



# **PRACTICUM HANDBOOK**

## **EARLY CHILDHOOD EDUCATION**

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## ***Welcome to Fanshawe College!***

Welcome! My name is Carleigh Macaulay and I am the Practicum Consultant for the ECE program here at the Simcoe/Norfolk Regional campus. I will be working with you throughout the field practicum process over the course of your studies.

As you begin thinking about what experiences you want from your practicum and where you may want to be placed, there is a Practicum Information- Student Information Sheet (page 15) for you to review.

To prepare for your field practicum, there are requirements you will need to complete. The following items are required for your participation in field practicum and need to be completed by the **first day of your program**. These requirements are explained in more detail in the pages that follow.

These requirements can take time to complete, so you should begin now.

The **mandatory** placement requirements include:

- **Standard** First Aid certificate (either St. John Ambulance, Canadian Red Cross or equivalent) & Level "C" CPR
- Practicum Health Forms
- Police Record Check and Vulnerable Sector Screening, including a check of the Pardoned Sexual Offenders Database
- College Practicum Agreement

I look forward to working with you over the course of your program and to helping you experience positive and meaningful experiential learning opportunities.

If you have any questions in the meantime, please contact me.



**Carleigh Macaulay**

Practicum Consultant

Fanshawe College Simcoe/ Norfolk Regional Campus

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**FANSHAWE**

Simcoe/Norfolk  
Regional Campus

# **ECE Pre- Placement Requirements**

## **Pre-Placement Requirement Clearance Information DSW and ECE Accelerated Program**

*In partnership with Synergy Gateway Verified Inc.*

Fanshawe College has partnered with Synergy Gateway Inc. to provide support and clearance for preplacement requirements. To have your documents validated you will be required to book an Electronic Requirements Verification (ERV) Review through Verified, a proprietary platform that is used by students across Ontario for the purpose of digitally collecting placement requirements and documentation for verification. Login details for Synergy will be sent to your school email once you have registered for the program and your fees have been paid.

If you're unable to find your login details, use your FanshaweOnline email as your username and click "Forgot Password." A password reset email will be sent to your FanshaweOnline email to help you regain access.

Synergy Gateway website: <https://verified.sgappserver.com>

### **YOUR ERV REVIEW**

Be sure to review the list of pre-placement requirements below and have plan when and how you will be completing them. It is important to remember that some requirements may take an extended time to complete.

Once your access is activated, book an ERV Review through your *Synergy* account. For help on how to navigate *Synergy*, please log in and go to Important Forms. There you will find user guides to assist you with the process.

You are encouraged to *book* your Review early, even if you do not have all documentation in place. Do not wait until a week or two before the deadline to book your Review; Review times will fill.

Ensure all your pre-placement documents are uploaded to your account by 9:00 AM (EST) on the day of your ERV Review. You do not need to be "present" on the day of your Review – this is the date that Synergy Gateway retrieves your documents for review.

To avoid paying additional Review fees, ensure all your documentation have been uploaded *before* 9am (EST) of your ERV Review date. If documents are outstanding at this time, you will not be cleared for placement. If documentation is missing or a requirement is not complete, you will need to book a follow-up Review for an additional fee.

Once your documents have been reviewed you can download your Compliance Summary Document which will serve as a Completion Certificate. *Keep this for your records.*

Synergy Gateway Inc. is not the authority on Fanshawe College policies and deadlines. Please check with your School if you have questions about anything related to pre-placement requirements.

Please upload for your Review:

- Immunization medical form
- Blood work/lab reports (as required)
- Certification cards (as required)
- Originals of all documents

## STUDENT FEES

Initial Clearance Review	\$ 52.00 +TAX
Missed Review	\$ 52.00 +TAX
Follow-up Review	\$ 10.00 +TAX

**Synergy Gateway is here to help! Contact Synergy Gateway at [www.Synergyhelps.com](http://www.Synergyhelps.com)** - Submit a Help Desk ticket and they will be in touch. Their Help Desk hours are Monday to Friday, 10am – 3pm (EST), excluding holidays.

