | **Signs and symptoms of child abuse and neglect, including sexual abuse, and legal reporting requirements.**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Go to the ECE class Canvas page and click on the module for *Background Check and Training Module Information* where you will findinformation on *Child Abuse* to help you to complete the information below.** * **Explain these types of abuse**  |  |  |  | | --- | --- | --- | | **Child Abuse** | **Define** | **Signs and Symptoms** | | **Physical** |  |  | | **Emotional** |  |  | | **Neglect** |  |  | | **Sexual** |  |  |  * **Explain the state’s legal MANDATORY reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation.**  |  | | --- | |  |  * **Provide the contact information (name, phone #, address) for Two local agency’s you can contact to report the abuse?**  |  |  | | --- | --- | |  |  | | | |
|  | **Behavioral expectation and positive guidance**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Go to the ECE class Canvas page and click on the module for *Background Check and Training Module Information* where you will findinformation on *Behavioral Expectation and Positive Guidance* to help you to complete the information below.**  |  |  |  | | --- | --- | --- | | **Child’s Age** | **Behavioral expectation** | **Positive guidance method** | | **Birth – 1** |  |  | | **1 -2** |  |  | | **2 -3** |  |  | | **3 - 5** |  |  | | | |
| **8.** | **Positive Principles of Child Growth and Development including brain development**  ***0 1 2 x 10 = \_\_\_\_\_ / 20*** | | * **Go to the ECE class Canvas page and click on the module for *Background Check and Training Module Information* where you will findinformation on *Principles of Child Growth and Development* to help you to complete the information below.** * **How can we develop a child’s brain from birth to 5 years’ old?** * **Identify Positive Principles of Child Growth and Development at each age**  |  |  | | --- | --- | | **Child’s age** | **Positive Practices** | | **Birth – 1** |  | | **1 -2** |  | | **2 -3** |  | | **3 - 5** |  | | | |