

Safety, Nutrition, & Health in Early Education

6TH EDITION



Cathie Robertson



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Cathie Robertson



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Preface

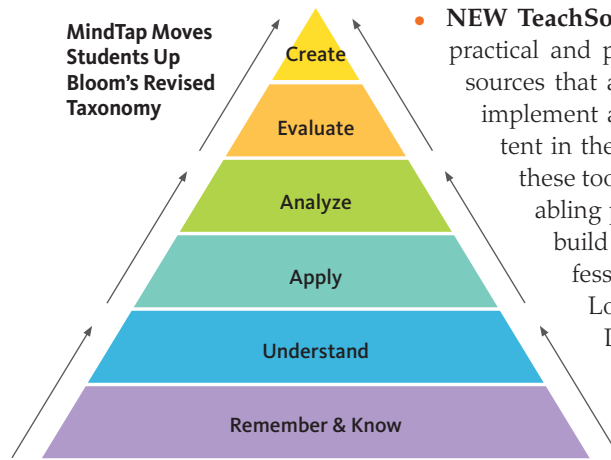
Working with children in today's world can be challenging. Children's lives have changed a great deal in the past few decades as divorce rates, the numbers of single-parent families, the immigrant population, and the number of parents in the work force needing care for their children are all on the rise. Families are much more diverse, and the issues some of them face are difficult and can affect their children's lives. *Safety, Nutrition, and Health in Early Education* includes vital information for those who work with children from newborns through age eight and addresses the challenges they may encounter in today's diverse world. Adequate preparation in the areas of safety, nutrition, and health is imperative because even the best child development knowledge for teaching early education will not be useful if the children are unhealthy, in unsafe environments, or not adequately nourished.

This text focuses on the healthy development of children in regard to safety, nutrition, and health in early childhood education settings, including centers, early elementary school grades K-3, family child care homes, and in-home nanny care. The audience for this text includes students of child development or early childhood education who are or are preparing to be teachers, paraprofessionals, nannies, family home child care providers, or workers in other jobs that directly relate to young children. My experience teaching a variety of students who became preschool teachers, elementary teachers, family home care providers, and nannies has helped me understand that, although they will have many similar experiences, they will also experience differences. This text is organized so students will recognize and discuss both the similarities and the differences.

The whole child's healthy development is addressed with respect to safety, nutrition, health, and special topics. All areas of the environment are examined to create policies that emphasize children's status and minimize any risk to children's well-being. *Safety, Nutrition, and Health in Early Education* combines basic information and theory with practical applications, resources, and skills needed today for working with children, families, and staff. Because the purpose of this book is to help prepare people for a variety of occupations working with children in early education, I have chosen to use the term *teacher*, which will apply to all. Regardless of the specific job, all people who work with young children are their teachers. That term seems relevant because more children will be entering early education sites as states offer "preschool for all" or "universal" preschool. I have chosen the term *early childhood education* because it relates better today with the circumstances surrounding the early education of children and covers the age range of children from birth to eight years. This includes infant and toddler care, preschools, day care, family child care, state preschools, and the early elementary years.

New to this Edition

Given the recommendations of reviewers who teach the course for which this book is intended and the author's thoughts, a number of additions and revisions have been made to this edition:



- **NEW TeachSource Digital Downloads** are practical and professional downloadable resources that allow students to immediately implement and apply this textbook's content in the field. The student downloads these tools and keeps them forever, enabling preservice teachers to begin to build their library of practical, professional resources and study aids. Look for the TeachSource Digital Downloads label that identifies these items.

- **NEW Building Curriculum lesson plans** are just one type of TeachSource Digital Downloads in this book.

These new lesson plans provide a curriculum based on the chapter objectives, by age of child, and specify the methods and materials needed to achieve it.

