Early Childhood Education 3

Exam Information	Description
Exam number **329** **Items** **27** **National Career Cluster** **Human Services** **Certification available** **Yes**	The Early Childhood Education 3 industry certification exam assesses learners' ability to teach young children, demonstrate knowledge of positive employment skills, maintain a healthy environment for children, and develop positive relationships with children. Learners' preparation for the Child Development Associate Credential (CDA) and comprehension of concepts and standards outlined in Science, Technology, Engineering, and Math (STEM) education are evaluated. Additionally, participation in student leadership and competitive events (FCCLA) may be included. Prerequisites include Child Development, Early Childhood Education 1, and Early Childhood Education 2.

Exam Blueprint and Performance Skills

Standard	Percentage of exam score
1. Licensing Rules	30%
2. Identify Child Abuse Signs	23%
3. Developmentally Appropriate Practices	14%
4. Guidance Strategies	26%

*Includes performance skill evaluation

Standard 1 - Licensing Rules

Students will receive pre-service training and implement their state Child Care Licensing Rules.

Objective 1 Complete and implement Pre-service training.

1. Discuss state pre-service training options

Objective 2 Students will review and implement their state licensing standards.

1. Identify qualifications for directors, lead teachers, and supporting teachers in an early childhood setting.
2. 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

Objective 3 Apply active supervision of each child at all times.

1. Set Up the Environment- so staff can supervise and be accessible to children at all times.
2. 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.
3. Scan and Count- staff always know how many children are in their care and what they are doing.
4. Listen- listen for specific sounds or the absence of them that could indicate a potential danger.
5. Anticipate Children's Behavior- staff use what they know about their children to anticipate potential challenges.
6. Engage and Reflect- staff work together to assist in the care of children.
7. Child Safety and Injury Prevention:
8. All harmful objects and hazards are inaccessible to children; to view a list see the Child Care Center Rule Interpretation Manual, section 13.
9. Objects and other items that are brought into the center (backpacks, things in pockets, etc.) may also be hazardous.
10. Items with small parts or that fit through a paper towel tube are too small for children under the age of 2.
11. Emergency Preparedness and Response:
12. Keep first-aid supplies in center, including at least antiseptic, bandages and tweezers.
13. Fire drills are conducted monthly and disaster drills at least once every 6 months
14. Health and safety plan are located in the center and followed in an emergency or disaster
15. Parents will receive a written report of every incident, accident, or injury involving the child
16. Health and Infection Control.
17. Keeping the facility clean, sanitized, and washing hands are key factors in preventing and reducing the spread of illness.
18. 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)
19. Proper Handwashing Procedures should be posted and followed:
20. Use warm water. Run water over hands to remove soil before applying soap.
21. Use liquid soap and rub hands together to create a soapy lather.
22. Rub hands for at least 20 seconds including back of hands, between fingers and under fingernails.
23. Rinse hands and dry with a single-use towel.
24. Handwashing is required:
25. Before handling or preparing food or bottles.
26. Before and after eating meals and snacks or feeding a child.
27. After using the toilet or helping a child use the toilet.
28. After contact with a body fluid.
29. When coming in from outdoors or arriving to work.
30. After cleaning up or taking out garbage.
31. A child who is ill with an infectious disease may not be cared for at the center except when the child
32. shows signs of illness after arriving at the center.
33. Gloves should be worn during diapering/toileting practices, first-aid and when handling food.
34. Food and Nutrition:
35. Each child age 2 years and older is offered a meal or snack at least once every 3 hours.
36. 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.

Optional: Standard performance evaluations on the final page of this document.

Standard 2 - Identify Child Abuse Signs

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

Objective 1 Identify the signs of child abuse.

1. Provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.
2. Inform parents, children and those who interact with the children of the center's behavioral expectations and how any misbehavior will be handled.
3. 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.
4. 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.

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

1. Abusive head trauma (AHT), including shaken baby syndrome, is a severe form of child abuse that results in brain injury.
2. It is caused by violent shaking and/or with blunt impact.
3. The resulting injury can cause bleeding around the brain or on the inside back layer of the eyes.
4. AHT often happens when a parent or caregiver becomes angry or frustrated because of a child's crying.
5. Abusive head trauma is preventable by responding to infant crying appropriately.
6. Examine ways to cope with crying.
7. Techniques for soothing an infant: Touch, Motion, Sound.
8. 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.
9. At least one of every four babies who experience AHT dies from this form of child abuse.

