

# Nutrition, Health, and Safety fourth edition for Young Children

PROMOTING WELLNESS



Joanne Sorte • Inge Daeschel • Carolina Amador • Lauren Au

Fourth Edition

# Nutrition, Health, and Safety for Young Children

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## Joanne Sorte

I extend loving appreciation to my parents, Jean and Burrell Godard; to my husband Bruce, our children, their spouses, and our grandchildren: Cascade, Matt, Caden, Finley, Jerry, Misty, Isabelle, Nathaniel, Sally and Austin; to the Oregon Head Start Directors, and all the children who have taught me many things including the joys of playing outdoors.

## Inge Daeschel

I would like to extend my thanks to my husband Mark, our four children, their spouses/significant others, and our grandchildren, Ariel, David, Annaliese, Rowan, Lea, Kyle, Eveline, Kimberly, Dylan, and Devin, for their love and support throughout the writing of this book and through all of life's joys and challenges. A special thanks to my parents Elmar and Christina Frodden and my sisters Christina Anderson and Kerrin Hutz. And finally my eternal gratitude to the WIC, public health, EMS, and hospital staff whose efforts on my behalf place them in the category of heroes!

## Carolina Amador

I extend genuine appreciation to all children, each of whom bring wisdom, courage, and joy to the world. I also would like to extend an extra special thanks to my family: Scott, Lucia, Oscar, and Felix, who bring me great peace, joy, and awe.

## Lauren Au

I would like to acknowledge my husband Justin, and my siblings, Steven, Nancy, and Rebecca, for their love and support.

# About the Authors



**Joanne Sorte MS** has worked in the fields of child development and early childhood education for more than 45 years. She received a Bachelor of Arts degree in Child Development and Family Life and a Master of Science degree in Human Development and Family Sciences from Oregon State University. Her early experiences included working as a home visitor-teacher, directing and teaching a community college preschool program and serving as family services coordinator for Head Start. She then joined the faculty at Oregon State University as Senior Instructor and director of OSU's Child Development Laboratory Preschool. In this role she developed course curriculum and supervised evaluation of undergraduate practicum student teachers, mentored graduate teaching assistants, and facilitated research investigations. Joanne designed a blended model preschool program which provided enrollment opportunities for children from tuition paying families, those placed by Early Childhood Special Education and Oregon's Head Start Prekindergarten Program. She administered grant funded special projects including the lab school's OHSPk and Child and Adult Care Food Program contracts. Under her guidance the Lab Preschool achieved and maintained NAEYC accreditation and attained the highest "star" rating for Oregon's Quality Rating Improvement System. She worked with partners from local high schools, community colleges, and universities to develop an articulation agreement for practicum coursework, and has presented at the conferences of the NAEYC, Oregon Association for the Education of Young Children, and National Head Start Association. She has participated on state and community initiatives and boards focused on services to children and families, child abuse prevention and child protective services.



**Inge Daeschel** is a licensed and registered dietitian whose area of expertise is pediatric nutrition. She received her Bachelor of Science Degree in Foods and Nutrition Science at Plattsburgh State University in New York. She completed her dietetic internship at Massachusetts General Hospital in Boston and received her Master of Science degree in Nutrition Science from the University of Tennessee, Knoxville. She worked at Duke University Medical Center, first as pediatric dietitian clinician and later as assistant chief clinical dietitian. This position was instrumental in developing her interest in helping families understand the nutritional needs of their children.

She and her family relocated to Oregon, where she worked at the Corvallis Clinic. Later she accepted a faculty position as an instructor for the College of Public Health and Human Sciences at Oregon State University where she was Health and Nutrition Services Coordinator of the OSU Child Development Laboratory and the OSU Oregon Head Start Prekindergarten Program. Currently Inge is retired although she continues to provide nutrition consultation services to an area WIC program. Her expertise in feeding children is based on personal as well as professional experience that she gained from raising four children, including one with multiple food allergies. She has coauthored with Joanne Sorte an intervention program called "Health in Action: 5 Steps to Good Health," which promotes wellness by providing focused messages that address nutrition and physical activity in early childhood programs.



**Carolina Amador, M.D., M.P.H.** is a board-certified general pediatrician. She received a Bachelor of Education degree in Speech Pathology at the University of Georgia in Athens. She earned her medical degree from the Medical College of Georgia in Augusta and completed her residency in pediatrics at West Virginia University in Morgantown. She worked as Chief Resident in Pediatrics at West Virginia University, where she developed a lactation clinic as well as a focus on advocacy for breast-feeding mothers. She has a master's degree in Public Health from the University of Washington in Seattle with a focus on maternal and child health. She moved with her husband to Corvallis, Oregon, and has worked as a general pediatrician for 17 years. She is currently employed by a community health center that serves a large percentage of Hispanics and migrant workers. During these years as a general pediatrician, she has developed professional interests in childhood obesity prevention, health disparities, and Latino health. She has been involved in community events and organizations advocating for children's health, including the Oregon State University Oregon Head Start Prekindergarten Program Health Services Advisory Committee, the Benton County Healthy Weight and Lifestyle Coalition, the Benton County Oral Health Coalition, and the Breastfeeding Coalition of Benton County. Throughout her years of education and medical practice, she has participated in several international health experiences in Ecuador, Honduras, Uganda, and Malawi.



**Lauren Au, PhD, RDN** is a nutrition and public health researcher. She received her Bachelor of Science in Nutritional Sciences and Dietetics at the University of California, Berkeley. She earned her Master of Science degree in Nutrition and Public Health and completed her dietetic internship at Columbia University. Dr. Au received her Doctor of Philosophy in Food Policy and Applied Nutrition from Tufts University. She then completed an American Association for the Advancement of Science and Technology Congressional Fellowship in the U.S. Senate. After working on Capitol Hill, Dr. Au completed a post-doctoral fellowship at the University of California, Berkeley. Currently, she is an Associate Researcher at the University of California's Nutrition Policy Institute. Dr. Au has experience in conducting nutrition evaluations to prevent obesity in low-income community settings. Notably her research in WIC includes a rigorous assessment of online vs. in-person nutrition education; creating a novel diet quality measure for infants; and evaluating the contribution of WIC foods to overall nutrient intake.



# Preface

**Welcome to the wonderful world of early childhood education!** You are joining with educators from across the world, whose passion is to contribute to the health, wellbeing, and education of young children.


It is an exciting time! There is renewed and enthusiastic confirmation that early childhood professionals play a crucial role in helping young children establish the foundations of wellness and learning which will support them both now and in the future. With this strong support for the value of the early years comes a call to strive for high-quality care and education. Our communities have high expectations that teachers will learn and use teaching strategies that will help all children attain wellness and be ready for success in school. And more than ever before, we are being held accountable for children's progress in learning. It is a time of challenge, innovation, and evolution. We welcome you as a participant on this journey, and look forward to your contribution!

## New to this Edition




In this edition we provide a variety of new information and enhanced opportunities to help students understand the vital impacts of nutrition, health, and safety on children's wellness and ability to learn. We have gleaned ideas and feedback from professionals in practice to enhance the format and increase opportunities for active student reflection and learning. Our goal is to ensure that students have access to the most current information and ideas, and are prepared and ready to apply their knowledge in the classroom. Aspects that are new to this edition are discussed below.

## Pearson Etext Features

Fully digital text format is available for use with face-to-face, online, and hybrid classes, extending the nutrition, health, and safety message to future teachers. The Pearson eText includes familiar interactive features incorporated throughout the last edition as well as updated and exciting new features that further enhance student learning and retention of content.

-  **Video Application Exercises, new to this edition**, provide videos that expand on content presented in the text with accompanying short answer questions and immediate feedback to enhance student understanding

of important chapter concepts and to illustrate how these concepts are applied in real life early childhood scenarios.

-  **Video Examples, new and updated in this edition**, give guidance that directs students to pay special attention to how a teacher discusses or demonstrates a concept, offering opportunity for students to see and consider how concepts are put into action.
-  **Self-Check Quizzes** continue to follow each chapter section, guiding students to link to an electronic multiple-choice quiz to check their understanding of important section topics. Explanations, **new to this edition**, clarify why responses are correct or incorrect, giving students immediate feedback and allowing them to review the material before moving on, which helps ensure that learning outcomes are understood and achieved.
-  **End-of-Chapter Quizzes** connect students to multiple choice questions that measure their understanding of the chapter's learning outcomes. Explanations, **new to this edition**, clarify why incorrect responses are not correct, giving students immediate feedback to help them understand important chapter concepts.

## Format Changes

Section heading titles have been updated throughout this edition to focus reader attention on chapter learning outcomes. Revised format reduces redundancies. Most nutrition chapters are presented in a new order and have been renamed to help concepts build from foundational content to application, providing a better flow of topics and information for students.

## New Content to Address Current and Emerging Issues:

In this fourth edition of *Nutrition, Health, and Safety for Young Children*, new content has been included to address current issues throughout the chapters. This information helps readers recognize some of the wide range of topics, challenges, and opportunities that teachers of young children are addressing today. New content to guide this exploration includes the following:

- Chapter 1 (the introductory chapter) includes a new section discussing the importance of cultural competency

and explores ways that teachers use this perspective to create more culturally relevant practices and appropriate classroom environments.

- Nutrition chapters offer new discussion of the American Academy of Pediatrics recommendations for peanut allergies and the increasing incidence of food allergies.
- Techniques for cooking with toddlers and pre-schoolers as well as strategies for promoting healthy school fundraisers have been added.
- New information explores the status of soft drink sales in schools, provides strategies to reduce the sales of soft drinks and processed foods in schools, and ideas for how to make school fundraisers healthy and active.
- Strategies to help families access important year-around nutrition services for feeding children, especially those from low income families, have been included.
- Health chapters provide new content addressing infectious disease outbreak, childhood immunizations, and strategies to improve health and wellness for children with special health care needs.
- New discussion explores the findings of the Adverse Childhood Experiences (ACES) project, inspiring special focus on children's social and emotional health and the need for teachers to understand trauma-informed education – what it means and how to create a trauma-informed classroom to assist children to attain positive mental health and wellness during the early years.
- Safety chapters provide a new diagram and discussion of Maslow's Hierarchy of Needs to help students understand the importance of having basic needs met and sustained in order for children to be able to explore and learn.
- New data on the incidence of unintentional injuries is provided with discussion about how this awareness influences the development of environments, classroom practices, and supervision.
- Information and resources have been added to help programs prepare to address new kinds of threats to children's safety including active shooter, extreme weather, wildfires, and flooding events.
- New content discusses the use of an Automatic External Defibrillator (AED) in emergency situations.

In this edition these topics are explored by helping students understand the interrelationships among nutrition, health, and safety and discover strategies to share their knowledge with children and their families.

## Scope and Purpose of this Book

This practical text provides students with a comprehensive understanding of the nutrition, health, and safety needs of young children, birth into school age. In-text examples, case scenarios, and questions promote thinking about professional situations and give students a glimpse into the everyday contemporary classroom environment. These concrete illustrations prepare teachers to serve diverse populations of young children in family child care, child care centers, preschools, and elementary school settings.

The intention is to provide students with a strong understanding of wellness concepts, equipping them to implement healthful practices which teach young children ways to contribute to their own wellness, and helps establish each child's ability to learn. These skills emerge as students gain insight into the basic approaches used to enhance children's well-being:

- **Partnering with children and families and with nutrition, health, and safety professionals to promote wellness in young children.** Students learn that they will work within a network of support to meet children's nutrition, health, and safety needs.
- **Implementing and modeling appropriate wellness practices.** Students will be able to design and use practices that are fitting for children's age and developmental capabilities, that are in tune with children's interests, developmental, and health needs, and that are responsive to family cultural practices.
- **Recognizing the important contributions of nutrition, health, and safety to children's learning and overall well-being.** Students will be ready to:
  - Provide wholesome nutrition that promotes optimal growth, development, and learning.
  - Attend to children's individual health needs and implement healthful classroom routines that build wellness habits to last a lifetime.
  - Establish environments and implement practices that ensure children's physical and emotional safety, creating the foundations that allow children to explore, discover and learn.

Students are invited to join early childhood professionals everywhere who cherish the important early years of growth and development and who celebrate each child's potential for a healthy, happy, and productive future. The following pages describe what is new to this edition and how this text helps students to understand, see, and teach wellness concepts.



# Helps Students to *Understand* Wellness Concepts

- Through anecdotes and authentic examples, the authors use a storytelling approach that helps **contextualize** wellness concepts for students. Chapter-opening **scenarios** reveal common situations involving teachers, children, and their families grappling with nutrition, health, and safety issues. These scenarios are woven through each chapter to bring the teacher's role to life.
- The text advocates for the need to develop **cultural competency** when teaching nutrition, health, and safety concepts, including content about understanding dietary practices, feeding young children, building healthy behaviors, and teaching safety concepts in partnership with families from diverse backgrounds.
- A unique chapter on **children's mental health** explores current thinking about children's emotional health needs. (Chapter 12)
- Pedagogical features reinforce concepts and terminology: Learning Outcomes, key terms and glossary definitions, Self-Check quizzes located at the end of chapter sections (digital only), Video Application Exercises and Video Examples placed throughout the chapter content (digital only), end-of-chapter quizzes (digital only), and application items.



**Chapter Quiz 1.1** Complete this end-of-chapter quiz to check your understanding of chapter concepts.

- Topical features in each chapter—**Nutrition Notes**, **Safety Segments**, **Policy Points**, and **Health Hints**—introduce readers to current issues in health, safety, and nutrition to create awareness and develop effective practices.

## Nutrition Note

### Adults Are Important Models for Healthful Eating

The American Dietetic Association tracks eating practices as a measure of diet trends. A recent survey revealed that adults have increased consumption of these healthy foods in the past 5 years:

- Whole grains
- Fruits and vegetables
- Fish and chicken
- Foods with health-related benefits such as berries and omega-3-rich foods

Overall, more adults report that "toward diet and exercise" and that they "eat healthfully." This is a promising trend, as being of both adults and children. model eating nutritious foods and often encourage children's acceptance of positive eating habits. This contributes

**SOURCE:** *Nutrition and You: Trends 2011* at the American Dietetic Association Food Exposition, September 24, 2011.

## Policy Point

### Advocating For Healthy Child Development Supports Strong Communities

Policies that support healthful child development are founded on scientific research and emerge from the belief that all children can learn. The publications and resources of the Center on the Developing Child at Harvard University promote this understanding by reinforcing the concept that healthy growth and development are the foundation for strong communities and economic prosperity and that science can be used to enhance child well-being. The mission statement of the Center on the Developing Child presents the notion that equalizing opportunities for all children is essential to creating the

responsible and productive citizens on which society depends. Early childhood teachers are important advocates for the creation of policies designed to address issues that put children at risk for failure in school. Research-based practices help to "close the gap between what we know and what we do to support positive life outcomes for children" (Center on the Developing Child, 2007).

**SOURCE:** The President and Fellows of Harvard College. (2012). The Center on the Developing Child. Retrieved April 2012 at <http://developingchild.harvard.edu/>.

## Health Hint

### Talking with Families About Children's Health

Sometimes teachers need to communicate concerns about a child's health. When talking with families, remember to:

- Be sensitive; know that most parents care about their child's health.
- Communicate respectfully.
- Be prepared to state your concerns carefully and simply.

- Recognize family challenges.
- Assist with creating strategies for improvement.
- Be a positive member of the child's support system.
- Be aware of resources in the community that can refer the family.

## Safety Segment

### Laws Governing Toy Safety

The Consumer Product Safety Improvement Act prohibits the sale of toys that contain lead-based products or various chemicals (such as *phthalates*) present in some plastics. Manufacturers must prove compliance with the law, which requires testing by independent labs to prove that every accessible toy component

meets the guidelines. The laws governing toy safety aim to remove dangerous products present in children's play things.

**SOURCE:** *Consumer Product Safety Improvement Act, as Amended H.R. 2715, Public Law 112-128 (August 12, 2011 Version)*. Retrieved September 1, 2017, from [www.cpsc.gov/businfo/cpsa.pdf](http://www.cpsc.gov/businfo/cpsa.pdf).

# Helps Students to See Wellness Concepts . . . and Apply Them

- **Video Application Exercises** and **Video Examples** are embedded directly into pages of the Pearson eText. These allow students to immediately see examples of teaching and wellness practices in action and learn further from them.



**Video Application Exercise 1.1** In this video, an early childhood professional describes the importance of cultural competency. Review the video and complete the activity.



## Video Example 1.1

In this video, two girls each draw a picture of their respective neighborhoods and answer questions about their neighborhoods. Notice how each child is able to express what she likes best about her neighborhood. Think about the detail the older child uses in describing how laws are developed and how one law was used in her neighborhood.

