



**Early Childhood Education Programs –**

**Donna Hart**  
**Program Coordinator & Advisor**

Welcome and congratulations on your recent acceptance to White Mountains Community College Early Childhood Education Program. My name is **Donna Hart** and as your academic advisor, I want you to know that I am available to you if and when you have any questions throughout your college career. The best way to contact me is by email [dhart@ccsnh.edu](mailto:dhart@ccsnh.edu) or by phone (802) 249-3150.

Students entering into the ECE program are required to:

1. **REVIEW THE COLLEGE WEBSITE:** become familiar with the contents. At [www.wmcc.edu](http://www.wmcc.edu) you will find information about classes, program of study, academic transcripts, college forms, how to access grades, etc. Of particular importance prior to beginning your college career in ECE are the Health Considerations, Character Expectations and Technical Standards. These are clear standards for success in the field.
2. **CHILD CARE PERSONNEL HEALTH FORM:** Early Childhood Students are required to have a current physical form on file by September 1 with the ECE Program Coordinator. This form is included in this letter. This is a requirement for participation in all ECE classes and employment.
3. **NH CRIMINAL RECORD CHECK:** Early Childhood Education students are required to submit to the State of NH a Criminal Records check including fingerprints. Students are required to complete this by the end of the first semester. Instructions and forms are included. This is a requirement for participation in all ECE classes and employment.
4. **TECHNOLOGY REQUIREMENTS:** WMCC- ECE Program integrates technology in all classes. Students are required to learn through online learning experiences. Therefore, it is important that you have access to a computer. It is impossible to complete all assignments on your phones.

Students unable to comply will not be able to register for ECE Practicum or be employment ready.

If you have any questions, call or email me. I am looking forward to meeting you.

*Donna Hart*

**Criminal Background Checks and Fingerprinting:**

The Child Care Licensing Unit requires that anyone 18 years of age or older working in a licensed child care program submit to a NH criminal history record conducted by the State Police Department. In addition, other individuals age 16 and over who are in contact with children and all family child care home household members age 10 and over must submit to a child abuse and neglect background check conducted by NH DCYF.

**[Childcare Care Licensing Background Check FAQ](#)****[Step by Step Background Check Instructions \(Video\)](#)****[Step By Step Background Check Instructions \(Transcript\)](#)****REQUIRED FORMS (Attached)**

- [Household & Personnel Form](#)
- [Criminal Records Information Authorization](#)
- [Childcare Personnel Health Form](#)

**[Approved LiveScan Sites](#)**

**Do you currently live out of state? Have you lived in another state in the last 5 years?**

**Out of State Requirements**

Students requiring a background check who have lived in other states during any part of the last five years, must have an abuse and neglect registry check completed in each of those states. [To submit for out-of-state background checks.](#)

**DHHS/OFFICE OF LEGAL SERVICES, CHILD CARE LICENSING UNIT**

129 PLEASANT STREET, CONCORD, NH 03301  
 Telephone 1-800-852-3345 Extension 9025 or 603-271-9025

**HOUSEHOLD AND PERSONNEL FORM**

Complete this form for ALL new staff or household members ages 10+ upon first day of hire or residence. See instructions on page 2 for an explanation of each section. **Questions? Call 603-271-9025**

PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK. (PLEASE KEEP A COPY FOR YOUR RECORDS)

PROGRAM NAME, ADDRESS, AND LICENSE NUMBER MUST BE COMPLETE OR THIS FORM WILL NOT BE ACCEPTED.

Program Name _____	License # _____
Mailing Address (PO Box or Street) _____	
City _____	State _____ Zip Code _____

**FOR OFFICE USE ONLY** \_\_\_\_ the individual listed on this form is eligible to work in child care in the state of New Hampshire.