- **NEW Supporting and Engaging Diverse Families** sections toward the end of the chapters provide information on how teachers can support families from other cultures or with special needs by engaging them in the process of providing better safety, nutrition, and healthier environments. Strategies are provided for ways families can be more culturally competent, and the Activities for Family Engagement provide suggestions so that teachers and families can work together to create a risk-free environment for children.
- **NEW Brain Box**, now provided in nearly every chapter, takes a more in-depth look at brain development and how it can be affected by safety, nutrition, health, child maltreatment, and mental and emotional health. Topics include the effects of toxins on the developing brain, nutrition and the brain, motor development and its effects on the developing brain, the effects of maltreatment on the developing brain, and socio emotional relationships and the developing brain.
- **NEW topics** in some Reality Check boxes provide in-depth information on natural outdoor spaces for safe play, and human-generated disasters.
- **NEW Activity for Kids Pyramid** from the Food Guidance System of the U.S. Department of Agriculture (USDA), and specific information from the physical activity portion of the Food Guidance System are included to help teachers understand issues related to children and their physical activity.
- **More information about the safety and health of our environment** focuses on green cleaning, integrated pest management, indoor air quality, and nature-based outdoor play areas.
- **Expanded and updated information on Autism Spectrum Disorder** helps students recognize and understand this series of disorders, and study the effects of increasing use of electronic devices in education.

As with every revised edition, the author has focused on including the latest research and relevant information that will help teachers do their jobs in the best possible manner. The information found in the text, and the references that are located on the Education CourseMate website, reflect this dedication to up-to-date information. The author teaches the course for which this book is the curriculum, so she is aware of the current needs of students and teachers in this area.

Organization

This book is divided into five sections: introduction, safety, nutrition, health, and current issues in early childhood education. This text serves courses that may include all of those subjects, but it is also meant to stand alone for each of the subjects as needed. Every college or university, and every instructor and professor has a unique way of organizing the course that corresponds with this text. If one thinks of the sections in terms of modules, it may help both students and instructors find the information they need.

Section I: Introduction

Chapter 1 is an introduction to the text. This includes six goals for quality early childhood education for safety, nutrition, and health: maximizing children's health and wellness and minimizing risk; supporting children's brain development as an integral part of healthy development; recognizing the importance of guidelines, standards, and laws; practicing cultural competence; engaging diverse families to provide a caring community; and using education as a tool to promote health and wellness promotion and risk reduction for both children and adults. This chapter has information on National Association for the Education of Young Children (NAEYC) professional preparation standards, developmentally appropriate standards, and the National Health and Safety Performance Standards for Child Care. In addition, it discusses the Early Childhood Environment Rating Scales (ECERS) in relation to safety, nutrition, and health. Because quality is an important issue in early childhood education environments, the chapter includes a checklist for parents to use to help them determine the quality of the specific environment.

Section II: Safety in Early Childhood Education

Creating safe early childhood education environments with active supervision is the major goal of this section of the text. The type of care and the developmental ages of the children are carefully examined to produce an appropriate safety plan. Removing risk and providing active supervision is carefully explained so that teachers can anticipate, monitor, and modify any risks to safety in the early education environment.

Both indoor and outdoor environments are examined for common risks such as toys, equipment, traffic, fires, and burns. In addition, interpersonal safety and environmental factors, including the built environments surrounding early education sites, are considered in relation to early childhood education. There is information on some safety challenges in elementary school environments, Centers for Disease Control recommendations for pets/animals in the education environment, electronic device safety, and a simplified basic CPR section. The Reality Check on toy safety incorporates toy recall information, and the new Reality Check on providing natural outdoor spaces for play explains how those spaces can support healthy development of children. Brain Boxes in this section explore the interrelationship between brain development and child safety, the effects of toxins in the environment, and natural outdoor play areas.