### **\*\* Important Note\*\***

***Please ensure your documents are valid until the end of your placement period. Students with requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review at FULL service fees. To avoid multiple Review fees, we suggest you update all expiring documents in one Review.***

PRE-PLACEMENT REQUIREMENTS CHECKLIST	
<b>MEDICAL REQUIREMENTS</b> <i>* Students with certifications/requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review and there will be a charge for this Review.</i>	COMPLETED WITH DOCUMENTATION
<b>Immunization Form Can Be Found In The Important Forms Section Of Your Profile</b>	
<b>Immunization and Medical Form completed by your Health Care professional. THIS FORM MUST BE COMPLETED AND UPLOADED.</b>	
<b>Upload to Permit Form/Medical Documents Folder:</b>	
<b>Tetanus/Diphtheria/Pertussis</b> Documented proof of two vaccinations for tetanus/diphtheria/pertussis. Last dose must be within the last 10 years	
<b>Polio</b> Documented proof of two vaccination for Polio	
<b>Measles, Mumps, Rubella (MMR)</b> Documented proof of two vaccinations or blood work results showing immunity	
<b>Varicella</b> Documented proof of two vaccinations or blood work results showing immunity	
<b>Hepatitis B</b> Documented proof of two vaccinations or Antibody Surface blood work results showing immunity	
<b>Tuberculosis (Mantoux) – 2 Step TB Skin Test (+ 1-Step Test if required)</b> Documented proof of a baseline 2-step TB Skin Test (TST). If 2-Step TST was completed <i>more than</i> 12 months ago, please submit it along with a current 1 step TB test. A medical follow-up with chest x-ray is required if a person has EVER had a documented positive TB Skin Test.	
<b>Upload to Annual Vaccinations Folder:</b>	
<b>Influenza</b> Optional. Influenza immunization is not usually available until October and takes 2 weeks to become effective therefore students should obtain the vaccine as soon as it becomes available.	
<b>COVID-19 Vaccination Receipts</b> Documented proof of vaccination. Please ensure you submit proof of all doses for you to obtain clearance.	
<b>** Note: Please ensure that your school immunization medical form is completed with all the information stated above. Clearance will not be issued without a completed school form signed by an HCP.</b>	

<b>NON-MEDICAL REQUIREMENTS</b> <i>* Students with certifications/requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review and there will be a charge for this Review.</i>	
<b>Upload to VSS/ Criminal Record Check Folder:</b>	
<b>Vulnerable Sector Search (VSS)</b> Your local police department can provide a VSS. Valid for 6 months (must be issued within 3 months of review date)	
<b>Upload to First Aid Folder:</b>	
<b>Standard First Aid</b> Valid for 3 years	
<b>Upload to CPR Folder:</b>	
<b>CPR Level C</b> Valid until date listed on certificate	
<b>Upload to Consent Form Folder:</b> <b>Consent Forms Can Be Found In The Important Forms Section Of Your Profile</b>	
<b>Placement Agreement</b> Valid for 1 year	

**Professional Practice Health Form  
Simcoe/Norfolk Regional Campus  
ECE & DSW Students**


Name: _____	Student ID: _____
Program: <input type="checkbox"/> DSW5J <input type="checkbox"/> ECE5J	Preferred Pronoun: _____

**Section A: Medical Requirements**


The student must provide proof of a two-step Tuberculosis (TB) Mantoux skin test. If the student received an initial two-step TB skin test more than 12 months ago, a new one-step TB skin test is required.