<b>LAST NAME, (MAIDEN NAME) FIRST NAME, MIDDLE INITIAL</b> <b>YOU MUST INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAME, AND ANY/ALL OTHER NAME(S) IF APPLICABLE.</b>	<b>DOB</b> MM/DD/YY	<b>Child Care Eligibility Card # and Expiration Date</b> For Individuals 18+ (if one has been issued)

Today's Date: \_\_\_\_\_ Employee Start Date: \_\_\_\_\_

**Household Member** (*person, age 10+, who resides at the location where child care is offered but is not an employee*)

**Position hired for (using CCLU descriptions and qualifications)**

**Center/Afterschool:**

- Center Director
- Lead Teacher
- Associate Teacher
- Assistant Teacher

- Site Director/Coordinator
- Group Leader
- Assistant Group Leader
- Jr Helper/Project Leader

**Family:**

- Provider
- Family Child Care Worker
- Family Child Care Assistant

**Institution:**

- Program Director
- Direct Care Staff
- Child Care Assistant

Other: \_\_\_\_\_ (cook, office, others in contact with children)

In what states have you lived in the last five years (indicate states other than NH and dates of residence, add additional sheet if necessary):

Dates (From - To)	City and State

Your current mailing address:	Your current physical address (if different):

Previous 6 months NH child care employment (add additional page if necessary):

Dates (start-finish)	Program Name	Town

I hereby swear that:

- a) All information provided above is accurate.
- b) I have not been convicted of a *felony* consisting of murder, child abuse or neglect, crimes against children (including pornography and trafficking), spousal abuse, rape or sexual assault, kidnapping, arson, physical assault or battery, or a drug related offense (in the last 5 years) or convicted of a violent *misdemeanor* committed as an adult against a child including child abuse, child endangerment, sexual assault or child pornography, or a crime which shows that I might be reasonably expected to pose a threat to a child, such as violent crime or sexually related crime against an adult.

CCLU will investigate all criminal records, sex offender registries and abuse and neglect registries and offer opportunity for eligibility. **The crimes listed in b above exclude you from eligibility.** You can challenge all criminal records through either the state police or the FBI.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name & Signature of parent or legal guardian required if individual is under 18. Relationship to Minor: \_\_\_\_\_  
*Signed under penalty of unsworn falsification pursuant to NH RSA 641:13*

Notary signature: \_\_\_\_\_ (AFFIX Seal) (comm. exp.)

## Household and Personnel Form Instructions

In order for forms to be processed in a timely manner please review these instructions completely before completing the form. Incomplete or illegible forms will be returned to the program which will delay the process and could impact your ability to be employed.

### Section 1: Program Information

List all information for the program you are working at.

### Section 2: Name

List ALL names, including ALL last names/Aliases that you have ever used.

### Section 3: Employment Information:

Please indicate the role you are being hired for and your anticipated start date. This date is the date that you will begin working with children. Please do not use a start date where you may be participating in orientation and not working with children as this could be before your background check has been completed, and you may not work with children before you get your background check done.

### Section 4: Previous addresses

List ALL states, other than NH, you have lived in (including for college) in the last five years. Include the dates (month, approximate day & year), and town(s) of each state lived in. **ONLY** list states from the previous five years, listing states lived in before the 5 year timeframe will delay your approval. For all individuals who have lived in other states during any part of the last five years there must be an abuse and neglect registry check completed in each of those states. Release forms and instructions for each individual state can be found at <https://www.dhhs.nh.gov/oos/cclu/out-of-state-checks.htm> **NOTE:** If an individual has current fingerprint results and your program is submitting the Household & Personnel form **ONLY** please ask CCLU or the individual if they have already had out of state checks completed for previous residences. IF they have there is no need to resubmit the out of state forms.

### Section 5: Address

Please include your current mailing and physical addresses in case we need to contact you related to your background checks. Incorrect information could delay approval. All mail related to convictions requiring additional review is sent certified so it's important to collect any certified mail in a timely manner as these letters are time sensitive and failure to collect and respond will impact your ability to work.

### Section 6: Previous employment

Please list **ONLY** the last 6 months of NH child care employment. If you have not been employed in a licensed child care in NH for over 6 months you **MUST** leave this section blank, and complete the fingerprint based background check again. Our office will retain this form until we receive results of a new background check.