Figure 1-14 Self-Inventory for Wellness Practices

Personal Wellness Practices	Always	Sometimes	Never	Goals for improvement
I eat a variety of vegetables.				
I eat a variety of fruits and drink unsweetened 100% fruit juice.				
I include whole grains (brown rice, quinoa, oats) in my diet.				
I eat a variety of protein foods.				
My diet includes low fat or 1% dairy foods.				
I smoke.				(Consider signing up for a smoking cessation program.)
I get at least 150 minutes of light/moderate or 75 minutes of vigorous physical activity every week.				
I wash my hands with soap and water after I use the bathroom.				
My vaccinations are up to date.				
I have a primary care physician.				
I get a flu shot every year.				
I get a dental check up at least once each year.				
I recognize signs of illness and stay home when I am ill.				
I wear a seatbelt and do not read or send text messages when I drive.				
I get 8 hours of sleep most nights, and wake up feeling rested.				
When I teach children I dress appropriately so I am comfortable playing outdoors with them.				
I have activities or strategies that I use when I am stressed.				
I develop friendships and enjoy socializing and laughing with others.				
I have hobbies, art, music, yoga or other activities that I enjoy.				
I have friends/family with whom I can consult when I have worries or concerns.				

Figure 9-4 Daily Health Check and Attendance Tracking Chart

**Option 1: Attendance and daily health check information overlap.**

Month: February	Date	1	2	3	4	5	6	7	8	9	10
Child's Name											
Asma M.			Sc	C, V	A	A					
Shay R.									A	A	A
Liliana T.						C, V					
Riki H.G.									C, V	A	A

**Option 2: Attendance and daily health check are recorded separately.**

Month: February	Date	1	2	3	4	5	6	7	8	9	10
Child's Name											
Asma M.					A	A					
Shay R.				SL	C, V				A		
Liliana T.						C				A	A
Riki H.G.						C, V				A	A

**Attendance:**  
 Mark if present: ☒   
 Mark if absent: ☐ A

**Codes for Symptoms:**  
 B = behavior change    I = report of injury    ST = sore throat  
 CP = chicken pox    L = lice    SR = skin rash  
 C = coughing    P = complaint of pain    T = suspected temperature  
 D = diarrhea    SL = sleepy or withdrawn    V = vomiting

SOURCE: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2018).

Table 13-5 Playground Maintenance Checklist

Maintenance Problems	Details and Follow-Up	Initial When Corrected
Check the box if problems are observed		
<b>Play Area Review</b>		
<input type="checkbox"/> Garbage, debris, broken glass, other hazardous materials		
<input type="checkbox"/> Gaps in fencing or other safety barriers (entrapment hazards)		
<input type="checkbox"/> Broken gate latches; latches that do not work		
<input type="checkbox"/> Cables, ropes, wires in the area (entanglement hazards)		
<input type="checkbox"/> Decayed or splintered wooden structures, benches, tables		
<input type="checkbox"/> Trip hazards		
<input type="checkbox"/> Rust or chipped paint exposing metal on toys, trikes, wagons		
<input type="checkbox"/> Standing water; problem with drainage		
<input type="checkbox"/> Sandbox cover is missing; sand is not protected from animals		
<input type="checkbox"/> Cracks in plastic equipment		
<b>Play Equipment Assessment</b>		
<input type="checkbox"/> Sharp points, corners, edges		
<input type="checkbox"/> Head entrapment areas		
<input type="checkbox"/> Crush or shear points		
<input type="checkbox"/> Corrosion, rust, deterioration on structural components that connect to the ground		
<input type="checkbox"/> Damaged equipment or missing components		
<input type="checkbox"/> Equipment footings are exposed		
<input type="checkbox"/> Surfacing under equipment is not sufficient		
<input type="checkbox"/> Other		

SOURCE: Based on U.S. Consumer Product Safety Commission. (2015). Public playground safety handbook. Retrieved October 10, 2019, from <https://www.cpsc.gov/s3fs-public/325.pdf>.

- Reflective **What If . . .** situations place students in the classroom to think about how they would solve day-to-day challenges related to nutrition, health, and safety. **A Matter of ETHICS** questions in the margin notes ask readers to consider ethical questions in keeping with NAEYC's Code of Ethical Conduct.

**What If . . .**

one of your relatives asked you about your plans to be a prekindergarten teacher? What could you tell them about the issues in nutrition, health, and safety that you would be helping to address as an early childhood educator?

**A Matter of ETHICS** Imagine that you want to have the children in your class make "community soup," an activity for which each child is asked to bring in a food item to contribute to the soup. Making a food contribution might be difficult for some of the low-income families in your class. How might you arrange this activity in a way that respects the dignity and worth of each child and family?

- **Progressive Programs & Practices** features allow students to view wellness topics through the experience of early childhood professionals who are addressing issues and concerns in their communities.

## Progressive Programs & Practices

### Training Teachers in Healthy Practices

*By Tracy Moran and Tom Browning, Erikson Institute and Illinois Action for Children*

New standards were recently recommended for Chicago's center-based child care centers to reduce childhood obesity and improve overall health. The standards include serving children reduced-fat milk, reducing sweetened beverage consumption, limiting screen time, and increasing daily physical activity.

Local organizations<sup>1</sup> collaborated with early childhood providers to develop training seminars to help child care providers implement the standards. Brainstorm sessions were held to share ideas and talk about managing challenges related to health and wellness. Topics that evolved included motivating child care providers to be healthier role models, finding ways to address challenges with accessing and affording healthy foods, recognizing high-crime activity in neighborhoods, and addressing perceived apathy of parents. Suggestions for promoting physical activity were shared, such as having relay races with plastic eggs on spoons and giving each child a magnifying glass and letting them explore the outdoor environment. From this conversation, a curriculum was designed to positively influence providers' knowledge and behaviors regarding nutrition, physical activity, health, and child well-being.

Then for 9 months, five trainers conducted 87 trainings engaging more than 1,000 participants. Training locations were selected to ensure broad participation. Large numbers of participants agreed to implement the new standards. Many



providers rated the reduced-fat milk standard as the most difficult to implement due to perceived cost increases or expected disagreement from children and/or parents.

According to child care provider Maria Salazar, "I started to implement the change from 2% to 1% milk in my day care. I was afraid when I started, but the children have assimilated and taken to the change easily. I have the children stand while putting together a puzzle so that they can be more active throughout the day. They are sleeping better because they are now tired. I also participate in the activities with the children and I love it."

<sup>1</sup>Including the Otho S.A. Sprague Memorial Institute, Erikson Institute, Illinois Action for Children, the Chicago Department of Public Health, and the Consortium to Lower Obesity in Chicago Children.

- The theme of being a good **role model** to children is emphasized throughout.

# Helps Students Teach Wellness Concepts to Children

- **Your Role in Children's Wellness** establishes the importance of integrating nutrition, health, and safety concepts throughout learning activities and in the daily curriculum. A suggested activity plan format supports students who need to create learning activities in a practicum or field experience.
- **Teaching Wellness curriculum lesson activities** are provided in each chapter. The activities address a specific learning outcome, and are presented in developmentally appropriate ways for infants and toddlers, preschoolers, and school-age children. Some of these can be viewed in videos.
- The text content aligns with **NAEYC Standards** for professional preparation and program standards.

## Support Materials for Instructors

The following resources are available for instructors to download from [www.pearsonhighered.com](http://www.pearsonhighered.com). Instructors select Instructor Resources, enter the author or title of this book, select this particular edition of the book, and then click on the "Resources" tab to log in and download textbook supplements.

### Instructor's Resource Manual

The revised Instructor's Resource Manual provides chapter-by-chapter tools to use in class. In-class activities, discussion questions, and additional resources will reinforce key concepts and applications and keep students engaged.

### Test Bank

These multiple-choice and essay questions tied to each chapter provide instructors with a variety of assessment items to evaluate student understanding of chapter content. An answer key is included.

### PowerPoint™ Lecture Slides

The PowerPoint slides include key concept summarizations, diagrams, and other graphic aids to enhance learning. They are designed to help students understand, organize, and remember core concepts and theories.

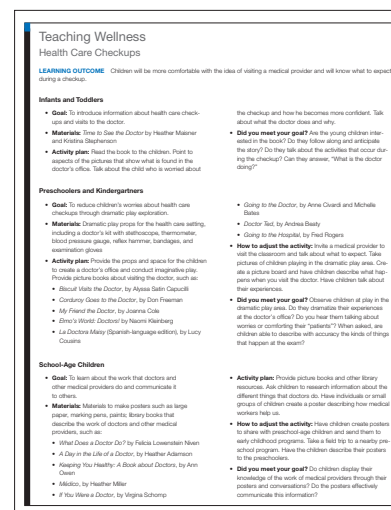
### TestGen™

TestGen is a powerful test generator that instructors install on a computer and use in conjunction with the TestGen test bank file for the text. Assessments, including equations, graphs, and scientific notation, may be created for both print and online testing.

TestGen is available exclusively from Pearson Education publishers. Instructors install TestGen on a personal computer (Windows or Macintosh) and create tests for classroom testing and for other specialized delivery options, such as over a local area network or on the Web.

The tests can be downloaded in the following formats:

- TestGen Testbank file—PC
- TestGen Testbank file—MAC
- TestGen Testbank—Blackboard 9 TIF





- TestGen Testbank—Blackboard CE/Vista (WebCT) TIF
- Angel Test Bank (zip)
- D2L Test Bank (zip)
- Moodle Test Bank
- Sakai Test Bank (zip)

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# Brief Contents

<b>PART 1</b>		<b>9</b> Health Screening and Assessment	260
Promoting Wellness		<b>10</b> Managing Infectious Disease	290
<b>1</b>	Your Role in Children's Wellness	<b>11</b> Teaching Children with Special Health Care Needs	322
<b>PART 2</b>		<b>12</b> Children's Mental Health	361
Promoting Good Nutrition		<b>PART 4</b>	
<b>2</b>	The Foundations of Optimal Nutrition	Promoting Safety	393
<b>3</b>	Exploring the Science of Nutrition	<b>13</b> Creating Safe Environments for Young Children	394
<b>4</b>	Managing Food Safety	<b>14</b> Using Routines, Supervision, and Classroom Management Strategies	443
<b>5</b>	Planning Menus	<b>15</b> Child Maltreatment	474
<b>6</b>	Feeding Infants	<b>16</b> Managing Emergencies	507
<b>7</b>	Feeding Toddlers, Preschoolers, and School-Age Children		
<b>PART 3</b>			
Promoting Healthful Practices			
<b>8</b>	Creating a Climate of Health and Wellness		

# Contents

<b>PART 1</b>			
<b>Promoting Wellness</b>	<b>1</b>		
<b>1 Your Role in Children's Wellness</b>	<b>2</b>		
Defining Wellness and Exploring How Nutrition, Health, and Safety Work Together to Create Wellness in Young Children	4	Identifying New Wellness Opportunities	44
Understanding the Interrelationships Between Nutrition, Health, and Safety	4	Malnutrition and Nutrition Issues That Lead to Under- and Overnutrition	45
Recognizing Trends in Nutrition Services	5	Recognizing Undernutrition	47
Understanding Current Issues in Health	7	Recognizing Overnutrition	50
Identifying Emergent Issues in Safety	8	Using Recommended Standards to Guide Healthy Eating	55
Understanding How Wellness Contributes to Learning and Exploring Challenges to Learning	9	Understanding Dietary Reference Intakes	55
Understanding How Children Learn	9	Evaluating Daily Values and Reading Food Labels	57
Considering the Contexts in Which Children Grow and Develop	11	Using the <i>Dietary Guidelines for Americans, 2015</i>	59
Recognizing Challenges to Wellness and Learning	12	Using the ChooseMyPlate Food Guidance System	61
Advocating for Children's Well-Being	14	Incorporating Culturally Diverse Diets	64
Exploring How Children Learn and Implementing Effective Teaching Strategies to Teach Wellness Concepts	16	Providing Bilingual Educational Materials	64
Understanding Child Development	17	Teaching English Language Learners	65
Teaching with Purpose	18	<b>Summary</b>	<b>66</b>
Designing a Wellness Curriculum	23		
Using Educational Resources	27	<b>3 Exploring the Science of Nutrition</b>	<b>68</b>
Partnering with Families and the Community and Being a Positive Role Model	30	Defining Nutrition Science and Understanding the Process of Digestion	69
Collaborating in Curriculum Development	30	The Digestion Process	70
Reinforcing Wellness Concepts at Home and at School	31	The Mouth	70
Being Healthy Role Models	32	Swallowing and the Esophagus	74
<b>Summary</b>	<b>35</b>	The Stomach	74
		Understanding Absorption and Common Digestive Conditions	75
		The Small Intestine	75
		The Large Intestine	76
		Understanding Problems Related to Absorption	76
		Aiding Digestion and Absorption	78
		The Function of Macronutrients (Carbohydrates, Proteins, and Fats) and Their Food Groups	79
		Understanding Energy	79
		Carbohydrates	80
		Proteins	83
		Fats	85
		Summary of the Role of Macronutrients	88
		Understanding the Function of Micronutrients (Vitamins and Minerals) and Their Support in Growth, Development, and Health	88
		Vitamins	88
		Minerals	89
		Water	91
		Implementing Nutrition Science by Planning Healthful Diets and Teaching Nutrition Concepts	92
		Meeting the Nutritional Needs of Children	92
		Promoting Personal Health	92

## PART 2

### Promoting Good Nutrition 37

#### 2 The Foundations of Optimal Nutrition 38

Understanding How Nutrition and the Changing Food Environment Affect Children	40
Identifying Optimal Nutrition	40
Collaborating with Families	40
Recognizing Challenges to Nutrition	41

Understanding Cultural Food Choices	92	Steps for Writing Menus	145
Teaching Nutrition Concepts	94	Step 1: Gather Tools for Menu Planning	148
<b>Summary</b>	<b>94</b>	Step 2: Prepare to Write the Cycle Menu	148
<b>4 Managing Food Safety</b>	<b>96</b>	Step 3: Create a Budget for Menus	149
Identifying Hazards That Cause Foodborne Illness	98	Step 4: Build the Menu	150
Recognizing Biological Hazards	98	Step 5: Use Meal Service to Enhance Menu Acceptance	155
Recognizing Chemical Hazards	100	Step 6: Manage Foods from Home	158
Recognizing Physical Hazards	100	<b>Creating Menus That Support Special Diets</b>	<b>159</b>
Understanding Food Safety Regulations and Guidelines	101	Planning Menus for Children with Food Allergies	159
Federal, State, and County Roles in Food Safety Regulations	101	Planning Menus for Children with Diabetes	162
Impact of Food Safety Regulations	101	Planning Menus for Children Who Are Overweight or Obese	164
Hazard and Analysis Critical Control Point System	103	Planning Menus for Children Following a Vegetarian Diet	166
Understanding HACCP Principles	104	Planning Menus to Reflect Cultural Preferences	168
Understanding Standard Operating Procedures	110	Planning Menus to Address Religious Beliefs and Practices	168
<b>Minimizing Food Contamination in Early Childhood</b>	<b>110</b>	<b>Summary</b>	<b>171</b>
Minimizing Contamination Risk During Food Purchasing	110	<b>6 Feeding Infants</b>	<b>173</b>
Minimizing Contamination Risk When Receiving and Storing Food	112	Feeding Infants: The First 6 Months	174
Minimizing Contamination Risk During Food Preparation	114	The Breast-Fed Infant	175
Minimizing Contamination Risk During Food Service	119	The Formula-Fed Infant	182
Understanding At-Risk Situations in Early Childhood Settings	120	Understanding the Feeding Relationship	185
<b>Food Safety Precautions for Emergencies and Managing Food Defense</b>	<b>125</b>	Inappropriate Infant Feeding Practices	189
Developing an Emergency Food Plan	125	<b>Feeding Infants: 6 Months to the First Birthday</b>	<b>190</b>
Planning for Food Defense	126	Introducing Complementary Foods	190
Teaching Food Safety to Children	127	Feeding the Older Infant	198
<b>Summary</b>	<b>129</b>	Infants Learning About Food and Eating	199
<b>5 Planning Menus</b>	<b>132</b>	<b>Feeding Infants with Special Health Care Needs</b>	<b>200</b>
Using Nutrition Goals and Evidence-Based Practices to Plan Healthful Meals	133	Infants with Feeding Problems	200
Identifying the Teacher's Role	134	Feeding Premature Infants	201
Understanding Menu Planning Resources	134	Feeding Infants with Cleft Lip and Cleft Palate	201
Federally Funded Food and Nutrition Programs with Menu-Planning Systems	135	<b>Summary</b>	<b>202</b>
Organizing Resources	139	<b>7 Feeding Toddlers, Preschoolers, and School-Age Children</b>	<b>204</b>
<b>Strategies to Promote Healthful Eating Habits and to Prevent Obesity Through Menu Planning</b>	<b>141</b>	Understanding and Managing the Nutritional Needs of Toddlers	205
Offering Children More Fruits and Vegetables	141	Division of Responsibility in Feeding	206
Limiting Solid Fats and Extra Fats When Planning Menus	143	Understanding the Nutritional Needs of Toddlers	207
Creating Menus That Support Sustainability	144	Recognizing Characteristics of Toddlers' Diets	209
Partnering with Children and Families as Resources for Menu Planning	144	Exploring Cultural Differences in Feeding Toddlers	213
		Understanding the Teacher's Role in Promoting Healthful Eating Habits	214
		Teaching Toddlers About Nutrition	216
		<b>Engaging Preschoolers to Learn About Food and Nutrition</b>	<b>218</b>
		Understanding the Nutritional Needs of Preschool Children	218