<b>TUBERCULOSIS SCREENING</b>	Date Administered	Date Read	Results (induration in mm)
<b>Initial 2-Step Mantoux Test-Mandatory</b>			
<b>1-step</b>			_____ mm
<b>2-step</b> (7-28 days after one step)			_____ mm
IF, 12 months passed since initial two-step TB skin test then below is required.			
<b>1-step</b> Record the date of the previous 2-step TB test in space provided above			_____ mm
<div style="text-align: right; margin-right: 50px;">Health Care Provider Initials <span style="border: 1px solid black; border-radius: 50%; width: 60px; height: 30px; display: inline-block; vertical-align: middle;"></span></div>			
<b>Students with a positive skin test (10mm or more in duration) must have a chest x-ray.</b>			
Date of x-ray (YYYY/MM/DD): _____ Results: _____ <div style="text-align: right; margin-right: 50px;">Health Care Provider Initials <span style="border: 1px solid black; border-radius: 50%; width: 60px; height: 30px; display: inline-block; vertical-align: middle;"></span></div>			


The student must have record of two doses of the Measles, Mumps, and Rubella (MMR) vaccine or provide blood work that confirms immunity.

<b>MEASLES MUMPS AND RUBELLA</b>	<b>Dose 1 Date</b>	<b>Dose 2 Date</b>
Date Vaccine Administered		
OR		
Date blood work was completed		
<b>Mumps Immunity:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Measles Immunity:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Rubella Immunity:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Health Care Provider Initials 


The student must have record of two doses of the Varicella vaccine or provide blood work that confirms immunity.

<b>VARICELLA (CHICKEN POX)</b>	<b>Dose 1 Date</b>	<b>Dose 2 Date</b>
Date Vaccine Administered		
OR		
Date blood work was completed		
<b>Blood work confirmed Varicella Immunity:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Health Care Provider Initials 


The student must have record of the Tetanus/Diphtheria/Pertussis initial childhood series. If the student has not completed the initial series, 2 doses of the TDAP vaccine is required.

<b>TETANUS/DIPHTHERIA/PERTUSSIS</b>	<b>Dose 1 Date</b>	<b>Dose 2 Date</b>	<b>Dose 3 Date</b>
<b>Initial Series:</b> Date Vaccine Administered			
OR			
<b>Adult 2 Doses:</b> Date Vaccine Administered			
<b>The student is required to receive a booster of Tetanus and Diphtheria if more than 10 years since last dose.</b> Has the student received a Td booster? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date administered (YYYY/MM/DD) _____			
			Health Care Provider Initials 


The student must have record of the Polio initial childhood series. If the student has not completed the initial series, 2 doses of the Polio vaccine are required.

<b>POLIO</b>	<b>Dose 1 Date</b>	<b>Dose 2 Date</b>	<b>Dose 3 Date</b>
<b>Initial Series:</b> Date Vaccine Administered			
OR			
<b>Adult 2 Doses:</b> Date Vaccine Administered			
			Health Care Provider Initials 


The student must have record of two doses of the Hepatitis B vaccine or provide blood work that confirms immunity.

<b>HEPATITIS B</b>	<b>Dose 1 Date</b>	<b>Dose 2 Date</b>
Date Vaccine Administered		
<b>OR</b>		
Date blood work was completed		
<b>Blood work confirmed Hepatitis B Immunity:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Health Care Provider Initials 

The student must have record of two doses of the Covid-19 vaccine.

<b>COVID-19</b>	<b>Dose 1 Date</b>	<b>Dose 2 Date</b>
Date Vaccine Administered		
		Health Care Provider Initials 

The annual seasonal flu vaccine is not mandatory but is recommended for students.

<b>INFLUENZA</b>	<b>Dose 1 Date</b>
Date Vaccine Administered	
Health Care Provider Initials 	

The Information below is to be completed by each health care provider who has provided information in Section A (to match initials on the form)

<b>Health Care Provider Signature and Identification</b>		Office Stamp:
Printed name:		
Signature and Designation:		
Initials:		
Phone Number:		

<b>Health Care Provider Signature and Identification</b>		Office Stamp:
Printed name:		
Signature and Designation:		
Initials:		
Phone Number:		

## Section B: Non-Medical Requirements - Student Reference

**Non-Medical Requirements:** The following non-medical requirements must be completed. If you have previously obtained one or more of these requirements, please verify the expiry date. If your certificate expires during the placement portion for your program, it is your responsibility to recertify within one month from the time of expiration.