### Section 7: Sworn Statement

Please read, sign and date.

### Section 8: Notarize

Effective January 1, 2018, all Household & Personnel forms must be notarized.

c:\users\theresa.j.peck\appdata\local\microsoft\windows\inetcache\content.outlook\r44htkan\household personnel form and instructions.docx

**1** → Program Name

**2** → License #

**3** → Mailing Address (PO Box or Street)

**4** → Position hired for (using CCLU descriptions and qualifications)

**5** → Previous 6 months NH child care employment (add additional page if necessary)

**6** → Your current mailing address

**7** → I hereby swear that:

**8** → Your signature

**NOTE:** All signatures on the Household & Personnel form must be original AND the forms must be notarized. Photocopies of the signed and notarized form will NOT be accepted.



# State of New Hampshire

CCLU 1-A

**Criminal Records Unit**  
Department of Safety  
DIVISION OF STATE POLICE  
33 Hazen Drive, Concord, NH 03305

### NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

**Choose one:**

- CHILD DAY CARE NH RSA 170-E:7 II**
- CHILD CARE INSTITUTIONS RSA 170-E:29-a:II**

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I	SECTION II
<p>NAME: _____  <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>MI</span> </small></p> <p>ADDRESS: _____  <small style="display: flex; justify-content: space-between; width: 100%;"> <span>STREET</span> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </small></p> <p><b>ALL</b> previous last names: _____</p> <p>DOB: _____ Hair Color: _____ Eye Color: _____ Sex: _____</p> <p>Driver's License #: _____ State: _____</p> <p><b>My signature below certifies I am the individual listed above and the information provided is true.</b></p> <p>Signature: _____ Date: _____  <small>Signed under penalty of unsworn falsification pursuant to RSA 641:3</small></p>	<p>I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:</p> <p style="text-align: center;"><b>Mychelle Brown/DHHS, Child Care Licensing Unit</b>  <b>129 Pleasant Street, Concord, NH 03301</b></p> <p>Your Signature: _____ Date: _____</p> <p>Notary Signature: _____  <small style="display: flex; justify-content: space-between; width: 100%;"> <span>(AFFIX Seal)</span> <span>(comm. exp.)</span> </small></p> <p style="text-align: center;"><i>Mychelle Brown</i>  <small>SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD</small></p>

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.**

<p><b>FEES</b></p> <p>1 LIVESCAN - \$20.75</p> <p>Please include:</p> <ul style="list-style-type: none"> <li>Payment payable to: <b>State of NH – Criminal Records</b></li> <li>This notarized form with original signatures.</li> </ul> <p style="text-align: center;">Mail to:</p> <p style="text-align: center;">Child Care Licensing Unit  129 Pleasant Street  Concord, NH 03301</p>	<p>Child Care Program: _____</p> <p>License #: _____</p> <p>Prepaid Account (if applicable): _____</p> <p>_____</p> <p>Program Physical Address (Street, City, State, Zip)</p> <p>_____</p> <p>Program Mailing Address (Street or PO Box, City, State, Zip)</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------





**Fingerprints submitted within the last five years?** If you have had fingerprints completed for DHHS you may not need to repeat fingerprinting. If you are unsure *PLEASE* call us at 603-271-9025!

Please see the Frequently Asked Questions from Child Care Licensing located at <http://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm>.

**Background Check Laws:** Check the box that represents the type of program you will be working at. RSA 17-E:7 II for center based and family child care **OR** RSA 170-E:29-a:II for child care institutions.