## 8 Creating a Climate of Health and Wellness 240

Components of Health and Wellness and Social	
Determinants of Health	241
Defining Health and Wellness	241
Determinants of Children’s Health	242
Child Health Policies	246
Resources for Health Policy Development	246
Components of Health Policies	247
Ensuring That Policies Are Appropriate for the	
Setting	248
Policies Promoting Health and Wellness	249
Policies Promoting Mental Health	253
Health Promotion Among Diverse Populations and	
Encouraging Acceptance in Early Childhood Settings	254
Disparities in Quality of Health	254
Immigration Status	255
Recognizing Stereotypes and Prejudice	255
Promoting Acceptance in the Classroom	256
Supporting Families Who Do Not Speak English	257
Summary	258

Components of a Comprehensive Health History	261
Understanding Health Evaluations	261
Managing Health Information Appropriately	262
Defining the Health History	263

Gathering and Managing Confidential Health Information	272
Gathering Health History Information	272
Selecting Purposeful Questions	272
Gathering Information Before Children Attend	273
Building Comfortable Relationships	273
Documenting Information Accurately	273
Asking for Clarifying Information	273
Identifying Impacts on the Child’s Participation	273
Confirming Who May Access Health Information	274
Promoting Health and Wellness	274
Identifying Missing Information	275
The Teacher’s Role in Reviewing Health Histories	275
Screening Immunization Reports	275
Ensuring That Children Have a Medical Home	276
Confirming That Children Have Well-Child Exams	277
Making Referrals	278
Health Evaluations Commonly Administered in Early Childhood Settings	278
Growth Measurements	279
Oral Health Assessments	280
Hearing and Vision Screenings	281
Screening for Communication Disorders	282
Lead Screening	282
Developmental Screening and Assessment	284
Conducting Daily Health Checks	285
Ongoing Observation	288
<b>Summary</b>	<b>288</b>
<b>10 Managing Infectious Disease</b>	<b>290</b>
Understanding the Infectious Disease Process and How Germs are Spread	291
The Causes of Infectious Diseases	292
How Disease Is Spread	293
The Incubation Period	293
Symptoms of Disease	294
Symptoms of Common Infections	295
Preventing and Controlling Infectious Disease in Early Childhood Programs	296
Immunizations	297
Health Assessments for Teachers	297
Classroom Practices for Controlling the Spread of Disease	298
Partner with Families	304
Managing Challenges	304
Recognizing and Managing Common or Important Infections of Childhood	306
Vaccine-Preventable Diseases	307
Other Common Communicable and Infectious Diseases of Childhood	308

Infections and Acute Illnesses Involving the Skin	312	Teaching Strategies for Mental Health Disorders	378
Bloodborne Infections in the Early Childhood Setting	314	Understanding Prevalence of Mental Health Problems	378
Vector-borne Infections	316	Socioeconomic Factors Related to Childhood Mental Health	379
Infectious Diseases in Immigrant and Internationally Adopted Children	317	Using Teachers' Observations	379
Unknown Health History	317	Mental Health Disorders in Early Childhood	381
Common Diseases in Immigrant and Internationally Adopted Children	317	Trauma- and Stress-Related Disorders	382
Culture and Management of Infectious Diseases	319	Behavioral Disorders of Childhood	382
<b>Summary</b>	<b>320</b>	Anxiety Disorders	383
<b>11 Teaching Children with Special Health Care Needs</b>	<b>322</b>	Mood Disorders	384
Understanding Children's Special Health Care Needs and Their Impact on Children's Lives	323	Teachers' Role in Children with Mental Health Disorders	386
Defining Special Health Care Needs	323	Mental Health Consultants in Early Childhood Programs	389
Prevalence of Children with Special Health Care Needs	324	<b>Summary</b>	<b>390</b>
Functional Status	324		
Impact on Families	325		
Planning Inclusive Classrooms That Provide A Least Restrictive Environment	326	<b>PART 4</b>	
Ensuring Access to Education	326	<b>Promoting Safety</b>	<b>393</b>
Supporting Appropriate Inclusion	327		
Administering Medications	328	<b>13 Creating Safe Environments for Young Children</b>	<b>394</b>
Partnering with Families	330	Understanding the Impact of Safety on Development and Learning	395
Educating Classmates	331	Exploring How Safety Impacts Children	395
Managing Health Conditions In Early Childhood Settings	333	Understanding Sources of Unintentional Injuries	398
Conditions Related to the Immune System	334	Recognizing the Sources of Fatal Injuries	400
Conditions Related to the Nervous System	338	Recognizing the Costs of Unintentional Injury	401
Conditions That Are Genetic	345	Focusing Prevention Efforts	402
Conditions Affecting Communication, Hearing, and Vision	353	Acknowledging Risk for Injury in Early Childhood Settings	403
<b>Summary</b>	<b>359</b>	Using Regulations to Improve Safety	404
<b>12 Children's Mental Health</b>	<b>361</b>	Understanding Regulations that Guide Child Care Services	404
The Impact of Genetics and Experiences on Early Childhood Mental Health	362	Moving Beyond Minimum Standards	407
Defining Mental Health	362	Putting Safety Regulations into Practice	409
Influences on Children's Mental Health	363	Planning Safe Early Childhood Facilities	413
Social and Emotional Development Creates a Foundation for Mental Health	364	Understanding the Need for Child-Oriented Spaces	413
The Chronology of Social and Emotional Development	365	Identifying Attributes of Appropriate Spaces for Children	414
Teachers Promote Social and Emotional Development	370	Addressing Building Codes and Facility Requirements	417
Creating Supportive Environments	374	Managing Facility Security	419
Providing Appropriate Play	375	Implications for Teachers	420
The Role of Stress and Trauma in Children's Mental Health	376	Creating Safe Classroom Environments	420
Adverse Childhood Experiences	376	Organizing the Classroom	420
Types of Stress	376	Selecting Appropriate Furniture	421
		Creating Safe Storage	423
		Controlling for Hazards in the Classroom	424
		Providing Safe Indoor Areas for Active Play	426

Selecting Safe and Appropriate Toys	427	Identifying and Responding to Maltreatment	482
Choosing Safe Toys	427	Recognizing the Signs of Child Maltreatment	482
Choosing Appropriate Toys	429	Responding When a Child Discloses Abuse	485
Creating Safe Outdoor Environments	432	Considering Cultural Perspectives	486
Appreciating Outdoor Play Spaces as Learning Places	432	Reflecting on Family Disciplinary Practices	487
Recognizing Hazards in the Outdoor Setting	433	Reporting Suspected Child Maltreatment	487
Designing the Outdoor Environment	433	Understanding Reporting Responsibilities	488
Planning to Address Age and Developmental Needs	437	Making a Report	489
Choosing Outdoor Play Equipment	438	Supporting Children Who Have Experienced	
<b>Summary</b>	<b>440</b>	Maltreatment	491
		Recognizing the Long-Term Consequences	
		of Maltreatment	491
<b>14 Using Routines, Supervision, and</b>	<b>443</b>	Using Trauma-Informed Care to Support Healing	493
Classroom Management Strategies		Addressing Violence in Children's Play Themes	494
Developing Safe Classroom Routines	444	Building Problem-Solving Skills	496
Organizing the Enrollment Process	444	Discussing Ways to Prevent Child Maltreatment	497
Creating a Predictable Plan of Activities	446	Preventing Maltreatment in Early Childhood	
Developing Secure Policies and Procedures	448	Environments	497
Supporting Safe Transportation	450	Teaching Children Personal Safety Skills	499
Defining and Describing Supervision Strategies		Supporting Families	500
Used in Early Childhood Settings	452	Contributing to Community Abuse Prevention	
Using Appropriate Supervision Strategies	452	Efforts	504
Supervising Classroom Activities	455	<b>Summary</b>	<b>505</b>
Supervising Outdoor Activities	457		
Supervising Special Situations	458	<b>16 Managing Emergencies</b>	<b>507</b>
Describing Classroom Management Practices		Understanding What is an Emergency and	
Used to Address the Safety Needs of Different Age		Knowing How to Prepare for Them	508
Groups of Children	459	Understanding When an Event is an Emergency	508
Understanding the Safety Needs of Infants	460	Creating an Emergency Management Plan	509
Understanding the Safety Needs of Toddlers	462	Assembling Supplies and Communicating	
Understanding the Safety Needs of Preschoolers	463	with Families	513
Understanding the Safety Needs of School-Age		Obtaining Training	517
Children	466	Practicing Emergency Drills	518
Understanding the Safety Needs of Children		Responding to Emergencies	520
with Special Needs	468	Understanding Volunteer Protection Laws	521
Managing Children's Difficult Behaviors	469	Assessing for Injury	521
Managing Special Situations	471	Using Universal Precautions	523
<b>Summary</b>	<b>473</b>	Conducting CPR	523
		Clearing the Airway	525
<b>15 Child Maltreatment</b>	<b>474</b>	Using an Automatic External Defibrillator	526
Defining Child Maltreatment and Describing the		Stopping Bleeding	526
Most Common Types	475	Cleaning Blood Spills	527
Defining Child Maltreatment	475	Recognizing Basic Care for Common Injuries	528
The History of Child Abuse Prevention	476	Falls	528
The Four Primary Types of Child Maltreatment	476	Head Injury	529
Other Sources of Maltreatment	478	Asthma	529
Incidence of Child Maltreatment	478	Anaphylactic Shock: Severe Allergic Reaction	529
Other Forms of Violence That Negatively		Nosebleeds	530
Impact Children	479	Bites	530
Perpetrators of Maltreatment	480	Bruises and Bumps	531
Risk Factors Associated with Maltreatment	480		

Burns	531	Helping Children Cope After Emergencies and	
Drowning	532	Traumatic Events	542
Electrical Injuries	532	Recognizing Signs of Stress	542
Foreign Objects	532	Being a Calm and Confident Role Model	542
Tooth Injury	533	Implementing Strategies to Help Children Cope	543
Heat-Related Illness	533	Continuing to Monitor the Effects of	
Seizure	534	Emergencies on Children	544
Shock	534	Recognizing That Teachers Need Support Too	545
Taking Action in Case of Disaster	535	<b>Summary</b>	<b>545</b>
Moving Children to Safety	535	<b>References</b>	<b>548</b>
Addressing the Impacts of the Disaster or		<b>Name Index</b>	<b>573</b>
Emergency Event	537	<b>Subject Index</b>	<b>578</b>
Improving Emergency Response for the Future	540		



# Special Features

## Progressive Programs & Practices

Training Teachers in Healthy Practices	6
A National School Garden and Farm-to-School Program	46
Helping Hungry Children Through the Weekend	93
The Edible Schoolyard	147
Gardens as Learning Environments	225
Creating a Climate of Health and Wellness	249
Giving Caleb a Voice!	266
Overcoming Infectious Outbreaks	318
Accommodating Nate	348
Promoting Social-Emotional Development	389
Safety Measures in a Gardening Experience	436
Managing Hunger with the Smart Snack Area	464
Building Bonds by Supporting Breastfeeding Behind Bars	503
Lessons Learned from Hurricane Katrina	541

## Safety Segment

Laws Governing Toy Safety	8
Keep Children Safe from Multivitamin Overdoses	58
Food Safety on Field Trips	125
Communicating About Allergy Diets	161
Thimerosal and Vaccines	267
Addressing the Risk of Infectious Disease During Pregnancy	298
Noise-Induced Hearing Loss in Children	355
The Role of Experiences on the Developing Brain: Epigenetics	364
Toy Labeling Troubles	427
Don't Leave Children in Motor Vehicles	472
Program Practices That Reduce Risk of Maltreatment	498
Disaster Emergency Supplies Checklist	515

## Policy Point

Advocating For Healthy Child Development Supports Strong Communities	16
Supporting Policy Changes That Impact Obesity	55
Reducing High-Calorie Soft Drink Consumption in Schools	82
Sample Policy for Foods Brought from Home	159
Supporting Breastfeeding in the Early Childhood Settings	180
The Child and Adult Care Food Program and the Picky Eater	212

Physical Activity in Child Care and Preschool Environments	253
Controversies Surrounding BMI Screening in Schools	280
Epidemic? Pandemic? Who Sets Policy in Disease Emergencies?	305
The Role of School Nurses for Children with Special Health Care Needs	328
Teachers Use Social and Emotional Skills to Manage Personal Stress	375
Emerging Safety Practices—Do We Need a Policy?	410
Public Policy Strategies to Reduce Child Maltreatment	504
Early Childhood Programs Need Emergency Preparedness Plans	510

## Nutrition Note

Adults Are Important Models for Healthful Eating	35
Fats for Infants	57
The Role of Trans Fats and Saturated Fats in Children's Diets	87
Feeding Breast Milk to Another Mother's Baby	122
Building Interest in New Foods	154
Grandparents and Infant Feeding Decisions	191
Avoid Using Food as a Reward	234
Food Allergies in Early Childhood	248
The Effects of Acculturation on Nutrition in Hispanic Families	270
Childhood Obesity and Gut Bacteria	292
Early Dietary Practices and Relationship to Food Allergies	338
Childhood Obesity and Mental Health	381
Toys That Teach Nutrition Concepts	432
Classroom Activities That Can Introduce Food Allergens	455
Community Partners Help Develop Protective Factors	485
Using Emergency Food and Water	536

## Teaching Wellness

Eating Fruits and Vegetables Keeps Me Healthy	62
Digestion Begins in the Mouth	72
Washing Hands Keeps Me Healthy	127
Planting a Three Sisters Native American Garden	145
I Feel Hungry, I Feel Full	188
Will I Like What's Good for Me?	216

I Feel Hungry, I Feel Full  
 Brushing My Teeth Keeps My Smile Healthy  
 Health Care Checkups  
 Germ Stoppers  
 Same and Special  
 I Can Do Things  
 Pedestrian Safety  
 Class Safety Rules  
 Keeping Me Safe  
 Sometimes I Lead—Sometimes I Follow

## Health Hint

Talking with Families About Children's Health  
 Managing a Foodborne Illness Outbreak

224	Building Health in the Classroom and at Home	
251	Through Menu Planning	147
283	Is Homemade Baby Food Always Best?	197
303	The Fat Content of Milk: What's Best for Children?	214
333	The Effect of Housing Insecurity on Children's Health	245
373	Childhood Growth Charts	279
412	Infections and Animals	301
461	Chronic Medical Conditions Have an Impact on	
499	Children's Lives	352
518	Parental Mental Health Impacts Children	379
	Immunizations Keep Children Safe from Disease	406
	Information Teachers Need to Serve Children	
	with Diabetes	454
32	Signs of Medical Neglect	477
104	Tips for Having Plastic Gloves Ready	523

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# Part I

# Promoting Wellness

## 1 Your Role in Children's Wellness





# Chapter 1

## Your Role in Children's Wellness



Oksana Kuzmina/123RF

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### Learning Outcomes

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*After reading this chapter, you should be able to:*

- 1.1** Define wellness and explain how nutrition, health, and safety work together to create wellness in young children.
- 1.2** Describe how wellness impacts learning and discuss some of the challenges that must be addressed.
- 1.3** Explain how children learn and describe some of the teaching strategies used in a wellness curriculum.
- 1.4** Discuss the benefits of partnering with families and community members and explain why teachers need to be positive role models when promoting children's wellness.

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### Case Study

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**It is lunchtime at Kaylee's family child care program.** After completing her associate degree in early childhood development, Kaylee opened her family child care program as a way to work in her field while enjoying her two young children. The children wash their hands and gather in the kitchen for lunch. Kaylee serves Dominique his "burrito" in small

tortilla pieces with spoonfuls of refried beans and grated cheese. As she serves the older children, she gives Nancy a milk-free tortilla with beans but no cheese because Nancy has a milk allergy. Then Kaylee sits down to eat with the children. "Beans!" says Dominique. Kaylee and the children cheer for Dominique's new word.

Across town, Hector is carrying out the recyclables and trash from the preschool class. As he walks to the side of the building, Hector thinks about Zach, a child who attends in a wheelchair. Zach has a muscle-wasting disease that will continue to worsen. But it is Zach's curiosity and cheerful spirit that sticks in Hector's mind. Today Zach asked if whales can live under the ice at the North Pole. Hector doesn't know the answer to this question, so he decides to stop at the library on his way home to find a book about whales that he and Zach can explore.

In another community, Sharina and Amelia walk through the children's play yard carrying clipboards. Each has a safety checklist. They are helping with a review of the play areas as part of a tribal health initiative to increase children's participation in active play. They make notes about the hard-packed ground under the play structures and watch as some children throw bark chips over the fence. They begin to develop ideas for recommendations to improve the play environment and increase safety.

These early childhood teachers have much to share about the exciting profession of early childhood education! Each teacher demonstrates enjoyment of very young children and knowledge of child development. Each participates willingly in the full spectrum of responsibilities associated with caring for and educating children, including the daily tasks associated with providing healthy nutrition, considering children's individual needs, and establishing safe environments. Each teacher actively embraces the intriguing challenges that are part of providing appropriate and enriching learning experiences. These teachers demonstrate their firm understanding of the importance of nutrition, health, and safety to children's development and learning.