**CPR – Level C Certificate (every 3 years):**

**Valid Certificate:** ☐ Yes ☐ No **Certificate Attached:** ☐ Yes ☐ No

**Expiry Date (YYYY/MM/DD):** \_\_\_\_\_

**Standard First Aid Certificate (every 3 years):**

**Valid Certificate:** ☐ Yes ☐ No **Certificate Attached:** ☐ Yes ☐ No

**Expiry Date (YYYY/MM/DD):** \_\_\_\_\_

**Vulnerable Sector Police Check (no older than 3 months before start of program) using Fanshawe College's Letter:**

**Valid Certificate:** ☐ Yes ☐ No **Certificate Attached:** ☐ Yes ☐ No

**Date (YYYY/MM/DD):** \_\_\_\_\_

## Section C: Must be completed by the student

**Student Agreement:**

I confirm that I have read this form and understand its purpose and the nature of its content. In particular, I understand that in order to comply with legislation and protocol, I need to demonstrate that certain health standards have been met in order for me to be granted student placement. I understand that the college staff in my educational program will be able to view the results from this form. I understand that I must have all sections of this form fully completed and reviewed by the identified due date. Failing to do so, may jeopardize my consideration for any student placement. All costs incurred for completion of this form are my sole responsibility. Should it be requested, it is my responsibility to share relevant information from this form with placement employers relating to my program.

*The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and well-being of students and clients in their care. The information in this form will be protected in accordance to the Freedom of Information and Protection of Individual Privacy Act.*

**Student Signature:** \_\_\_\_\_ **Date (YYYY/MM/DD):** \_\_\_\_\_

## Sample Standard First Aid/CPR Level C Certificate



**NAME**

**Is Certified In**

**Standard First Aid & CPR/AED Level C**

Certificate number: 11111111

Expiry Date: 2022-02-28

Issue Date: 2019-03-01

Issued in: ON



Date: \_\_\_\_\_

Dear Local / Regional Police Agency,

I write this letter in regards to a Vulnerable Sector Clearance Check for an Early Childhood Education student who is enrolled in the Early Childhood Education (ECE) program at Fanshawe College, Simcoe/Norfolk Regional Campus.

In the ECE program, this student (\_\_\_\_\_) is required to complete an unpaid field practicum in order to graduate from the program. This student will be working with children in childcare settings and schools.

Please be advised that it is the policy of the ECE program that all students obtain a Vulnerable Sector Clearance Check prior to the beginning of their practicum. They are required to show proof of this check to the college and their field practicum sites.

I would appreciate your department providing a Vulnerable Sector Clearance Check for the above named individual as quickly as possible. Should you have any questions, please contact me at the college at (519) 426-8260 ext. 35035.

Sincerely,

*Carleigh Macaulay*

**Carleigh Macaulay**

Practicum Consultant

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*Telephone: (519) 452-4277 Fax: (519) 452-4420*

### **COLLEGE PRACTICUM AGREEMENT**

Thank you for accepting our offer of admission. An essential component of your education will be experiential learning through clinical or field practice relevant to your chosen profession. In order to ensure high standards and quality educational offerings which will permit students maximum opportunities to achieve learning objectives, Fanshawe College reserves the right to place students in an agency or combination of agencies it determines to be appropriate. **While every effort is made to maximize use of local agencies, there is sometimes a need to place students outside of the area for some programs or portions of programs.**

**Accordingly, your admission is subject to the condition that you must be prepared for the possibility of assignment to field placement learning outside of the area, and for the possibility of having to relocate, at your own expense, for all or a portion of this experience. You are responsible for all costs associated with Clinical and/or Field Practicum.**

Please indicate your understanding and acceptance of this condition by completing ALL information and signing below. We look forward to welcoming you as a student at Fanshawe College.