Section III: Nutrition in Early Childhood Education

Providing nutritional balance in early childhood education is covered in this section. The most recent Dietary Guidelines for Americans and the MyPlate Food System will help teachers to educate children about the importance of good

nutrition. Nutritional needs and feeding practices for infants, toddlers, preschoolers, school-age children, and children with special needs are examined to help teachers meet the diverse needs of children in care. This edition includes information on religious dietary practices, and a section on vegetarian diets, gluten intolerance, and food allergies. Due to the recovering economy, more focus has been put on food insecurity and how it affects children's healthy development. Material on childhood obesity addresses the national concern for this issue. The importance of physical activity in the lives of young children is also examined as it relates to the issue of obesity. There is a focus on menu planning to create nutritionally balanced meals and snacks for children with whom teachers work. This section now incorporates information on the developing brain in relation to nutrition, malnutrition, breast feeding, and vegetarianism.

A Reality Check examines the quality of menus in elementary schools in the United States. Food safety, the newest information on supplemental food programs, and the Child and Adult Care Food Program Guidelines are covered so that teachers can maximize nutrition and minimize health risks in the early childhood education environment. The Reality Check on the safety in our food chain discusses information on many different bacteria that are found in our food chain today. The expanded Reality Check on fast food includes information from the newest landmark studies from Yale University.

Strategies and methods for reinforcing information are provided. In addition to the latest Dietary Guidelines and the MyPlate Food System, this section includes the new food label, which is a simplified and more realistic version of the product package label. There is a Reality Check on how Americans are meeting their dietary needs, one on how electronic media affects the diets and exercise of young children, and another Reality Check on how school gardens can help children appreciate good food.

Section IV: Health in Early Childhood Education Environments

Strategies for maintaining a healthy early childhood education environment are covered in this section of the text. Tools are provided for observation, assessment, and screening of physical and mental health. Greater focus in this area is given on how to use technology to observe and record information. The interaction between motor development and the developing brain as well as how toxic stress affects the developing brain are the subjects of the Brain Boxes in this section.

Information on staff health, infection control, and health care will help teachers manage good care in early education with minimum health risks. Methods, strategies and activities for engaging families using cultural competence are presented. Building curriculum for children is highlighted for students to reinforce children's understanding of the health subjects found in each chapter.

This section includes information on how to deal with special health care needs and the importance of having a medical home for children with disabilities and special needs. Information on norovirus, cryptosporidium infection, and methicillin-resistant staph aureus, which all can greatly affect the early childhood education environment, is also included.

Section V: Current Issues in Early Childhood Education Safety, Nutrition, and Health

This section covers topics of special interest to teachers. These chapters have been included due to demand from students and instructors who say the information found in this area is vitally important to students, especially if they have not previously studied the topics or do not have those topics as a course requirement.

of study. Chapter 14 on child maltreatment includes the latest in statistics and strategies for working with children who have been maltreated. It also includes information on how to work with families that are abusing substances, with a section on foster and kinship families, who might take on the family role for children of substance abusers. The newest information on the “Period of Purple Crying” explains Abusive Head Trauma (also known as Shaken Baby Syndrome) and what to do about it. Chapter 15 on mental and emotional health is included to give teachers the tools they need to be successful with children who may show challenging behaviors including bullying, exhibit stress, or have other issues that might relate.

Pedagogy and Special Features

The chapters are organized for ease of use and with consideration of the best educational practices:

- Expected learning outcomes at the beginning of each chapter are correlated to the main sections in each chapter to show students what they need to know to process and understand the information in the chapter. After completing the chapter, students should be able to demonstrate how they can use and apply their new knowledge and skills.
- Improved coverage of early childhood standards helps students make connections between the professional standards and what they are learning in the text. This includes a new list of Standards Addressed in This Chapter at the beginning of each chapter, standards icons in the margins, and a Standards Correlation Chart on the inside front and back covers. The standards that are focused on in this text are those from the NAEYC Professional Preparation Standards (2010), Developmentally Appropriate Practice (DAP), and the American Academy of Pediatrics and American Health Association standards for child care found in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd edition.
- **Brain Box** is a new feature now found in nearly every chapter, which relates how information found in the chapter may affect a child’s brain development.
- **Reality Check** boxes address current issues that have an impact on the well-being of children. They bring an in-depth approach to some of the more critical areas affecting children and early childhood education environments today. The Reality Checks include information that is often absent from popular cultural images found in many textbooks and the media regarding children’s development. At the end of each Reality Check, a Checkpoint question encourages critical thinking about the information that has been covered. In addition to the new topics referred to earlier, the Reality Checks include updated information on the effects of electronic media on diet and exercise, children of the fast food generation, and Autistic Spectrum Disorders. Other interesting Reality Check topics include
 - early childhood education and care in America
 - toy safety
 - bullying
 - neighborhood violence
 - relationship-based care
 - school gardens
 - effects of poverty on children