Such teaching capabilities are being given renewed attention and recognition. Research on growth and development continues to emphasize the importance of the early years in setting the foundation for a child's future capacity to learn. And, as teachers spend many hours providing care and education for young children, the teacher's contribution to children's growth and development is considered to be second only to families. This makes it an exciting time to be an early childhood professional!

Teachers of very young children provide care and education in a variety of settings: family child care, center-based child care, kindergarten, after-school care, evening child care, and more. Because care and education are intricately intertwined during the early years, we refer to *all* those who provide care and education for young children as *early childhood teachers*.

Throughout this book we discuss many of the important roles of early childhood teachers in their teaching settings. We describe the crucial contribution of nutrition, health, and safety to children's development and ability to achieve wellness. We recognize the important partnership that exists between families and early childhood teachers to ensure safe and meaningful experiences for children. We reinforce the concept that each child is a unique and individual learner, for which services and teaching approaches must be appropriately considered. We provide examples of ways teachers can help children learn the behaviors that lead to wellness. We focus on aspects of professionalism, illuminating the teacher's role in advocating for children's well-being both inside and outside of the school setting. And we suggest resources that can be consulted to help teachers keep up-to-date on important issues.

In this chapter we begin by defining wellness, describing the interrelationship among nutrition, health, and safety, and discussing current trends and national initiatives that address wellness. We highlight the importance of wellness on children's ability to learn and consider factors that challenge learning. Next, we summarize the learning process and present strategies for teaching wellness concepts. Finally, we discuss the important partnerships that teachers build with families and community members to enhance children's wellness and describe the importance of being a healthy role model for young children.

# Defining Wellness and Exploring How Nutrition, Health, and Safety Work Together to Create Wellness in Young Children

## wellness

optimal health and the vitality to enjoy life; largely determined by lifestyle choices

Families, early childhood educators, and community members alike envision communities in which wellness is a goal for all people. **Wellness** refers to optimal health and the vitality to enjoy life. It is often described by words such as *positive state of health and well-being*, *healthy*, *happy*, and *thriving*. Wellness emerges from healthy lifestyle practices that are under our control, such as choosing to eat nutritious food, getting health checkups, exercising, sleeping well, and making safe choices. Young children's wellness is especially impacted by the wellness practices that exist in the environments that surround them, including the home and school. In this section we discuss the interrelationship of nutrition, health, and safety and the ways they impact wellness. We explore current issues that influence nutrition, health, and safety practices, and we identify national programs that address the factors that affect children's wellness.

## Understanding the Interrelationships Between Nutrition, Health, and Safety

The foundation of healthy development and wellness are established through the building blocks of nutrition, health, and safety. Each makes a specific contribution to the child's ability to grow and thrive, and each is part of the early childhood teacher's sphere of influence.

- *Nutrition* encompasses the relationship between the nutrients that are eaten, digested, and absorbed and the way they contribute to growth and health. Nutrition-oriented practices ensure that sufficient healthy foods and beverages are offered to support the child's growth. Serving and helping children enjoy safe and healthy food at school are ways that teachers promote wellness through nutritional practices.
- *Health* focuses on physical and mental well-being and the absence of disease. Healthful practices help prevent and minimize illness or disease, by ensuring that children receive childhood immunizations and periodic checkups. Sanitizing tables before eating, and teaching children when and how to wash their hands, are ways that teachers promote wellness through healthy practices.
- *Safety* centers on keeping children from harm. Safety approaches reduce the likelihood of injury or exposure to environmental toxins. Creating safe environments, removing hazards, and supervising children's interactions are ways that teachers promote wellness through safety practices.

The interrelationships between these factors become evident as the healthful benefits of one influences the positive outcomes in the others. The following examples highlight this interrelationship:

- When food is stored, prepared, and served in a sanitary manner, it is healthful for children.
- When children consume healthful foods, they are more able to fend off illness, recover from illness and injury when they occur, and grow strong and capable.
- When children are strong and healthy, they are able to play in coordinated and safe ways.

- When children are well nourished and healthy, they are able to be more attentive in the learning setting and are better able to learn about safety rules and ways to stay healthy, including eating healthy foods.

Similarly, gaps in nutrition, health, and safety can lead to poor or dangerous outcomes, such as these:

- If food is not prepared safely, food poisoning may occur, causing illness.
- If children consume too little healthy food (food deprived), or if children eat large amounts of unhealthy food ("junk" food), they may not get the nutrition they need to grow strong and healthy, and they may consume large quantities of salt, sugar, or fat, which can cause health problems.
- If children are not strong and healthy, they may not have sufficient energy or interest in playing actively, reducing the opportunity to gain health benefits from exercise and leading to concern for overweight.
- If children are not well nourished and healthy, they may be unable to pay attention in the learning setting, missing the opportunity to learn about safety and ways to stay healthy.

Early childhood teachers generally recognize the interrelationships between nutrition, health, and safety and implement classroom practices to build on this foundation of wellness. Each teacher in the opening scenario embraces the goals of nutrition, health, and safety in the context of their early childhood program. Kaylee adapts a nutritious lunch to fit the needs of children according to their age and special dietary needs. Hector looks beyond Zach's health concerns and responds to Zach's curiosity by bringing new books into the classroom for exploration and learning. Sharina and Amelia review the playground for safety concerns and identify needed equipment to encourage appropriate active play. In order to put wellness approaches into action, however, teachers must keep aware of current trends and issues that impact nutrition, health, and safety services in early childhood programs.



A healthy, thriving child is ready to explore and learn.

Junial Enterprises/Fotolia

## Recognizing Trends in Nutrition Services

Renewed attention is being given to the critical role good nutrition plays in preventing disease and promoting health during the early years of development. Current trends focus on the long-term impacts of nutrition in childhood and preventing overweight and obesity.

### IDENTIFYING THE LONG-TERM IMPACTS OF NUTRITION IN EARLY CHILDHOOD

Research continues to reveal ways that nutrition in the early years impacts health outcomes in later life. From the moment of conception, a child's diet is thought to trigger a predisposition, or tendency, to good or poor health by influencing how specific genes are expressed (*Nutrition and the Epigenome*, 2012). Factors such as a mother's diet and rate of weight gain during pregnancy, the birth weight of the infant, and the infant's diet may predict risk for chronic disease in adulthood. It is thought that these factors trigger *epigenetic changes* in gene expression (changes that have an external rather than a genetic origin) that increase the likelihood the child will develop obesity, diabetes, heart disease, or cancer as an adult (Loche & Ozanne, 2016; Simopoulos & Milner, 2010; Wang et al., 2012).

### ADDRESSING THE OBESITY EPIDEMIC

Since the 1970s, the number of children in the United States identified as **overweight** or **obese** increased at an alarming rate, creating a situation called an *obesity epidemic*. In the 1970's about 5% of children ages 2–5 years of age were identified as obese. By

#### overweight

an excess of body fat that may lead to obesity; measured by a BMI score in the 85th to 95th percentile

#### obese

a medical condition related to the excess accumulation of body fat that may have an adverse effect on health; measured by a body mass index (BMI) score that is higher than the 95th percentile

2004 the numbers had increased to 14% of the age group. Among children ages 6–11 years of age, 4% were assessed as obese in 1970 compared to 19% in 2004 (Centers for Disease Control and Prevention [CDC], 2014; Ogden & Carroll, 2010, 2012). This is of great concern because of the health issues related to being obese at such a young age, including increased risk for cardiovascular disease, breathing and joint problems, and type 2 diabetes.

More recently, the obesity rate has decreased. In 2014 the incidence dropped significantly for children ages 2–5, to about 9%. A smaller decrease to 17.5% was identified for 6- to 11-year-olds (CDC, 2017). These decreases show a positive trend; however, the concern persists for the 12.7 million children under the age of 19 currently identified as obese.

Some states have taken steps to reduce obesity rates. For example, some states have required wellness policies in schools and early childhood settings and implemented community initiatives to encourage walking and bicycling. The *Progressive Programs & Practices* feature describes an initiative designed to address obesity in young children through training for early childhood educators. However, even though the obesity epidemic has been widely publicized, some believe that it is too harsh to focus attention on this issue with young children. And many states have taken no actions to require licensed child care centers to offer healthy food or ensure opportunity for physical activity (CDC, 2014; Robert Wood Johnson Foundation, 2015).

## Progressive Programs & Practices

### Training Teachers in Healthy Practices

**By Tracy Moran and Tom Browning, Erikson Institute and Illinois Action for Children**

New standards were recently recommended for Chicago's center-based child care centers to reduce childhood obesity and improve overall health. The standards include serving children reduced-fat milk, reducing sweetened beverage consumption, limiting screen time, and increasing daily physical activity.

Local organizations<sup>1</sup> collaborated with early childhood providers to develop training seminars to help child care providers implement the standards. Brainstorm sessions were held to share ideas and talk about managing challenges related to health and wellness. Topics that evolved included motivating child care providers to be healthier role models, finding ways to address challenges with accessing and affording healthy foods, recognizing high-crime activity in neighborhoods, and addressing perceived apathy of parents. Suggestions for promoting physical activity were shared, such as having relay races with plastic eggs on spoons and giving each child a magnifying glass and letting them explore the outdoor environment. From this conversation, a curriculum was designed to positively influence providers' knowledge and behaviors regarding nutrition, physical activity, health, and child well-being.

Then for 9 months, five trainers conducted 87 trainings engaging more than 1,000 participants. Training locations were selected to ensure broad participation. Large numbers of participants agreed to implement the new standards. Many



stylephotographs/123RF

providers rated the reduced-fat milk standard as the most difficult to implement due to perceived cost increases or expected disagreement from children and/or parents.

According to child care provider Maria Salazar, "I started to implement the change from 2% to 1% milk in my day care. I was afraid when I started, but the children have assimilated and taken to the change easily. I have the children stand while putting together a puzzle so that they can be more active throughout the day. They are sleeping better because they are now tired. I also participate in the activities with the children and I love it."

<sup>1</sup>Including the Otho S.A. Sprague Memorial Institute, Erikson Institute, Illinois Action for Children, the Chicago Department of Public Health, and the Consortium to Lower Obesity in Chicago Children.



## Understanding Current Issues in Health

There is general awareness that health and wellness are founded on the prevention and treatment of illness, yet many children continue to have insufficient access to basic health care services. Current efforts focus on ways to address this problem. These include identifying the indicators of well-being, recognizing disparities in health care, and acknowledging children's unmet mental health needs.

### IDENTIFYING INDICATORS OF WELL-BEING

The Federal Interagency Forum on Child and Family Statistics (FIFCFS) compiles a report on the well-being of children and families: *America's Children in Brief: Key National Indicators of Well-Being*. The indicators identify the challenges that must be addressed to ensure that each child has the opportunity for healthful development. Some important indicators for health are discussed next.

**Health Insurance** Health insurance coverage is an important indicator of whether families can access preventive care and treatment for their child if the child is sick or injured. In 2015, 3.7 million children ages 0–17 (5% of the age group) had no form of health insurance at some time during the year (FIFCFS, 2017). Without health care insurance, families are more likely to forgo preventative health care due to its high cost and may delay obtaining medical treatment until an illness is in an advanced stage.

**Access to a Usual Medical Provider** Families who have an identified source for health care services (sometimes called a *medical home*) are more likely to obtain the preventative and treatment services needed to ensure good health. In the absence of a usual medical provider, families may obtain services at an emergency room (at greater cost) or another source where medical records and the child's health history are not available. In 2015, 4% of children did not have a usual medical provider (FIFCFS, 2017).

**Oral Health Care** Oral health is an important indicator of general health. Although yearly checkups are recommended for children over the age of 1, many children do not have access to a dentist. In 2015, 37% of children ages 2–4 and 9% of children ages 5–17 had not seen a dental care provider in the past year (FIFCFS, 2017). This is of concern as cavities are considered to be the most common illness in childhood.

**Childhood Immunizations** Preventative health care includes obtaining vaccinations for preventable diseases. In 2015, 28% of children ages 19–35 months, or more than 8 million children, did not receive recommended immunizations. These children are without protection from preventable diseases (FIFCFS, 2017).

### RECOGNIZING DISPARITIES IN HEALTH CARE

Some individuals or groups of children are disproportionately at risk for disease and do not have adequate access to health care. Children living in poverty, those who are a member of a minority group, and those being raised by very young parents have the highest risk. Poor children typically have less access to health insurance and most often do not have a usual health care provider. They also tend to suffer more often from oral health care problems and are less likely to be immunized.

### ACKNOWLEDGING CHILDREN'S MENTAL HEALTH NEEDS

The incidence of mental health concerns among young children is considered to be at a crisis level in the United States today. The majority of children's mental health needs are not addressed due to a lack of access to mental health services, the stigma associated by some to the potential diagnosis of mental



Oral health is a critical component of health and well-being.  
Gorillaimages/Shutterstock

illness, and the limited number of mental health consultants with expertise in serving very young children (World Health Organization, 2014). Unresolved mental health concerns introduce risk factors for disease and injury and limit children's opportunity to lead healthy lives.

## Identifying Emergent Issues in Safety

Children's wellness is directly related to the steps taken to prevent injury and increase safety in the home and early childhood setting. Emergent issues related to children's safety include addressing security in children's settings, improving regulatory guidelines, and planning for disasters.

### ADDRESSING SECURITY NEEDS

Violent events at schools have raised awareness of the need to address security in early childhood settings. Most programs have some method for controlling entry into the early childhood spaces; however, not all choose to address safety risks by installing coded entry locks or other security devices. Deliberations persist as families and teachers explore whether security devices ultimately increase children's safety. More and more teachers are being called upon to use their judgment regarding issues such as whether to shelter children in place or evacuate in the event of a security breach.

### IMPROVING REGULATORY GUIDELINES

The regulations that govern licensed child care and education settings continue to evolve to address newly identified risks to children's safety. Standards for maximum group size, adult-to-child ratios, rules for supervision of children, and steps for screening staff and volunteers for criminal backgrounds are periodically reviewed to ensure that they adequately address child safety.

There is also growing scrutiny of environmental health and the products used in construction of children's facilities and play materials. Restrictions on the use of hazardous chemicals in paints and insect sprays in children's environments are being implemented. Toy safety also continues to be scrutinized, as described in the *Safety Segment*.

### PLANNING FOR EMERGENCIES

Disasters and emergency events of the past decade have increased awareness of the need for emergency management planning in programs serving young children. Emergencies from natural causes such as severe weather, as well as human-made disasters including chemical spills or purposeful attacks, have come to the forefront of safety management planning. Coupled with the increasing numbers of children in part- and full-day education settings, it is necessary to make plans to respond appropriately when children's safety is threatened.

## Safety Segment

### Laws Governing Toy Safety

The Consumer Product Safety Improvement Act prohibits the sale of toys that contain lead-based products or various chemicals (such as *phthalates*) present in some plastics. Manufacturers must prove compliance with the law, which requires testing by independent labs to prove that every accessible toy component

meets the guidelines. The laws governing toy safety aim to remove dangerous products present in children's play things.

**SOURCE:** *Consumer Product Safety Improvement Act, as Amended H.R. 2715, Public Law 112-128 (August 12, 2011 Version)*. Retrieved September 1, 2017, from [www.cpsc.gov/businfo/cpsa.pdf](http://www.cpsc.gov/businfo/cpsa.pdf).

**What If . . .**

one of your relatives asked you about your plans to be a prekindergarten teacher? What could you tell them about the issues in nutrition, health, and safety that you would be helping to address as an early childhood educator?



**Self-Check 1.1** Complete this self-check quiz to check your understanding of the foundations of children's wellness.

## Understanding How Wellness Contributes to Learning and Exploring Challenges to Learning

Nutrition, health care, and safety positively impact learning. However, some experiences put children at risk for poor development and derail learning. Teachers have the capacity to enhance the positive impacts of desirable influences, as well as to mediate or reduce the damaging effects of negative influences. As a result, teachers help children gain the capacity for success that they may not otherwise achieve.

A foundation for making positive contributions to children's development includes the recognition that all experiences during a child's growth and development impact wellness and that challenges exist that threaten children's wellness and opportunity to learn (Center on the Developing Child, 2010). The interface between wellness and learning is explored by understanding how children learn, knowing about the contexts in which live, recognizing challenges that threaten to negatively impact children's wellness and ability to learn, and identifying the teacher's opportunity to advocate on behalf of children.

### Understanding How Children Learn

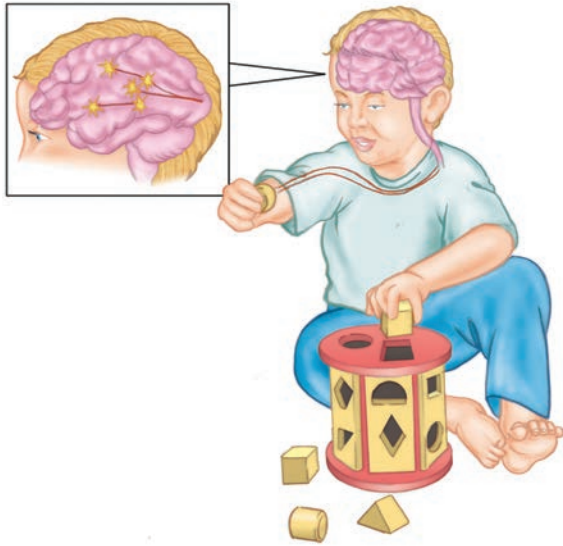
During the *early childhood years* (birth through age 8), many physical and emotional changes occur. Children gain strength, coordination, and control over movement. Complex skills such as walking and speech emerge, and the intricacies of social and emotional development play out as children develop trust and attachment to caregivers. Language blossoms, and cognitive problem-solving skills are tested and refined. This wealth of growth and maturation is founded on healthy brain development and encouraged through teaching approaches that help children construct knowledge.