*I understand and accept the condition stated above.*

**STUDENT NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **IMPORTANT**

**Being punctual for your practicum is a major contributor to how others see you in your field. Being on time, every time, is an expectation that all students should strive to achieve.**

**At the Simcoe/Norfolk Regional Campus, this form is required by students in the following programs:**

- **Developmental Services Worker (Accelerated)**
- **Early Childhood Education (Accelerated)**
- **Agri-Business Management**
- **Personal Support Worker**
- **Social Service Worker**
- **Social Service Worker Fast Track**
- **Welding Techniques**

## Additional Requirements

There are additional requirements to complete online via FanshaweOnline (FOL), the program we use for all courses before you start your first practicum.

### Early Childhood Education

Pre-Practicum Series:

- How Does Learning Happen?
- Infant Series
- Toddler Series
- Kindergarten Series

*\*You cannot start these until you are registered in a practicum course. You will be provided with information regarding these additional requirements when you start your program.*

### Mandatory Preparation:

- Pre-Practicum Prep Video
- Goal Setting Video

*\*The due dates and times for the additional requirements above will be provided to you when you start your program.*

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## Practicum Information- Student Information Sheet

### ECE Placements

- 7 placements
- student must fulfill the requirements of each placement and must complete placements in specific age groups based on the requirements of the College of ECEs

#### Pre-Placement Requirements:

- |   |   |
|---|---|
| <input type="checkbox"/> Standard First Aid/CPR Level C | <input type="checkbox"/> Professional Practice Health Forms |
| <input type="checkbox"/> Vulnerable Sector Police Check | <input type="checkbox"/> Practicum Agreement                |

#### Pre-Placement Series & Quizzes (complete before the first placement):

- |  |  |
|--|--|
| <input type="checkbox"/> How Does Learning Happen? | <input type="checkbox"/> Toddler Series      |
| <input type="checkbox"/> Infant Series             | <input type="checkbox"/> Kindergarten Series |

**Setting Type 1:** Traditional Setting in Licensed Childcare Facility (Infant/Toddler and Preschool age)

\*mandatory first 3 placements in this setting type

- **1st Placement**
- **2nd Placement**
- **3rd Placement**

**Setting Type 2:** School Age Rooms in Licensed Childcare Facility (Before & After School)/Elementary School Settings (eg. Kindergarten classroom)

- **4th Placement**
- **5th Placement**
- **6th Placement**
- **7th Placement**

**Optional:** Students may choose to complete their seventh placement in a Non-Traditional Setting. This would be in consultation with the Practicum Consultant and **based on availability.**

## Practicum Agreement – Early Childhood Education (to be filled out on the first day of field practicum with mentor)

**Student Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Practicum Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Name of Mentor:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Name of Practicum Consultant:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

I, \_\_\_\_\_ the undersigned agree to the following

*Student Name (please print)*

conditions while working at my practicum.

1. I will represent Fanshawe College in a professional manner.
2. I respect confidentiality.
3. I will be responsible for transportation to and from my practicum.
4. I will complete and maintain all required paperwork.
5. I will attend practicum every day. If absent, I will advise both my Agency Supervisor and the Practicum Consultant before the start of my day and will provide a reason for my absence. Unexcused absences may result in a failing grade for practicum.
6. I will be punctual.
7. I will abide by the agreements related to student behaviour, professional ethics and organizational policies.

8. I will submit the following to the Practicum Consultant on due dates:

- Practicum Evaluation
- Practicum Attendance Log
- Reflection Submissions
- Practicum Learning Goals & Self Assessment
- 9. I will complete the assigned number of hours and days.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return to the Practicum Consultant within the first week of practicum.*