**Fingerprints** (there are several ways to complete fingerprints for an FBI background check, please read and follow the instructions for the method you are using)

**RECOMMENDED**

**Department of Safety Fingerprint Station:** The stations listed below all use LiveScan (digital) fingerprinting.

**NH Department of Safety:** 33 Hazen Drive (James H. Hayes Building), Concord

**Troop E – Tamworth Area:** 1864 Rte. 16 White Mountain Highway, Tamworth

**DMV Dover Point:** 50 Boston Harbor Road, Dover

**Troop C – Keene Area:** 15 Ash Brook Court, Keene

**DMV Manchester:** 377 South Willow Street, Manchester

**Troop F – Littleton Area:** 549 Route 302, Twin Mountain

**DMV Salem:** 154 Main Street, Salem

1. Call the appointment desk at the Department of Safety at 603-223-3867 to make an appointment.
2. Bring one of the following to your appointment:
  - Official photo identification such as a driver's license, State issued photo ID, or passport.

Once printed:

3. Submit the following *directly* to the Child Care Licensing Unit, 129 Pleasant Street, Concord, NH 03301:
  - **Household and Personnel form** (CCLU 1-B) (ensure that this form is notarized)
  - **Criminal History Record Information Authorization form** (CCLU 1-A) (ensure that this form is notarized AND indicates which law you are submitting your fingerprints under (see above);
  - **Applicant/Licensing LiveScan Fingerprinting form** (which you will receive from the official taking your fingerprints); AND
  - a check for **\$20.75** made payable to **State of NH – Criminal Records**.

**ALTERNATE: Local Police Station** - Please note local police may charge an additional service fee and may delay the issuance of a new or renewed license.

**Local Police Locations w/ LiveScan:**

1. Make an appointment with your local police station to be fingerprinted. Call the local police station directly, **DO NOT CALL** the appointment desk number listed above.
2. Bring any additional fees the local police station may charge, to the appointment, along with one of the following:
  - Official photo identification such as a driver's license, State issued photo ID, or passport.

Once printed:

3. Submit the following *directly* to the Child Care Licensing Unit, 129 Pleasant Street, Concord, NH 03301:
  - **Household and Personnel form** (CCLU 1-B) (ensure that this form is notarized)
  - **Criminal History Record Information Authorization form** (CCLU 1-A) (ensure that this form is notarized AND indicates which law you are submitting your fingerprints under (see above);
  - **Applicant/Licensing LiveScan Fingerprinting form** (which you will receive from the official taking your fingerprints); AND
  - a check for **\$20.75** made payable to **State of NH – Criminal Records**.

**Your total paid will be \$20.75, submitted directly to the Child Care Licensing Unit; plus any fees charged by the Local PD, as indicated when you make the appointment, which will be paid directly to the PD at time of printing.**

**NOTE: INK PRINTS ARE NO LONGER ACCEPTED**

**INDIVIDUALS CANNOT BEGIN WORKING UNTIL ALL INFORMATION NOTED IN #3 ABOVE IS SUBMITTED TO THE CHILD CARE LICENSING UNIT!**

**ALL SECTIONS OF THE CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION CHILD CARE FORM MUST BE COMPLETED FULLY IN INK AND MUST BE LEGIBLE.** Submission of incomplete forms may result in the entire packet being returned to you for completion or your results may not be associated with your child care program, resulting in additional fingerprinting and costs. All signatures must be original AND the forms must be notarized. Photocopies of the signed and notarized form will NOT be accepted. State Police will no longer accept previously issued release forms from the Child Care Licensing Unit. Instructions Revised 1/2019

**KEEP COPIES OF ALL DOCUMENTATION FOR YOUR RECORDS**

**Please visit <http://www.dhhs.state.nh.us/DHHS/BCCL> for additional information.  
If you need clarification or have any questions, we welcome your calls 603-271-9025.**

## CHILD CARE PERSONNEL HEALTH FORM

NAME OF CHILD CARE PROGRAM: \_\_\_\_\_

NAME & ADDRESS OF EMPLOYEE: \_\_\_\_\_  
\_\_\_\_\_

MY SIGNATURE BELOW AUTHORIZES THE RELEASE OF THE FOLLOWING MEDICAL INFORMATION TO THE ABOVE NAMED CHILD CARE PROGRAM AND TO THE BUREAU OF CHILD CARE LICENSING.