#### EXPLORING EARLY BRAIN DEVELOPMENT

At birth the brain is a relatively immature organ. Even so, the newborn child has nearly 100 billion brain cells, or *neurons*, that are ready to assist with growth and development. A child's ability to learn and ultimately to function in society depends on the success of the brain to develop a complex system of neural connections.

**Building the Structure of the Brain** As children explore and take in new information, neurons reach out to one another, interacting and building a network of highly sophisticated connections that link the various parts of the brain. During the infant and toddler years, the brain focuses on organizing the information provided by the sensory systems of sight, touch, taste, smell, and hearing. From age three onward, brain development is highly directed toward growing and refining the neural connections. These connections influence all aspects of children's functioning and ability to learn, such as recognizing the sounds that form language, coordinating movement, identifying shapes and letters,

**Figure 1-1** Exploration and Experience Build the Architecture of the Brain



and developing the ability to manipulate math functions, control behavior, and manage social interactions (Center on the Developing Child, 2010; Fox, Levitt, & Nelson, 2010).

**Promoting Brain Cell Connections** Children who experience rich opportunities to touch, explore, and play develop highly complex webs of neural connections. Figure 1-1 depicts how the brain's complex network of connections evolves through interaction and experience. Brain cell connections that are used again and again establish the channels for managing information and making sense of experiences and learning. Practicing skills is a primary way of reinforcing these brain cell connections. In this way, experience builds the structure, or "architecture," of the child's brain (Center on the Developing Child, 2011; National Scientific Council on the Developing Child, 2007).

**Creating the Capacity to Learn** An important part of the growth of brain cell connections is a process called brain *plasticity*. Plasticity refers to the brain's ability to be flexible and able to change when new information expands or replaces previous knowledge. Plasticity allows for the modification of existing neural connections and is most active during the early years of life (Center on the Developing Child, 2011a). For example, young children may first learn to identify a square. At that point the child may call all four-sided figures a square. With experience the child learns to focus on the length of the sides and the angles of the corners to distinguish a rectangle or trapezoid. The original understanding of what makes a square remains, while new experiences stimulate new neural connections and new understandings. Plasticity is the process of learning.

**Recognizing Challenges to Brain Development** Children who are deprived of learning opportunities or who experience chronic stress or toxic environments show diminished neural development. This deprivation is especially evident in the areas of the brain that control learning and behavior (Center on the Developing Child, 2011b; National Scientific Council on the Developing Child, 2006, 2010). For example, children from families with lower-income, where deprivation and stress may be common, were reported to have a less surface area in the regions of the brain that support language, executive functions, and spatial skills (Noble et al., 2015). The impact of prolonged negative experiences reduces the activity of the brain, and brain cell connections that are not used repeatedly are closed off or *pruned away* (Hawley, 2000). The pruning process allows the brain to be more efficient, but it creates a "use it or lose it" situation. Children who are encouraged to explore have the opportunity to grow more brain cell connections, whereas children who are deprived of the chance to explore suffer from a reduction in brain development. In sum, the experiences children have (or don't have) during the formative early childhood years create the capacity to learn and set the course for future development.

### CONSTRUCTING KNOWLEDGE

Learning unfolds as children follow their interests, exploring and acting on things and interacting with people. Children select the toys that intrigue them, and practice and repeat skills that are exciting to them. Providing freedom to explore allows children to test new ideas, repeat routines to reinforce existing knowledge, take in information at their own pace, and come to understand new ways of using information. This interactive process is called *play*. Play is the context within which children construct the knowledge base that supports their understanding of the world (Piaget, 1929). Social interactions and guided teaching assist in the construction of knowledge.

**Recognizing the Importance of Social Interactions and Language** While learning occurs through the context of play, it is not an isolated activity. Social interactions and language are important parts of the process. The ideas that children share as they talk about what they are doing and the ideas and directions that they give each other keep them engaged and pique their interest in the learning opportunity. Teachers and families use social interactions and language to introduce words children can use to explain their ideas. Language is also used to help children focus on the significant aspects of an activity and make meaning from what they have experienced. With a 2-year-old, the teacher might say, "See how the water is washing the soap bubbles off your hands? It is cleaning germs away too!" Or with a 7-year-old, a teacher might say, "You were running fast at recess. Is your heart pumping quickly? Can you feel how you are breathing hard? Why does your body react this way after running?" The teacher's involvement helps the child notice, and think, about aspects of the activity. The questions encourage the child to wonder, predict, and offer ideas. Such interaction and language is used to communicate many kinds of social information, including aspects of culture (Vygotsky, 1962).

**Understanding the Negative Impacts of Deprivation** Children who do not have access to supportive social interactions, or who are either ignored or bombarded with negative language, miss out on important opportunities for learning. This might occur if a child was punished for touching, exploring, or asking questions. Even at a very young age children may face challenges that start to limit their ability to develop to their full potential.

## Considering the Contexts in Which Children Grow and Develop

Children do not grow and develop in isolation, nor are teachers the only people concerned about children's healthy growth and development. Children's wellness is heavily influenced by the *contexts*, or settings, in which they live. These contexts include the environment and circumstances that surround the child and affect the child's experiences. Urie Bronfenbrenner's (1979) ecological systems theory helps explain how the contexts that surround children—and the systems of interaction among the people in those settings—impact children's health and well-being. This theory considers the child as developing within a nested series of surrounding contexts and systems, each connecting and interacting with the others. Figure 1-2 depicts the child encircled by four types of contexts and systems.

- *Microsystem*: This system includes the environments that immediately surround the child, such as the home, the early childhood setting, and school. Safe and nurturing aspects of this environment positively affect children's health and well-being, whereas hunger or dangers in the environment may interrupt healthy development.
- *Mesosystem*: This system encompasses the connections and interactions that take place in the microsystem. Nurturing parenting and friendly relationships with the teacher are positive influences on children's development, whereas domestic violence or disagreements among parents and teachers can negatively affect children's well-being.
- *Exosystem*: This system involves the people and places that provide indirect influences on a child's development, such as the extended family or neighborhood. Children's wellness is enhanced through the support of extended family members and safe neighborhoods, but it is negatively affected by disagreements among the extended family or dangerous neighborhoods.
- *Macrosystem*: This system addresses the influences of the larger social, cultural, political, and economic contexts that provide support for child development or that challenge children's ability to grow and thrive. Children's wellness is supported when the society provides access to health care and high-quality early childhood





### Video Example 1.1

In this video, two girls each draw a picture of their respective neighborhoods and answer questions about their neighborhoods. Notice how each child is able to express what she likes best about her neighborhood. Think about the detail the older child uses in describing how laws are developed and how one law was used in her neighborhood.

**SOURCE:** Pearson Education, Inc.

education. Conversely, children's well-being may be threatened in times of economic depression due to reduction in resources such as reduced access to food or health care (Bronfenbrenner, 1979).

Early childhood teachers have responsibilities that intersect with all levels of these contextual systems. Teachers have direct responsibility for creating and managing the early childhood setting (microsystem). Teachers establish important connections between the early childhood setting and the child's home (mesosystem) by building relationships where families and teachers share knowledge and ideas about how to best promote the child's development.

Teachers also extend their professional skills and responsibilities to the larger societal systems that affect children (the exosystem and macrosystem) by advocating for the needs of children at school board meetings or community planning commissions and by championing the development of policies and local, state, and national initiatives to improve outcomes for young children.

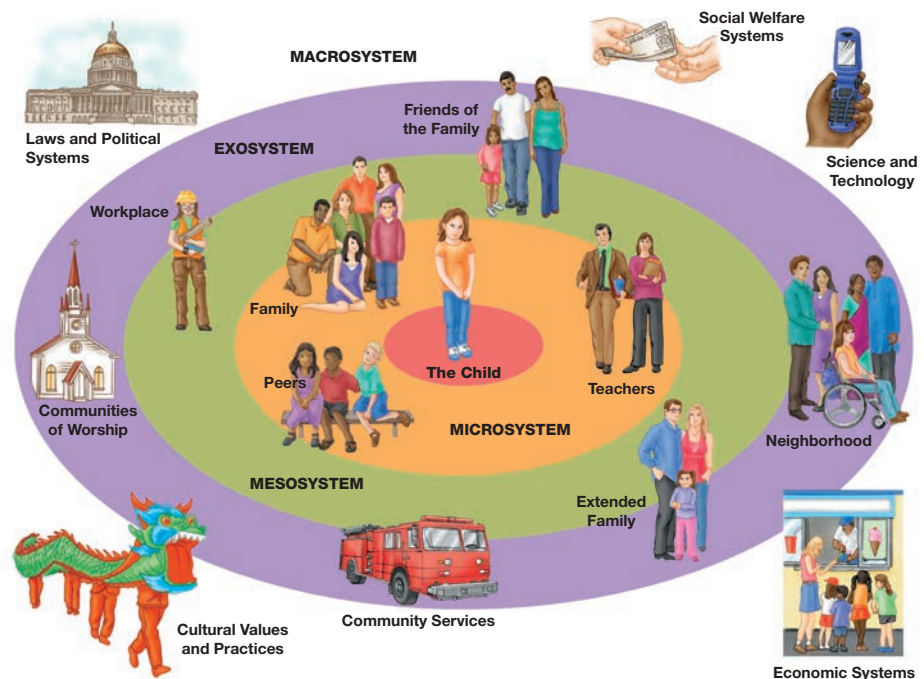
## Recognizing Challenges to Wellness and Learning

There are many threats that challenge children's ability to achieve wellness and to learn. However, four factors are pervasive in their impact. These include poverty, food insecurity, housing and homelessness, and environmental health and safety.

### POVERTY

Poverty is the most significant threat to children's wellness. Its impacts are particularly disturbing because poverty is a contributor to nearly every negative influence on children's wellness and learning. Poverty describes a persistent lack of monetary resources, which relates to difficulties in meeting food, housing, health care, and other basic needs. These deprivations cause stress, anxiety, and for some, a sense of hopelessness— influences that negatively impact a child's wellness and ability to learn. As a result, children living in poverty are more likely to experience cognitive, behavioral, and social-emotional problems that get in the way of learning. These challenges can lead to lower educational

**Figure 1-2** Bronfenbrenner's Ecological Systems Theory Describes the Contexts That Influence Child Development



attainment and increased unemployment across the lifetime (FIFCFS, 2017). In 2015, 20% of children under the age of 18 in the U.S. were living in poverty (FIFCFS, 2017). Almost half of these children were living in homes experiencing extreme poverty (family income less than 50% of the federal poverty level). Black and Hispanic children were more than three times as likely to be facing the stresses of poverty than white, non-Hispanic children. Early childhood teachers direct families to resources that can help, such as community health and social services and the Head Start program.

### FOOD INSECURITY

*Food insecurity* refers to not having access to enough food at all times to maintain an active, healthy life. Food insecurity puts children at risk for poor diets and related health concerns (Food Research and Action Center, 2015). Children may be malnourished because families must select low-cost foods rather than make nutritious purchases. Those who experience extreme poverty may face situations where children must skip a meal or not eat for a whole day because the family cannot afford enough food. In 2015, 18% of children in the U.S. ages 0–17 years (13.1 million) lived in households reported to be experiencing food insecurity (FIFCFS, 2017). Hunger can easily get in the way of children being able to focus and learn. For this reason, teachers should look for signs that children are hungry and ask, “Did you have breakfast today?” This cues teachers to assist families in accessing community resources and the school’s lunch program.



Hunger may get in the way of children being able to focus and learn.

Matka Wariatka/Fotolia

### HOUSING AND HOMELESSNESS

Families living in poverty often struggle to find affordable and safe housing. Nearly 39% of households with children in the United States face problems with inadequate or crowded housing that costs more than 30% of the family’s household income (FIFCFS, 2017). Many low-income families (15%) face severe housing problems because their housing costs more than 50% of the family’s monthly income. Severe housing problems can also lead to eviction and homelessness. In 2015, 128,000 children were homeless at any given point in time (FIFCFS, 2017).

When housing costs require such a large portion of the family income, families struggle to meet other basic needs. They may need to choose between buying food or paying rent. The frequency of moves among these families is especially high, as families seek less expensive housing. Frequent moves result in changing of schools and irregular school attendance. Learning and social connections are also interrupted. Early childhood teachers must build relationships quickly and work purposefully to reinforce learning opportunities for children who experience such disruptions.

### ENVIRONMENTAL HEALTH AND SAFETY

Environmental toxins can impact everyone, but young children are especially vulnerable due to their small size and tendency to touch and taste as they explore (Faulk & Dolinoy, 2011). Children whose families struggle with poverty face particular risks because families living in poverty are often compelled to select older, low-cost housing, which is more

**A Matter of ETHICS** Imagine that you want to have the children in your class make “community soup,” an activity for which each child is asked to bring in a food item to contribute to the soup. Making a food contribution might be difficult for some of the low-income families in your class. How might you arrange this activity in a way that respects the dignity and worth of each child and family?

likely to have environmental hazards such as lead. Lead-based paint deteriorates and flakes, causing lead dust inside the house and in the surrounding soil. Water can also pick up lead from the solder used in pipes. Families impacted by poverty may not have the resources to reduce the presence of lead in their living environments. This puts children at risk because exposure to lead is associated with slowed growth and development, hearing and speech concerns, and learning and behavior problems (U.S. Environmental Protection Agency, 2017; National Scientific Council on the Developing Child, 2006). Early childhood teachers support families by sharing information about the consequences of lead exposure and steps families can take to reduce children's exposure to lead.

## Advocating for Children's Well-Being

Teachers have the benefit of their education and experience to be important advocates for, and supporters of, children's development and wellness. Crucial aspects of advocacy include developing cultural competency, respecting family diversity, and making a commitment to professionalism.

### DEVELOPING CULTURAL COMPETENCY

In order to teach and advocate for all children effectively, teachers must give attention to developing knowledge and skills related to culture. This is called *cultural competency*. Cultural competency refers to:

- Being aware of one's own beliefs and recognizing that others possess differing points of view
- Possessing a positive attitude about culture and cultural differences
- Growing in knowledge and skill in interactions across cultures

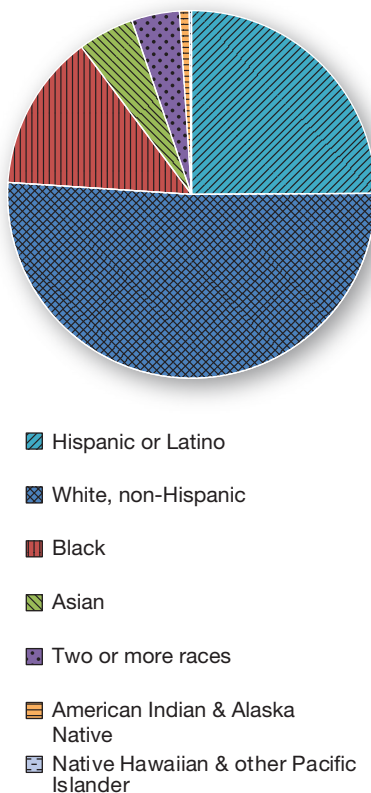
Teachers have their own beliefs and expectations that are rooted in their personal experience and understanding of the world. These form the cultural or ethnic perspectives that impact how and what teachers teach in the classroom. Culture is often thought of as having to do with what country we come from, what language we speak at home, or what religion we practice. In addition to these aspects, culture can be thought of more broadly to include familial and social influences and all the unique experiences that form our frame of reference.

Cultural perspectives can be reflected in interesting ways in the classroom. For example, in teacher Ann's class, families were asked to share a photo of a food that depicted their cultural traditions. Yolanda's family sent a photo of cornbread her family makes every Independence Day, using blueberries from her family's farm. Hiromi's picture was of a rice and fish dish made in the Chinese tradition. Asher's photo depicted the Passover Seder meal. Teacher Ann's photo was of soft-serve vanilla ice cream, recalling her family's heritage as owners of the only ice cream store in town. Each photo shared a glimpse into the interesting culture of the children and the teacher, serving as a reminder that early childhood class groups are comprised of individuals, each with unique cultural experiences.

Teachers seek to understand and learn to manage situations where family cultural approaches and classroom practices differ. These may include childrearing practices, diet, food choices, dress, hygiene, comfort with health care practices, levels of physical activity, expectations for boys and girls, and other aspects such as how sleeping arrangements are managed at home and how napping is arranged in the classroom. Teachers who develop genuine appreciation for their children and families continue to grow in curiosity and knowledge about the unique contributions, and sometimes challenges, of different cultures.