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

1. SIDS is the sudden, unexplained death of an apparently healthy child in their sleep (often under 1 year old).
2. Use safe sleep practices to reduce the risk of SIDS:
3. Always place infants on their backs for sleeping.

4. No toys, pillows, stuffed animals, bumper pads, or wedges in the crib or bassinet.
5. Sleep infants in equipment designed for sleep, such as cribs or bassinets. Car seats, strollers, and swings should be avoided for sleeping.
6. Dress infants in sleep clothing, such as sleepers and sleep sacks, instead using blankets • Avoid letting infants get too hot when they are sleeping. Signs of overheating include sweating, damp hair, flushed cheeks, heat rash, or rapid breathing.
7. 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.
8. 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.
9. 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 3 - Developmentally Appropriate Practices

Students will evaluate and model developmentally appropriate practices with children.

Objective 1 Students will evaluate and model developmentally appropriate practices with children.

1. Purposes of intentional space arrangement
    a. Everything in your space, including furniture, materials and supplies set the tone for the class.
    b. Children will be inclined to act appropriately if the space is orderly and organized with a place for everything.
2. Centers are defined and include a quiet/calming space where a child can be alone.
    a. Space should be welcoming, pleasing to the eye and safe.
    b. Children should have ownership in the space (ie: children's artwork displayed at their eye level).
3. The space should be inclusive (multicultural, non-sexist, differing abilities) through books, pictures and learning materials.
    a. Containers and shelves are child sized and labeled with words and pictures to support independence and language skills.
4. Space arrangement:
    a. Wet- Visual arts and Science/sensory.
    b. Dry- Mathematics and manipulatives.
    c. Active- Dramatic arts and blocks.
    d. Quiet- English Language Arts and technology.

Standard 4 - Guidance Strategies

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

Objective 1 Identify i-messages

1. I-messages: A specific description of behavior, how it affects you, and your feelings about it.
    a. An i-message should follow this form “I feel when because , next time please .” Ex: “I feel worried when you climb up the slide because you might get hurt next time please use the ladder.”

Objective 2 Identify the reasons to teach and use i-messages in an early childhood setting.

1. Emotional intelligence: become more comfortable with labeling their emotions and communicating them to others.
2. Assertiveness: respectfully and clearly teach others how to treat us.
3. Problem solving: A tool to express feelings without blaming or judging.

Objective 3 Facilitate and encourage the development of independent problem solving.

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.
2. Physical Intervention: Physically stop children when they are hurting each other. Then focus on actively resolving the conflict at hand.
3. Active Intervention: Steps in Teaching Conflict Resolution
    a. Identify the problem and define it as a shared problem.
    b. Invite children to participate in fixing the problem.
    c. Generate possible solutions as a group.
    d. Examine each idea for its merits or drawbacks. Decide which idea to try.
    e. Work out ways of putting the plan into action.
    f. Follow up. Evaluate how the plan worked

Optional: Standard performance evaluations on the final page of this document

Performance Skills Evaluation

Exam name: Early Childhood Education 3

Candidate Name: _____

Performance assessments may be completed and evaluated any time before the certification is issued. The following performance skills can be used in connection with the associated standards and exam. The evaluator will function as the subject matter expert to determine if the candidate meets the skills requirements with a Yes/No for passing.

Standard 1 – Licensing rules • Review state licensing standards and evaluate a child care center to assess if it meets the qualifications outlined. (Facility, Ratios and Group Size, Administration and Children's Records)	**Pass:**
Standard 2 – Identify child abuse signs • Complete the Prevent child abuse state training	**Pass:**
Standard 4 – Self awareness and careers • Conduct a child case study. Perform three different types of observations(see ECE 2 Strand 1). One of the observations should be completing the CDC milestones checklist for the child's age. https://www.cdc.gov/ncbddd/actearly/milestones/index.html • Identify a need for support. Develop strategies and a lesson plan to address that need. (Ex: taking turns, communicating needs, empathy, conflict resolution etc..)	**Pass:**

Evaluator Name: _____ **Date:** _____