| Reference No. | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|

SELF-ASSESSMENT GUIDE

| Qualification | CAREGIVING (Newborn to Pre-schooler) NC II | | |
|--|--|----------|------|
| Certificate of | | | |
| Competency | Provide care and support to toddler (1 to 3 years old) | | |
| (COC 3) | | | |
| Units of | Participate in the implementation and monitoring of toddler' | | |
| Competency | Develop the ability to recognize growth and development of | f toddle | r |
| Covered | Perform caring skills for toddler | | |
| Instruction: answer. | Read each question and check the appropriate column to indica | ate you | r |
| Can I? | | YES | NO |
| PARTICIPATI CARE PLAN | E IN THE IMPLEMENTATION AND MONITORING OF | TODDL | ER'S |
| • | letails of care plan, including parents'/support team authorized persons' participation in the care plan | | |
| Prepare su | ipport activities for toddler's according to approved plan | | |
| Interpret a | nd clarify caregiver's own roles and responsibilities in toddler | | |
| care accor | ding to confirmed plan | | |
| Provide, m on care pla | onitor and/or seek assistance in support/care activities based an * | | |
| | safe, hygienic and infection controlled environment (room, nens and pillow)* | | |
| Identify po needed | tential or actual risks present, and what proper response is | | |
| | ate with parents'/support team member's/authorized persons' as regarding provision of care and support * | | |
| Document/ | record relevant information on care and support * | | |
| DEVELOP T TODDLER | HE ABILITY TO RECOGNIZE GROWTH AND DEVELO | PMENT | ГОБ |
| | oss and fine motor, including dentition (teeth growth) and evelopment needs of toddler * | | |
| Toilet train training * | toddler, based on established guidelines for successful toilet | | |
| | ocial, emotional and cognitive development of toddler, rovision of appropriate toys, play and language development | | |
| Identify an developme | nd manage temper/tantrum based on stages of growth and ent * | | |
| • | d minimize anxiety and fears of toddler based on stages of development * | | |

| Practice safety measures, including avoiding hazards or commaccidents and car safety * | mon | | | | |
|---|-------|------|--|--|--|
| Nurture feeling of security and trust and allowable autonomy toddlers* | y of | | | | |
| Document/record the social, intellectual and emotional development toddler, following established procedure* | nt of | | | | |
| PERFORM CARING SKILLS FOR TODDLER | | | | | |
| Encourage mother to continue breastfeeding as needed, follow established guidelines, ex. proper positioning, infection control | | | | | |
| Prepare milk formula according to prescribed procedure, included cleaning, sterilization of bottles and other utensils * | | | | | |
| Feed toddler as scheduled and according to prescribed proced quantity, frequency and nutritional requirements * | | | | | |
| Identify and prepare bathing paraphernalia in accordance established procedure | | | | | |
| Prepare toddler for bathing, including taking vital signs and practic oral hygiene, based on established procedure * | e of | | | | |
| Bathe and dress/undress toddler according to established procedure | * | | | | |
| Change diaper following established procedure, including sa practice and use of appropriate supplies according to practice of pro- disposal of used diaper * | | | | | |
| Prepare and demonstrate how to put toddler to sleep based established procedure, including conditioning of healthy sleep patterns * | | | | | |
| Confirm understanding of medicine administration to toddlers, to incl dosage instructions, reading medication abbreviations, 10 Rights Medication | | | | | |
| Demonstrate ability to assess toddler's reactions to medications * | | | | | |
| Document/record toddler's growth and development* | | | | | |
| Complete tasks as scheduled * | | | | | |
| I agree to undertake assessment with the knowledge that information gath only be used for professional development purposes and can only be acceptanced assessment personnel and my manager/supervisor. | | | | | |
| Candidate's Name and Signature | | Date | | | |

NOTE: *Critical aspects of competency