Cultural competency is especially important as early childhood class groups continue to become more diverse and multicultural. It is anticipated that by 2050, more than half of America's children will be Hispanic or Asian or will be of two or more races (FIFCS, 2017). It is also estimated that currently 22% of children nationwide speak a

**Figure 1-3** Racial and Ethnic Composition Among Children Under Age 18 in the United States (2016)



**SOURCE:** Based on *America's Children: Key National Indicators of Well-Being, 2017*, Demographic Background, by the Federal Interagency Forum on Child and Family Statistics. Retrieved: September 2017 from Child Stats.gov.

language other than English at home. These numbers vary depending on the region, with rates as high as 34% for children in the West and as low as 12% in the Midwest. Figure 1-3 provides a visual depiction of the diverse racial composition of children under age 18 in the United States today.

Children's wellness and ability to thrive is supported when teachers take advantage of multicultural richness to ensure that all children have the support they need to succeed in school. Finding ways to invite conversation about diverse approaches and practices and knowing how to negotiate differing perspectives are important opportunities for new discoveries that will improve teacher skills and enhance children's learning opportunities.



**Video Application Exercise 1.1** In this video, an early childhood professional describes the importance of cultural competency. Review the video and complete the activity.



### APPRECIATING FAMILY DIVERSITY

In the early childhood setting teachers and families work closely together to support children's development. This makes it important for teachers to understand the family structure in which each child lives in order to be an advocate for all children. *Family* includes many combinations of adults caring for children, such as children raised by teenage mothers, single parents, grandparents, or same-sex parents. Some children join families through adoption or live temporarily in foster-care placements. Others divide their time between the homes of their divorced parents or are members of blended families created through remarriage. Each family structure and experience is unique.

Teachers use their knowledge of a child's family arrangement to plan school experiences that support children to achieve positive outcomes and manage any challenges. Some children who join families through adoption, or who have a parent who is incarcerated, may experience loss, grief, or the problems associated with separation from a parent (Allard & Greene, 2011; Glaze & Maruschak, 2010). Knowing that children may experience separation stress, teachers make extra effort to provide reassuring help with the transition from school to home.

### MAKING A COMMITMENT TO PROFESSIONALISM

Another important aspect of advocacy is making a commitment to *professionalism*. Professionalism means embracing and acting upon the skills, expertise, and competencies educators acquire through education and experience and using that knowledge to benefit children. This commitment goes beyond the concept of "do no harm" in that it compels teachers to purposefully take action to improve children's education, health, and wellness. It means being intentional about the choices made when planning environments and implementing activities for children. It also means using evidence-based practices rather than making choices based on myths or "the way it's always been done."

The decisions and actions of early childhood teachers who embrace their professionalism are guided by the National Association for the Education of Young Children (NAEYC) *Code of Ethical Conduct and Statement of Commitment* (2011). The *Code* articulates the *dispositions* (the values, beliefs, and attitudes) held by professional teachers of young children. These include the values of fairness and equity and the belief that all children can learn. The *Code* also guides teachers to recognize and defend early childhood as a valuable and vulnerable stage of life, while understanding that children develop within the embrace of their families and respecting the dignity and worth of each child. The *Policy Point* describes the importance of advocating for healthy development.



## Policy Point

### Advocating For Healthy Child Development Supports Strong Communities

Policies that support healthful child development are founded on scientific research and emerge from the belief that all children can learn. The publications and resources of the Center on the Developing Child at Harvard University promote this understanding by reinforcing the concept that healthy growth and development are the foundation for strong communities and economic prosperity and that science can be used to enhance child well-being. The mission statement of the Center on the Developing Child presents the notion that equalizing opportunities for all children is essential to creating the

responsible and productive citizens on which society depends. Early childhood teachers are important advocates for the creation of policies designed to address issues that put children at risk for failure in school. Research-based practices help to “close the gap between what we know and what we do to support positive life outcomes for children” (Center on the Developing Child, 2007).

**SOURCE:** The President and Fellows of Harvard College. (2012). The Center on the Developing Child. Retrieved April 2012 at <http://developingchild.harvard.edu/>.

Advocacy begins in the classroom as teachers model respect for each young learner and as teachers reach out with information and ideas reinforcing family efforts to support their child’s development and learning. For example, teachers advocate for children’s needs when they submit a request to purchase shorter forks because the forks used at mealtimes are too long and cumbersome for the children’s hands. In the opening case scenario each teacher demonstrates aspects for advocacy: Kaylee cuts Dominique’s burrito, affirming his ability to feed himself; Hector pursues an answer to the question Zach asks, demonstrating respect for Zach’s right to learn; and Sharina and Amelia make recommendations for the outdoor play environment based on their observations of children’s play in the space, asserting their professional recommendations to improve the play conditions.

Being an advocate is an endeavor that develops over the years. It unfolds every day as teachers apply their skills in the classroom. It grows as early childhood practitioners learn to take on leadership roles in their program and community, working alongside professionals in nutrition, health, and safety to improve children’s well-being. Students and teachers can begin their advocacy efforts by participating in local *NAEYC Week of the Young Child* activities to promote the value of play, by backing initiatives to provide more healthful meals in schools, and by supporting efforts to provide safe parks and outdoor areas in the community where children can play and families can socialize.

Advocating for wellness recognizes the importance of nutrition, health, and safety to the learning process. Teachers put this knowledge and commitment into practice by teaching children the behaviors and activities that lead to wellness.



**Self-Check 1.2** Complete this self-check quiz to check your understanding of the factors that influence children’s wellness.

## Exploring How Children Learn and Implementing Effective Teaching Strategies to Teach Wellness Concepts

Nutrition, health, and safety form the foundation of children’s wellness, but it is up to teachers and families to impart the experiences that allow children to learn wellness-related behaviors. This is exciting because young children are keen to use their learning “tools” of innate curiosity and motivation to explore, making them “ready” and capable

of learning the behaviors that promote their own wellness. Teachers are best prepared to guide children in this process, when they understand child development, use purposeful teaching approaches, are able to design a wellness-focused curriculum, and know how to access supports to enhance their teaching.

## Understanding Child Development

*Child development* refers to the growth and maturity that evolves as children grow physically and emotionally, building the capability to learn and understand with greater complexity. Teachers use this knowledge to anticipate and predict how to best form a learning experience suitable for each child.

Understanding the developmental domains and identifying ways to inspire a positive approach to learning are important aspects of planning experiences that will appeal to all children.

### LEARNING IN THE DEVELOPMENTAL DOMAINS

Learning in young children, infants through preschool age, is commonly described as occurring in four developmental areas or *domains*. These include physical, cognitive, language, and social-emotional domains. Each domain fosters growth through the contributions of particular learning systems.

**Physical Development** Physical development includes overall physical health and the growth and development of the muscle systems. It includes the large muscles of the arms, legs, and whole body used to accomplish movement such as running, as well as the small muscles of the fingers, toes, and eyes used to accomplish manipulation tasks such as writing and reading. Learning in the physical domain focuses on:

- Developing muscle strength, control, and stamina to accomplish safe and purposeful movement, such as a baby holding its head up or a child pouring a cup of milk.
- Integrating movement to accomplish a new skill, such as learning to stand, ride a tricycle, or dribble a basketball.
- Coordinating movement to accomplish complex tasks, such as focusing the eyes and using hand movements to string a bead or toss a ball through a hoop.

**Cognitive Development** Cognitive development involves learning to understand and make meaning from the world. It includes the maturation of the sensory systems involved in perception and the skills to use this information to learn. Cognitive development includes:

- Developing memory, such as learning to stay back from a hot fire.
- Using problem-solving skills, such as learning to match shapes.
- Thinking logically, such as knowing that a cat is small and an elephant is big.
- Using symbols, such as understanding gestures, reading signs, and writing.

**Language Development** This domain involves understanding and using language and other forms of communication to gather and exchange information and ideas. It includes:

- Listening and speaking.
- Using language to express needs and to make social connections, such as asking for help to reach a toy or asking for a turn at the swing.
- Building the foundations for literacy skills such as reading and writing.

**Social-Emotional Development** This domain focuses on building skills needed to interact, work, and play successfully with others. It encompasses how children learn about the world and their place in it. Social-emotional development means:



- Learning to build trusting and caring relationships with others
- Identifying and expressing feelings in appropriate ways (“Stop! That hurts!”)
- Being able to make choices, take responsibility for one’s actions, and be capable of solving problems in social settings (“OK, you be the red guy, and I’ll be the blue guy. Next time I get red.”)

Learning occurs across the developmental domains. Successful learning in one domain affects, and is also dependent on, successful learning in the other domains. For example, fine motor skills help children build with blocks. As children build, they are able to explore concepts of size comparison and balance, which enhances cognitive development. Competency in the language domain allows a child to communicate with others, building friendships that promote social-emotional development. Skills acquired through maturation and experiences in the developmental domains also support successful learning in the kindergarten core curriculum areas of early literacy and mathematics, science, art, social science, health, and well-being. Understanding these connections helps teachers design successful learning activities.

### INSPIRING A POSITIVE APPROACH TO LEARNING

Each child has his or her own style of exploring and interacting in the developmental domains. Some children begin by observing, some are “slow to warm up,” and some children jump right in to play. Observing each child’s unique style helps teachers understand how to encourage the child’s efforts and support the child to develop strategies to navigate various learning settings and develop a positive approach to learning. A positive approach to learning includes these attributes:

- Motivation and curiosity—to explore and discover.
- Confidence—to engage in the learning process.
- Focus—to pay attention and notice the details of the lesson.
- Persistence—to keep trying.
- Adaptability—to retain and use new information and concepts in new settings.

Activities that spark children’s interest invite them to interact with materials and process ideas and concepts at their own pace. This reinforces positive perceptions about learning. Ensuring these positive outcomes is based on purposeful teaching.

## Teaching with Purpose

Teaching is more than a gathering of interesting activities that children enjoy. It is an interactive process that requires intentional efforts to optimize learning. This purposeful approach is what characterizes high-quality teaching and is associated with greater academic gains among young children when they enter kindergarten (Howes et al., 2008). Effective teaching is based on using evidence-based practices, following a purposeful teaching cycle, and applying a variety of teaching approaches



**Video Application Exercise 1.2** In this video, an early childhood professional describes intentional teaching. Review the video and complete the activity.



### USING DEVELOPMENTALLY APPROPRIATE PRACTICE

Effective teachers need to know and use the interventions and practices that are most successful both when providing nutrition, health, and safety services and when

teaching. *Evidence-based practices* are approaches that are credible and reliable in creating positive change, such as improving a skill, promoting knowledge, or achieving a specific outcome. Reputable sources for evidence-based practices include the American Dietetic Association, National Institutes of Health, the Consumer Product Safety Commission, and the National Association for the Education of Young Children. These resources provide guidance to help teachers know *what to do, how to do it, and why*.

A familiar evidence-based approach for early childhood education is **developmentally appropriate practice (DAP)** (Copple & Bredekamp, 2009). DAP guides teachers to consider three important aspects when creating environments and planning teaching approaches to meet children's needs:

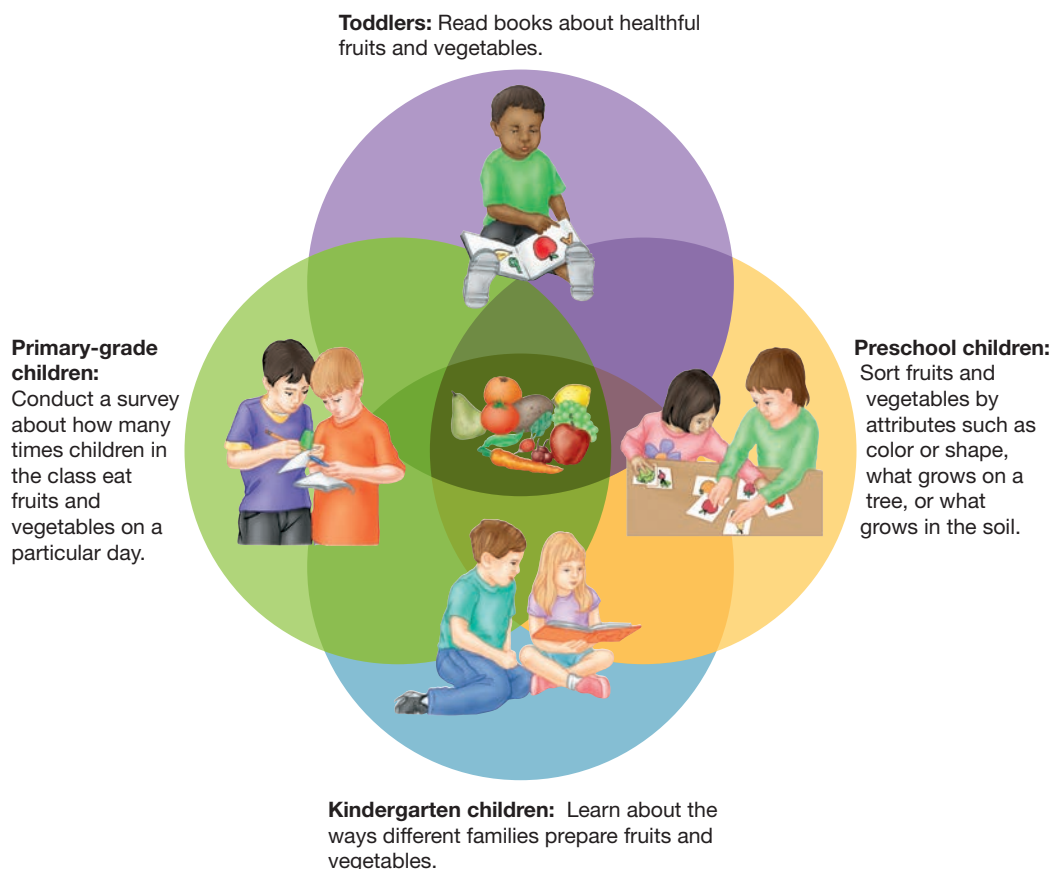
- The age-related characteristics of children, which allow teachers to predict the activities and experiences that will promote children's development.
- Individual child characteristics learned through observations and interactions with each child, which inform the teacher about the child's strengths, interests, and approaches to learning.
- The social and cultural contexts in which the children live, which help teachers plan meaningful and relevant experiences for children (Copple & Bredekamp, 2009).

Following these recommendations, teachers match tasks with the child's level of understanding and skill in order to scaffold the learning experience appropriately (Copple & Bredekamp, 2009; Piaget, 1929). One approach is to begin by considering each age group's unique developmental readiness to learn, as described next. This provides general information to begin the planning process. Figure 1-4 provides an example of the ways each age group is capable of learning about fruits and vegetables according to their developmental readiness.

### developmentally appropriate practice (DAP)

a teaching approach that addresses the child's age and maturity, the child's individual characteristics, and the context in which the child grows and develops

**Figure 1-4** Planning Activities that Fit Children's Developmental Capabilities





### Video Example 1.2

In this video, learn more about developmentally appropriate practices (DAP). Pay attention to the description of the aspects that guide the teacher's understanding of DAP: age appropriateness and individual appropriateness. Why is using DAP an important approach to teaching?

**SOURCE:** Pearson Education, Inc.

**Infants** Babies ages birth to 18 months learn through sensory exploration and movement. Piaget (1929) calls this the *sensorimotor period*. Babies learn and discover by bringing a toy to the mouth and exploring its sensations and by moving their arms, legs, hands, head, and torso. Learning is demonstrated through increasing coordination and motor skills such as rolling over, crawling, and walking. Teaching focuses on:

- Providing safe opportunities for babies to freely explore using their sensory and motor skills, such as placing toys within reach of the infant's hands and feet.
- Introducing healthful routines, including washing the baby's hands before eating and after diapering.
- Modeling safe interactions, such as guiding the baby to touch another child with gentle motions.

**Toddlers and Preschoolers** Children 16 months to 5 years of age use intuitive curiosity as their motivation and method for learning. They explore without preconceived notions, manipulating and exploring uses of toys as they begin to organize newly discovered information. A toddler may try to sit on a doll-sized chair, showing awareness of the purpose of the toy but not yet recognizing the disparity of her size compared with the size of the toy chair. A preschooler may use a block to build a road or as a pretend cellphone.

Children in this age group begin to organize their understanding through increasingly complex spoken language. They start using symbols to represent ideas, such as drawing pictures of themselves with their family. Piaget (1929) called this the *preoperational period* in recognition of the child's need to experience the environment in order to begin the process of understanding it. When teaching this age group:

- Provide ample opportunity to explore ideas by manipulating real and toy foods or by using a bandage to care for a doll that "got an owie."
- Offer activities that teach rules, such as sitting down to eat to avoid choking.
- Use language and demonstration to teach safety concepts ("Closing the gate keeps everyone safe").

**Early Elementary-Age Children** Children ages 5–8 learn by exploring in real and tangible ways. Piaget (1929) called this the *concrete operations period*. Providing hands-on activities and actual experiences helps this age group to grasp the facts of an idea. For example, using blocks to explore the math concepts of addition and subtraction helps ground the concept of quantity in real terms. Collecting the classroom's paper garbage for a week helps children visualize how much paper is used and clarifies the importance of recycling much more than simply talking about recycling. When teaching early elementary-age children:

- Offer individualized activities, such as having children keep a diary of all the foods they have eaten for the day.
- Guide small group activities, such as inviting children to use a safety checklist to identify any potential dangers in the classroom.
- Provide concrete examples of healthful alternatives to less healthy activities, such as snacking on apples instead of potato chips.