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

### THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A LICENSED HEALTH PRACTITIONER.

#### TUBERCULIN TEST (REQUIRED FOR HIGH RISK INDIVIDUALS ONLY)

(IF YOU HAVE QUESTIONS ABOUT WHO MAY BE HIGH RISK, YOU MAY CONTACT THE TB PROGRAM FOR INFORMATION AT 1-800-852-3345, EXT. 4496 IN NH, OR OUTSIDE NH AT 603-271-4496)

TUBERCULIN SKIN TEST TYPE (MANTOUX RECOMMENDED): \_\_\_\_\_ DATE OF TEST \_\_\_\_\_

DATE OF INTERPRETATION \_\_\_\_\_ FINDINGS: \_\_\_\_\_ (mm induration)

POSITIVE TUBERCULIN SKIN TEST MUST BE FOLLOWED UP BY A CHEST X-RAY AND REFERRAL TO A NH TB PROGRAM (271-4496)

DATE AND FINDINGS OF CHEST X-RAY: \_\_\_\_\_

PHYSICIAN'S COMMENTS: \_\_\_\_\_

#### IMMUNIZATIONS: ITEMS 1 THROUGH 4 ARE RECOMMENDED, NOT REQUIRED BY LICENSING RULES

1. RUBELLA: DATE OF IMMUNIZATION: \_\_\_\_\_ OR DATE OF TITER: \_\_\_\_\_

2. MEASLES (RUBEOLA): DATE OF IMMUNIZATION(S): \_\_\_\_\_ OR DATE OF TITER: \_\_\_\_\_

DATE OF DISEASE (MUST HAVE BEEN PHYSICIAN DIAGNOSED): \_\_\_\_\_

3. TETANUS/DIPHTHERIA/PERTUSSIS (TDAP—PREFERRED) OR TETANUS/DIPHTHERIA (TD): DATE OF IMMUNIZATION: \_\_\_\_\_

4. HEPATITIS B: DATE IMMUNIZATION SERIES COMPLETED: \_\_\_\_\_

PLEASE INDICATE BY CHECKING BELOW, ANY CURRENT OR PREVIOUS ILLNESS WHICH COULD IMPACT THE EXAMINEE'S ABILITY TO ADEQUATELY CARE FOR CHILDREN:

	YES	NO	UNKNOWN		YES	NO	UNKNOWN
TUBERCULOSIS OR OTHER PULMONARY PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FADING AND DIZZY SPELLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR NEUROLOGICAL CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SERIOUS DEFECTS OF BONES & JOINTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER CHRONIC DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER COMMUNICABLE DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL OR EMOTIONAL DISTURBANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALCOHOL OR DRUG DEPENDENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIFICS REGARDING ANY OF THE ABOVE CONDITIONS:

PLEASE LIST ANY MEDICATION CURRENTLY PRESCRIBED, WHICH COULD EFFECT HIS/HER ABILITY TO CARE FOR CHILDREN:

\_\_\_\_\_  
\_\_\_\_\_

IMPRESSION OF PRESENT STATE OF HEALTH:

\_\_\_\_\_  
\_\_\_\_\_

BECAUSE OF THE CONDITIONS NOTED ABOVE I DO NOT RECOMMEND THAT THE EXAMINEE BE EMPLOYED CARING FOR CHILDREN. (IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE OF FORM)

DATE OF EXAMINATION (IF DIFFERENT THAN THE DATE SIGNED BELOW): \_\_\_\_\_

BY SIGNING BELOW I HEREBY CERTIFY THAT THIS PATIENT HAS NO APPARENT HEALTH PROBLEMS THAT WOULD PROHIBIT HIS/HER EMPLOYMENT CARING FOR CHILDREN UNLESS THE BOX ABOVE IS CHECKED.