Because learning emerges in different ways for different age groups, teachers plan activities that are not just a simplified form of activities used with older children, but instead are developmentally appropriate. This increases children's engagement and improves the likelihood that important concepts are learned and understood. Figure 1-4 provides an example of the ways each age group is capable of learning about fruits and vegetables according to their developmental readiness.

**What If . . .**

you were assigned to teach 2-year-old toddlers instead of the 3-year-old preschoolers you normally teach? What aspects of toddler development might be different from a 3-year old?

**FOLLOWING A PURPOSEFUL TEACHING CYCLE**

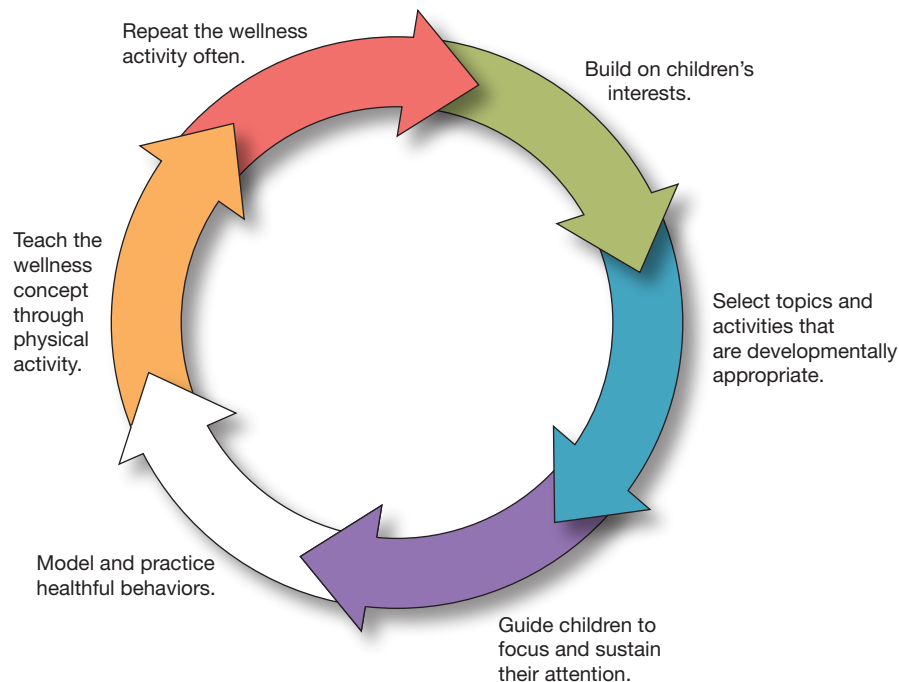
A purposeful teaching cycle is an approach that places teachers in the role of investigator—observing and adjusting plans to achieve better outcomes. Teachers observe to identify children's interests and select developmentally appropriate topics and activities to present. The teacher introduces the topic and encourages children to engage in the activities by using a variety of teaching approaches. Adjustments are made if children are observed struggling to understand a concept or if they lose interest. The teacher might demonstrate how to accomplish an activity or teach a concept in a new way, such as through physical activity. Teachers also extend activities in which children are especially engaged, encouraging their questions and ideas to repeat and expand the lesson. The teacher keeps aware of the children's participation and response, and the process moves full circle as new topics of interest are observed and relevant activities are designed. Figure 1-5 depicts the purposeful teaching cycle for teaching wellness concepts.

**APPLYING A VARIETY OF TEACHING APPROACHES**

Educators use many approaches when teaching, but this variety is not random or haphazard. The teaching approach is selected from a range of evidence-based methods that best fit the identified lesson. Some commonly used teaching approaches are described next.

- *Child-selected play*—allows children to be self-directed. Children are free to choose the activities that are of interest to them and to play at that activity until they are ready to make a change. Lessons are presented through the materials provided. For example, placing a large plastic model of teeth, a large toothbrush, and fluffy soap bubbles in the sensory table invites children to “practice” brushing teeth.

**Figure 1-5** The Purposeful Teaching Cycle





Interacting with real food is a good way for children to learn about healthy eating.

Lilian Henglein/Cultura/Getty Images

- *Teacher-directed activities*—are presented and led by the teacher. These activities focus on a specific skill or are designed to involve children in a prescribed process. For example, the teacher may lead a group of children through the steps of taking cover in an earthquake drill. Teacher-directed activities also teach the general skills of listening, responding, and following directions.
- *Infusing wellness topics throughout the curriculum*—ensures that children come into repeated contact with wellness messages. Wellness-focused activities are presented in different ways, in each of the developmental domains, and at various times across the day. Figure 1-6 describes how teachers might plan a variety of activities around a wellness concept.
- *Hands-on exploration*—invites children to use all of their sensory capabilities to inspect, manipulate, smell, shake, weigh, and poke materials. This way children experience, internalize, and understand lessons that would not otherwise be available to them. For example, children learn more by holding an ice cube than by talking about the temperature of ice.
- *Process-oriented activities*—allow children to use materials without the expectations associated with creating a pre-planned final product. The focus is on the process of creating and inventing. This is accomplished by offering a variety of craft supplies with the invitation to create or by providing props such as helmets and knee pads and allowing children to use them to develop their own play themes.
- *Project learning*—engages children in exploration of topics that emerge from their interests and that develop and evolve over time until the children determine that the project is complete. In this way children become invested in the topic and are participants in their own learning. The steps of inquiry and persistence are taught as teachers guide children to formulate questions and discover where to search out

**Figure 1-6** Infusing Wellness Messages Across the Curriculum

### Cognitive Development

- Match real fruits and vegetables to colored construction paper to discover a food rainbow. (Art)
- Conduct cooking activities to sample a variety of foods. Sample the same food prepared in different ways: fresh, juiced, sauced. (Science)
- Create a picture list of different foods. Have children mark the foods they like. Identify most and least liked. (Math)

### Physical Development

- Play sorting games using small manipulative toys; define variety; sort matching items; then sort to create groups with variety (no matches). (Fine motor; Math)
- Paint a class mural of foods on butcher paper placed on the wall. (Art)
- Hop to music. Stop the music and ask each child, “What is your favorite: fruit, vegetable, dairy, grain?” (Health and well-being)

### Social-Emotional Development

- Read the book and provide props for children to dramatize the story *The Very Hungry Caterpillar* (E. Carle). (Literacy)
- Ask parents for ideas about field trips to places where food is grown, processed, or sold. (Social Studies)
- Invite families to come to school to talk about foods from their family tradition. (Social Science)

### Language Development

- Provide a fresh fruit, vegetable, or grain. Ask small groups of children to talk about the food and make a list of different words to describe that food. (Literacy)
- Have children interview their families to learn about each person’s favorite foods. (Social Science)
- Create a classroom chart of all the different foods the children eat for a week. (Social Science)

### Wellness Concept

- Eat a variety of foods every day.



answers. Exploring how apples get from a farm to the children's lunch table is an example of this approach.

- *Incidental learning*—occurs when a learning opportunity unexpectedly emerges, and the teacher takes advantage of the chance to teach a concept. For example, after noticing a child watching the birds at the bird feeder outside the window, the teacher might talk about the foods that birds eat to stay healthy and then relate the idea to foods that children eat to grow strong and healthy.
- *Culturally relevant approaches*—ensure that activities are compatible with children's family and cultural experiences. Props in the housekeeping corner might include chopsticks as well as spoons and dress-up garments that reflect both traditional and everyday clothes from children's home cultures.
- *Language-appropriate learning*—is supported when teachers know and use key words and phrases from children's home languages to encourage participation in play and persistence in working to solve a problem.

**Scaffolding Learning** Teachers and other adults guide the learning process by structuring experiences that are familiar and interesting and offer challenges just beyond the child's current level of understanding and ability. This process is called *scaffolding*. Just as scaffolding equipment provides a framework of support during a construction project, scaffolding in teaching refers to providing the series of supports that encourage a child to try new tasks and move into new levels of understanding and higher levels of skill. Figure 1-7 depicts the steps involved in scaffolding using the example of a cooking activity.

## Designing a Wellness Curriculum

An effective wellness program is established by identifying appropriate wellness messages, including nutrition, health, and safety themes; reviewing activities for safety; writing activity lesson plans; and ensuring that all children are included.

### IDENTIFYING APPROPRIATE WELLNESS MESSAGES

Most early childhood educators naturally teach children about the importance of eating healthy foods, washing their hands, covering coughs, and crossing the street with an adult. These are developmentally appropriate *wellness messages*, or lessons that children are capable of understanding. When practiced, they can become habits that contribute to the child's health and well-being.

Appropriate wellness messages should also address aspects specific to the community. For example, while learning to navigate safely around playground equipment is an important wellness concept for all children, staying away from the ocean is an important safety concept for children who live along the coast, and learning to ride the subway safely is important for children who live in large cities. The wellness curriculum should be planned to include activities that address relevant local issues.








Goals have been established to guide development of a comprehensive program of wellness activities for young children. The following examples include capabilities that children can learn and demonstrate (CDC, 2016):

- Show how to cover coughs to stop the spread of germs.
- Tell about a healthy activity, such as drinking water or brushing teeth.
- Act out a safe behavior, such as sitting and chewing carefully while eating.
- Show healthy ways to express needs and feelings by giving a puppet show.
- Tell others about a healthy behavior, such as telling their family that being active is good.

Examples of nutrition, health, and safety wellness messages are presented in Figure 1-8.



Figure 1-7 Steps in Scaffolding Children's Learning

STEP	SCAFFOLDING APPROACH	WHAT A TEACHER MIGHT DO AND SAY	
7	<b>Introduce a new activity.</b> Building on the previous task, introduce a slightly more challenging activity. Repeat the scaffolding steps.	Offer a next-step baking activity. Say for example, "It looked like you enjoyed baking biscuits today. Tomorrow the baking center will have a recipe for tortillas. You can let me know if you need any help getting started."	
6	<b>Observe the children continuing the activity.</b> Watch how each child proceeds with the task without support.	Continue to be physically near. Watch to ensure each child is proceeding successfully.	
5	<b>Reduce participation gradually.</b> Observe how the children proceed with less help.	Watch and respond if a child has questions or asks for help. "Yes, it is normal for the dough to be sticky. Try sprinkling on a spoonful of flour and using the flat part of your hands and fingers to mix at this point. Does that help with cutting the biscuits? Let me know when your pan of biscuits is ready to bake."	
4	<b>Let children lead—but stay engaged.</b> Follow each child's interest and efforts. Offer explanations and supportive suggestions as needed.	Offer encouragement: "I see you are measuring. You are right, Step Two says one tablespoon of baking powder." "Do you see the straight area at the top of the container? How can you use it to make sure to measure just one tablespoon of baking powder? That's it!"	
3	<b>Describe the task at hand.</b> Verbalize what the children are doing. Identify the materials and how they can be used. Ask questions about the task.	Point to the step-by-step recipe cards. Say, "Here are the steps. First get all the things you need: bowl, measuring spoons, stirring spoon, and biscuit cutter. Now measure the flour into your bowl. Yes, one cup of flour."	
2	<b>Become involved.</b> Ask the children what they are doing. Request permission to watch and help.	Ask, "Are you getting ready to bake biscuits? Can I help you get started?"	
1	<b>Observe children at work.</b> Become aware of what each child is working on. Use your knowledge of the child's strengths, interests, and needs.	Watch the children who are working at the biscuit-making activity. Notice the children who are moving materials around but do not know how to begin.	

SOURCE: Bodrova, E., & Leong, D. J. (2006). *Tools of the mind: The Vygotskian approach to early childhood education* (2nd ed.). Upper Saddle River, NJ: Prentice Hall.

### REVIEWING WELLNESS ACTIVITIES FOR SAFETY

The activities selected to present each wellness message are then reviewed to ensure safety. Some aspects to consider when reviewing activities for safety include:

- Consider the source: Is the source reputable? Is the source selling something?
- Think about the message: Is it appropriate? Should it be adapted to fit the needs of the children?

**Figure 1-8** Sample Wellness Messages**Nutrition**

- Food helps our bodies grow strong and be healthy.
- Our bodies need a variety of foods every day.
- Only eat the food that our family or teachers serve us.
- Drink water every day.

**Health**

- Germs can make you sick.
- Cover our coughs to keep from spreading germs.

- Wash hands to get rid of germs.

- Parents, doctors, and dentists can help if you get sick.

**Safety**

- Stay away from things that are hot.
- Follow the rules to keep safe.
- Go to a parent or teacher if you need help.
- Hold hands and cross the street with an adult.

- Study each activity for potential dangers: Are the materials used safe? Should anything be changed?
- Imagine the activity setup: Are there any dangers as children are involved?
- Anticipate needed supervision: For safety, is a teacher needed within an arm's length, or can children participate under general supervision?

Recognizing potential safety issues during the planning process avoids potential dangers and gives time to make changes to increase the effectiveness of the activity.

**WRITING ACTIVITY LESSON PLANS**

Writing a lesson plan is an important process that guides the educator to clarify each activity's learning purpose and confirms that the plan is thought through from start to finish. The following components describe how a teacher articulates a general wellness message and behavioral learning outcome. They then lead the teacher through the steps of communicating the specifics of the particular activity and how it is presented and evaluated. Common aspects of a lesson plan include the following:

- *Teaching wellness message.* A short statement used to summarize the overall concept.
- *Learning outcome.* A general statement of what children will know and be able to do.
- *Vocabulary focus.* A list of new words the teacher should define and explain.
- *Safety watch.* A summary of the safety issues to consider and how to address them.
- *Target age group.* A clarification of the age group for which the activity is appropriate.
- *Goal.* A statement of what children will accomplish, such as *Children will be able to . . . (demonstrate or explain).* The goal describes a step toward achieving the Learning Outcome.
- *Materials.* A list of the materials needed to conduct the activity.
- *Activity plan.* A description of what the teacher will do to prepare and teach the activity and what the children will do.



Providing safe props supports children's exploration of wellness messages.

elisabetta figus/Fotolia

- *How to adjust the activity.* Suggestions of ways to adjust or individualize the activity to meet each child's needs, such as making the activity easier, or by offering supports, such as adaptive scissors for a child with motor skill challenges or revising a recipe for a child who has a food allergy.
- *Did you meet your goal?* What you will watch and listen for, to determine whether the children achieved the desired goal. Can they show the desired skill or talk about the focus information? Use these observations to identify what aspects of the activity worked well and what should be changed next time.

Figure 1-9 provides an example of a wellness activity plan using this approach.

### INCLUDING ALL CHILDREN: THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT

Early childhood teachers are committed to ensuring that all children can participate in classroom activities. While many children with developmental challenges participate in today's early childhood classrooms, this has not always been the case. Before the initiation of federal laws ensuring the rights of children with disabilities to a free appropriate public education, only one in five children with disabilities received services to address their early education needs. In 1975, Congress enacted the Education

**Figure 1-9** Sample Wellness Activity Lesson Plan

**Teaching wellness message:** All living things need water.

**Learning outcome:** Children will learn that their bodies need water to be healthy and grow.

**Vocabulary focus:** water, oxygen, sweat, nutrients, active play, less active play, thirsty.

**Safety watch:** Conduct the activity in an open area where children can move safely. Ensure there is space around each child, and monitor that children keep from bumping one another. Supervise the serving of water for cleanliness.

**Target age group:** Preschool and elementary.

**Goal:** Children will be able to name the times when it is important to drink water.



**Materials:** A variety of picture cards showing children engaged in active play (sports, hiking, playing on playground), and less active play (reading, making a puzzle, building with blocks), cups, cold water.

**Activity Plan:** Gather children in a space where they can move freely. Introduce the activity by talking about how our bodies need water to make healthy blood (so our brains can get the oxygen we need to think); it lets our bodies sweat so we can cool down; it helps with digestion so our bodies get the nutrients we need to grow. Talk about times when your body might get thirsty and you need to drink water (when you wake up in the morning after a long night's

sleep, at meal times, when it is hot, and before, during, and after you play hard). Give examples of times when it is less likely that your body will get thirsty (less active play like reading, painting, playing with trucks). After this kind of play it is not as likely that your body will get thirsty, so it is not so important to drink water. Now introduce the game. Show the children the picture cards. Guide them to jump up if they see a picture showing children playing actively (when it is important to drink water) and sit down if they see a picture card showing children being less active (when it is less important to drink water). After children have learned the game, invite one of the children to show the cards. When you are done playing ask the children to sit down and offer them a cup of cold water. Remind them that the body needs water to do its work and to grow. It is especially important to drink water before, during, and after active play.

**How to adjust the activity:** Prepare to support English language learners by creating a teacher cue card with the words for "jump up" and "sit down" in the children's home languages. Include phonetic spelling to assist with pronunciation as needed. Make adjustments to include children with special developmental needs, such as changing the physical response to stretching arms up when it is important to drink water, and down when it is not so important, or ask the children to suggest a response where everyone can participate. Repeat the directions at intervals for children who need reminders. Allow children to watch if they are uncomfortable responding. Repeat the game at transition or group times so children will become familiar with the concept.