SIGNATURE OF LICENSED HEALTH PRACTITIONER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

PLEASE TYPE OR PRINT NAME AND ADDRESS OF LICENSED HEALTH PRACTITIONER



## **Health, Character and Technical Standards for Early Education Programs**

The college must ensure that patients/clients/children are not placed in jeopardy by students during learning experiences. Therefore, students in practica, service learning and clinical experiences must demonstrate sufficient emotional stability to withstand the stresses, uncertainties and changing circumstances that characterize patient/client/child care responsibilities. Furthermore, the student is required to have the emotional stability required to exercise sound judgment, accept direction and guidance from a supervisor or faculty member and establish rapport and maintain sensitive interpersonal relationships with employees, customers and/or patients/clients/children and their families. This requires the maturity, judgment, initiative and decision making skills

### **Health Considerations**

Candidates for positions and careers in early childhood education are encouraged to explore health requirements associated with employment in child care, preschool and related settings for young children. Prospective students with special needs requiring accommodations that may affect their practicum placement and/or potential employment prospects are advised to discuss specific career goals with the department head during the admissions process.

### **Energy**

Early Education teachers need a lot of energy to keep up with the natural enthusiasm of small children. They spend as much time teaching kids how to listen and act as they do providing actual content instruction. Along with mental and emotional energy, preschool instructors need physical energy to lead and participate in games and outdoor activities

### **Character Expectations**

The health and safety of young children is of paramount concern to the Department of Early Childhood Education. Applicants for positions in childcare, preschools and many other early childhood programs in New Hampshire should be aware that background checks through the New Hampshire Department of Safety must be completed by potential employers prior to employment.

**Patience**

Small children are notoriously challenging learners. Some require constant repetition and training to understand and follow basic classroom rules and requests. Early Education teachers must be patient and follow logical steps in communicating and guiding the behavior of young children constructively and fairly.

The ability to make and sustain relationships is a must. A high emotional IQ is necessary for successful completion of the program. Learning is a social event in this program and requires the ability learn and work in groups with a successful outcome.

**Artistic/Playful/Joyful**

An important requirement in early education classrooms settings are preservice teachers are artistic/playful/joyful. Early Education uses art, drama, music, play and projects to help kids learn motor skills, express their creativity and learn content area such as math, physics, science, pre-reading and pre-writing skills. Musical or artistic talents help teachers offer learning formats that are successful for preschool curriculum. Delivering more dramatic interpretations of stories also helps get kids excited about stories and teaches them various nonverbal expressions that convey feelings and attitudes. Being playful and joyful helps teachers develop strong positive relationships with children and families an essential element of early education.

**Confidence/Self Esteem:** Early Education teachers need to demonstrate confidence and high self-esteem to work with children and families successfully.

**Cognitive self-discipline, self-control and initiative:** Early Education teachers need to demonstrate these characteristics in order to achieve academically.

Applicants, who have been in difficulty with the law, depending upon the nature of the problem, may not be employable or even eligible for student teaching. Applicants are advised that such matters will be discussed during the admissions interview, so that future goals will not be compromised.

**Technical Standards**

Technical Standards have been established to provide guidance to students as to skills and abilities required to function successfully in the program and ultimately in the Early Childhood Education profession. Applicants who feel they may not be able to meet one or more of the technical standards should contact department faculty to discuss individual cases. The Early Childhood Education Program will seriously consider all academically qualified candidates providing that the technical standards can be met with reasonable accommodations.

Students in Early Childhood Education must have sufficient strength, stamina, and motor coordination to perform the following:

- Standing for sustained periods of time, walking, running, bending, sitting on the floor and on child-size furniture to meet children's needs and accomplish tasks;
- Frequent lifting, moving and transferring children, especially infants and toddlers;
- Sufficient visual and hearing acuity to ensure a safe environment; and ability to respond quickly in the event of emergency;
- Sufficient verbal and written ability to express and exchange information and ideas as well as to interpret important instructions to children, colleagues, and parents; and sufficient writing skills to accurately record children's daily progress and milestones as well as medications administered, accident and suspected child abuse reports, etc.;
- Ability to work with frequent interruptions, to respond appropriately to unexpected situations; and to cope with extreme variations in workload and stress