**Did you meet your goal?** Can you observe each child responding appropriately to the picture cards? Are children able to identify times when it is important to drink water?

for All Handicapped Children Act (Public Law 94-142), now known as the Individuals with Disabilities Education Act, or IDEA, enabling young children across the nation to receive *early intervention* (for children birth through age 2) and *special education* (for children ages 3–21). These services work to prepare children and youth for further education, employment, and independent living. Since that time, the law has been reauthorized, most recently with the Every Child Succeeds Act of 2015. The IDEA has six main objectives (U.S. Department of Education, 2004):

- To ensure a free appropriate public education for all children with disabilities.
- To protect the rights of children with disabilities and their parents.
- To assist states to provide special education services.
- To assist states to create a multidisciplinary system of services for children with disabilities and their families.
- To ensure that teachers and parents have the tools they need to improve educational results for children with disabilities.
- To assess and ensure that early intervention programs are effective.

Today more than 357,000 infants and toddlers and their families receive early intervention services, and 6.8 million children and youth receive special education services each year (U.S. Department of Education, 2017). The majority of these children participate in classrooms with their typically developing peers.

Early childhood teachers participate with families, physicians, and others in identifying children who may be eligible to receive services through the IDEA. Children with observable developmental delays are referred to the local education agency (LEA), which has the responsibility to provide early intervention and special education services. The LEA conducts assessments to determine the nature of the child's developmental delay and to ascertain if the disability hinders the child's educational progress. Children may be identified for services based on hearing, vision, speech, orthopedic or other health impairments, autism, pervasive developmental delay, or other learning disabilities.

When children are identified for special education services, families, teachers, and special education professionals work together to create an *individualized family services plan (IFSP)* for infants and children birth through age 2 or an *individualized education plan (IEP)* for children 3–21 years of age. These plans describe the child's disability, including how it affects the child's learning. Goals are listed to promote and track the child's educational progress, and plans are made to select an early childhood placement that offers the least restrictive and most appropriate environment.

The IFSP or IEP is a resource for teachers when creating a wellness plan. It helps teachers identify accommodations that may be needed in the classroom, such as special scissors to support children with fine motor delay, adaptive chairs for children with orthopedic impairments, or open floor plans and furniture arrangements for children who move with a wheelchair. In some cases, children are assigned a special education assistant who supports the child's inclusion in the classroom. Specialized instructional approaches may also be required to support children's learning, including wellness concepts. Parents and early intervention therapists can offer ideas for teachers about ways to adapt activities to support children's participation and understanding of the wellness message.

## Using Educational Resources

Many resources are available to provide ideas about wellness topics to explore with young children and to support lesson plan development. Children's literature, curriculum books and Internet resources, and professional development trainings are some familiar resources teachers use.

## CHILDREN'S LITERATURE

Children's books provide a wonderful way to introduce wellness topics. The colorful presentation and engaging characters focus children's attention on specific messages, such as what foods to eat for good health, what happens when you visit the doctor or dentist, and how to stay safe. In response to the growing interest in teaching children wellness concepts, authors and vendors offer picture books on a variety of nutrition, health, and safety topics. As always, teachers need to review these resources to ensure that the message is reflective of current trends in wellness and that the presentation is developmentally appropriate. Teachers often create a list of their favorite books for teaching particular topics, adding to it when new resources are discovered. A beginning list of children's literature is offered in Figure 1-10. Other lists of appropriate children's literature for wellness topics can be found on the NAEYC and American Dietetic Association websites.

## CURRICULUM BOOKS AND INTERNET RESOURCES

Curriculum books and the Internet provide ready access to a variety of activity ideas and directions for implementing wellness lessons for young children. It is important

**Figure 1-10** Children's Literature to Support the Wellness Curriculum

### Nutrition

*The Very Hungry Caterpillar* (E. Carle)  
*Eating the Alphabet: Fruits & Vegetables from A To Z* (L. Ehlert)  
*Bread Bread Bread* (A. Morris & L. Heyman)  
*Everybody Cooks Rice* (N. Dooley)  
*My Whole Food ABC's* (D. Richard)  
*I Will Never Not Ever Eat a Tomato* (L. Child)  
*Drink More Water* (C. Dalton)  
*Let's Read About Food* (C. Klingel)  
*Dinosaurs Alive and Well; A Guide to Good Health* (L. Krasny Brown & M. Brown)  
*Munching: Poems About Eating* (L. Bennett Hopkins)  
*The Bugabees: Friends with Food Allergies* (A. Recob)

### Health

*Como Cuidar Mis Dientes/Taking Care of My Teeth* (T. Debezelle)  
*Those Mean Nasty Dirty Downright Disgusting but Invisible Germs* (J. A. Rice)  
*Why I Sneeze, Shiver, Hiccup, & Yawn* (M. Berger)  
*My Amazing Body: A First Look at Health and Fitness* (P. Thomas)  
*Germs Are Not for Sharing* (E. Verdick & M. Heinle)  
*Bear Feels Sick* (K. Wilson & J. Chapman)  
*Sleep Is for Everyone* (P. Showers)  
*Cuts, Breaks, Bruises, and Burns: How Your Body Heals* (J. Cole)  
*Today I Feel Silly and Other Moods That Make My Day* (J. Curtis)  
*I Feel Happy and Sad and Angry and Glad* (M. Murphy)  
*Everybody Has Feelings: Todos Tenemos Sentimientos* (C. Avery)

### Safety

*The Allergy Buddy Club; The Green Apple Tales Series on Food Safety* (Rice-Andrea)  
*Safety on the Playground; Safety on the School Bus; Safety Around Strangers* (L. Raatma)  
*Franklin's Bicycle Helmet* (E. Moore)  
*Stop Drop and Roll* (M. Cuyler)  
*Dinosaurs, Beware! A Safety Guide* (M. Brown)  
*Never Talk to Strangers: A Book About Personal Safety* (I. Joyce)  
*Safety First; Series* (J. Mattern)  
*Arthur's Fire Drill* (M. Brown)  
*No Dragons for Tea: Fire Safety for Kids (and Dragons)* (J. Pendziwol)



**Figure 1-11** Teacher Resources to Support Wellness Curriculum Development**Nutrition**

- The USDA's Choose MyPlate for Preschoolers.
- USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine. Nutrition Information and Sites Just for Kids.
- Kalich, K., Bauer, D., & McPartlin, D. (2009). *Early sprouts: Cultivating healthy food choices in young children*. Redleaf Press.
- USDA Agriculture Library, Food and Nutrition Information Center, Lifestyle Nutrition.
- The National Dairy Council's Nutrition Explorations.

**Health**

- SPARK Early Childhood Physical Activity Program and SPARK K–6 Physical Activity Program.

- Kids Health in the Classroom. The Nemours Foundation.
- National Association of Sport & Physical Education.
- Smith, C. J., Hendricks, C. M., & Bennett, B. S. *Growing, growing strong: A whole health curriculum for young children* (rev. ed.). Redleaf Press.

**Safety**

- Feigh, A. *I can play it safe*.
- O'Brien-Palmer, M. *Healthy me: Fun ways to develop good health and safety habits*.
- Safe Kids USA.
- National Resource Center for Health and Safety in Child Care and Education.
- U.S. Consumer Products Safety Commission.

for teachers to assess the activity ideas, identifying the appropriateness and safety of the activities, weighing them against the developmental capabilities of the class and making any needed adaptations. Figure 1-11 provides examples of teacher resources that are particularly suited for a wellness program.

**PROFESSIONAL DEVELOPMENT TRAINING**

Commitment to continuing education is an attribute of successful teachers. A report of the National Academy of Medicine and the National Research Council (2015) confirms that early childhood educators have a great responsibility for children's health, development, and learning. The report promotes the belief that early childhood educators should be afforded the respect given to teachers of older children, while also highlighting the need for early childhood educators to have the evidence-based skills and competencies that lead to educational excellence. Accessing professional development opportunities, attending seminars and workshops, and participating in in-service training are all ways to build the professional skills needed to be an effective early childhood teacher.

Membership in the National Association for the Education of Young Children, the nation's largest professional association for those who work with and advocate for children and families, is an important resource for professional development. NAEYC membership connects teachers to a multitude of resources and information that are directly applicable to the education of young children. NAEYC conferences are popular venues for learning and exchanging ideas about teaching young children



**Video Application Exercise 1.3** In this video, an early childhood program director describes how early childhood educators engage in professional development. Review the video and complete the activity.



**Self-Check 1.3** Complete this self-check quiz to check your understanding of teaching children wellness concepts.

## Partnering with Families and the Community and Being a Positive Role Model

Teachers work in close partnership with families and community members involved in the health and well-being of young children. Parents have much to share about how their child learns and what goals they have for their child in the early childhood setting. Community members bring their expertise and knowledge of approaches and resources that benefit families, teachers, and children. Teachers share the important educational outcomes they are fostering as children participate and learn in the early childhood classroom. Working together, families, community members, and teachers create a team to implement mutual goals for children's wellness through curriculum development, by reinforcing wellness concepts at home and school, and by serving as healthy role models.

### Collaborating in Curriculum Development

Creating a partnership with families and community members helps teachers ensure that the wellness messages presented in the classroom align with family and community health and wellness goals.

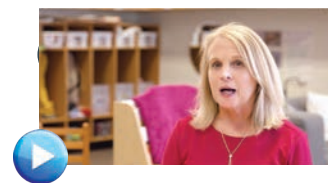
#### PARTNERING WITH FAMILIES

Inviting families to participate in the development of the wellness program is an ideal way to foster a partnership with families. Often wellness topics emerge from the questions and challenges family's face, such as how to encourage children to eat vegetables or brush their teeth. Families are uniquely able to offer suggestions that reflect their culture and to provide ideas about how to adapt activities to address children's special developmental needs or health challenges.

Participation can occur through group meetings or by inviting families to post ideas on the program or school Facebook page, contribute to a school blog, or e-mail their ideas to be added to a bulletin board display. These approaches offer a forum for gathering ideas and discussing conflicting points of view and provide an opportunity for the teacher to present program or school policies. The familiarity inspired by such discussions contributes to strong parent and teacher relationships. It may encourage family members to volunteer to participate in presenting the wellness activities and expands the idea that everyone shares in the responsibility of teaching children about healthful practices.



**Video Application Exercise 1.4** In this video, a curriculum specialist describes the importance of building strong family relationships. Review the video and complete the activity.



#### ENGAGING WITH COMMUNITY RESOURCES

Community health care professionals are interested and enthusiastic partners that can support teachers when designing a wellness-oriented curriculum. Medical providers, dietitians, dental hygienists, and other community health providers bring information about current health issues and goals for promoting healthful behaviors. When invited to be part of wellness team, they are often willing to come to the classroom to talk with children and families, offer tours of their health facility, or provide training for teachers and families. This broadens the impact of the classroom wellness effort and creates a system of supports for children, teachers and families.

### CONVENING AN ADVISORY COMMITTEE

Some early childhood settings create a health services advisory committee, made up of parents, teachers, community health providers, and community decision-makers for the purpose of discussing program health and wellness practices and offering recommendations about program policies and procedures. The committee members share their ideas and expertise and, in turn, gain a better understanding of the challenges teachers face and the important roles that the early childhood program and teachers play in promoting positive outcomes for children's health and wellness. Such a group can be instrumental in building a network of understanding and advocacy for the value of early childhood education, health, and wellness.

## Reinforcing Wellness Concepts at Home and at School

The collaborative relationship built between the teacher and families increases the likelihood that wellness concepts taught at school will be reinforced at home. Teachers promote children's wellness by communicating with families about wellness goals, sharing information, and providing guidance, if needed.

### COMMUNICATING ABOUT WELLNESS GOALS

School-to-home communication is an important part of creating a partnership around wellness. Sharing the wellness messages being studied at school may introduce families to new information or serve as a reminder to practice the healthful behaviors at home. Also, when families know what wellness topics are being discussed at school, they can reinforce the ideas at home and encourage their child to show or talk about what they have learned. Figure 1-12 provides an example of ways children's artwork can share a wellness message being explored in the classroom.

Communicating with families about wellness curriculum topics is good practice, but is also necessary. Some topics have the potential to raise concerns or frighten children. For example, even a carefully presented lesson about evacuating the classroom for a fire drill may introduce worries in children who are mature enough to recognize that a fire could happen and that fires are very dangerous. Ongoing communication helps families know when such activities are being discussed, so they can watch for signs of worry and comfort children with the knowledge that the family and safety workers will take care of them.

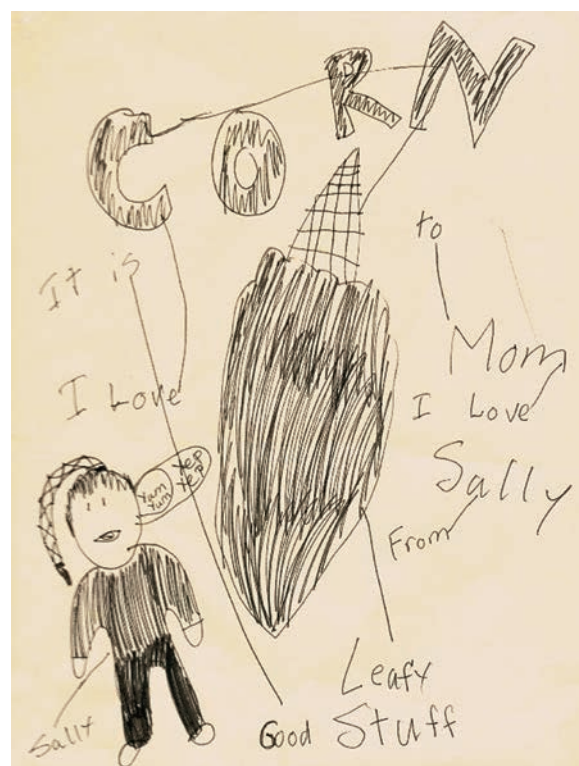
### SHARING COMMUNITY HEALTH INFORMATION

Teachers are important resources for families. Teachers keep attuned to common and emergent community health issues, such as food safety alerts, new immunization requirements, and product safety issues, and are well positioned to pass this information along to families. Having a plan to communicate wellness information is helpful, such as creating a family e-mail list or written newsletter alerts to send home. These outreach efforts demonstrate the teacher's commitment to children's well-being and keep the topics of health and wellness at the forefront, which invites families to also share their ideas and concerns. They also assist families to develop networks of support and learn to access appropriate local resources. Figure 1-13 provides examples of health and safety resources that can be shared with families.

### PROVIDING GUIDANCE WHEN NEEDED

Sometimes teachers provide guidance for families when the teacher is concerned for a child's unmet nutrition, health, safety, or educational need. Building strong relationships with families helps make discussions of special issues a natural part of the teacher-parent partnership. Engaging in sensitive health discussions may be difficult, but it is an important part of the teacher-parent relationship. The *Health Hint* offers guidance for teachers when they need to share difficult concerns with parents.

**Figure 1-12** Children's Art Creates a Wellness Newsletter for Everyone to Enjoy



**Figure 1-13** Health and Safety Resources Provided by the National Resource Center for Health and Safety in Child Care and Early Education

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Guides for families, including selecting child care and indicators of quality early childhood programs</li> <li>• Guidance publications, such as <i>Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs</i>, that provide standards for typical and special care situations, such as caring for children with special</li> </ul> | <ul style="list-style-type: none"> <li>developmental needs, transporting children in child care, and administering medications</li> <li>• Web-based resources such as <i>Healthy Kids Healthy Care</i></li> <li>• Links to child care information</li> <li>• Responses to frequently asked questions</li> <li>• State licensing information</li> </ul> |
|---|--|

**SOURCES:** American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2019. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 4th ed. Itasca, IL: American Academy of Pediatrics. Retrieved from <https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>.

## Being Healthy Role Models

Children learn by watching others, including their family members and teachers. To be a credible role model it is important to know about wellness practices and have a healthful attitude and physical energy. In this way children see how you put wellness ideas into practice. Here are ways to set a good example and be a healthy role model for children (American Academy of Pediatrics, 2007):

- Eat well and stay active.
- Get regular health checkups and recommended vaccinations.
- Join a smoking cessation program if you smoke.
- Ensure positive experiences with food and eating; sit together at meals.
- Participate in physical activities with children; dance, be active, and play together.
- Model healthful behaviors: wash your hands, cover coughs, and stay home when you are ill.

Healthy role modeling enhances wellness activities in the classroom. When teachers demonstrate how to use tongs to serve apple slices, children recognize this as the appropriate way to serve food and reduce the spread of germs that can occur by touching food. When teachers bend and stretch vigorously during musical games, children learn to participate enthusiastically too. When adults wash their hands after sneezing, children see that adults practice the health behaviors that they expect of children. Being a healthy role model demonstrates that wellness habits are something you do, not just talk about. The *Nutrition Note* provides ideas about ways adults model healthful eating.

## Health Hint

### Talking with Families About Children's Health

Sometimes teachers need to communicate concerns about a child's health. When talking with families, remember to:

- Be sensitive; know that most parents care about their child's health.
- Communicate respectfully.
- Be prepared to state your concerns carefully and simply.
- Recognize family challenges.
- Assist with creating strategies for improvement.
- Be a positive member of the child's support network.
- Be aware of resources in the community to which you can refer the family.