- Vignettes, now called **Case In Point**, are located throughout each chapter so that students can “observe” stories based on real-life events.
- **What Would You Do?** boxes located in the text’s margins allow students an opportunity to reflect on how the information might pertain their work situations.
- **TeachSource Videos** feature footage from the classroom to help children relate key chapter content to real-life scenarios. Critical thinking questions after each video provide opportunities for in-class or online discussion and reflection.
- Each major section of the chapter ends with a **Key Concept box**, which summarizes the important points of that portion of the chapter.
- **Important terms** are highlighted in color in the text and defined in the margin on the page where they first appear. There is also a comprehensive glossary found at the end of the book.
- Tables, graphs, checklists, and illustrations throughout each chapter present information in an organized way, and expand and reinforce chapter content.
- **Supporting and Engaging Diverse Families** reinforces the information in the chapter and reflects the responsibilities of teachers to engage families using cultural competency and appreciation for the diversity that is present in the classroom. This section includes *Activities for Family Engagement* with strategies and activities that teachers can use to involve the families in helping to create the best risk-free environment for safety, health and nutrition, both at school and at home.
- **Building Curriculum** suggests ways to help children of all age levels learn about safety, nutrition, and health.
- The **Summary** highlights key points throughout the chapter.
- The final section of each chapter provides questions for chapter review and gives instructors ideas for classroom discussion, individual and group projects, assignments, using technology, and case studies. The case studies provide students with an opportunity for critical thinking about one or more of the subjects in the chapter. These have been expanded to reflect early elementary education environments.
- Chapter references are located at the end of the printed book.

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Dedication

I would like to dedicate this book to my family, including Dan, my husband, and my daughter, Madilyn, who is in middle school. Dan's loving and constant support has allowed me the time, energy, and effort to complete this ongoing project while he has kept the "home fires burning." I appreciate Madilyn's ability to

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The Author



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Ms. Robertson has been the recipient of a number of grants, including one for a curriculum and resource guide for working with prenatally substance-exposed children and their families and another to create an intergenerational program where senior volunteers were trained to work with preschool children. She volunteers regularly in several early elementary classes to keep current and is involved in a school garden project that helps children learn about nutrition education. She is married, the mother of three adult children plus one middle school-age child, and grandmother to nine.



Joe Obegi

SECTION ONE

Introduction

This section discusses the holistic approach to safety, nutrition, and health in quality early childhood education environments.

1 A Holistic Environmental Approach to Healthy Development in Early Childhood Education





Standards Addressed in This Chapter



NAEYC Professional Preparation Standards

- 1c** Use developmental knowledge to create healthy supportive environments



Developmentally Appropriate Practices (DAP)

- 2E** Provide a wide variety of appropriate material
- 5A-E** Establish relationships with families through involvement



AAP/PHA Standards for Child Care

- 1.3** Preservice qualifications of teaching staff

A Holistic Environmental Approach to Healthy Development in Early Childhood Education



Learning Objectives

After reading this chapter, you should be able to do the following:

- 1-1 Holistic Approach** Define a holistic approach to the safety, nutrition, and health of children.
- 1-2 The Environment** Describe an ecological perspective and explain how the environment may affect the safety, nutrition, and health of young children.
- 1-3 Health and Wellness Promotion, Disease Prevention, and Risk Management** Describe and discuss the differences between health promotion, disease prevention, and risk management for safety, nutrition, and health as they apply to early childhood education.
- 1-4 Providing High-Quality Early Childhood Education Environments for Safety, Nutrition, and Health** Discuss how a teacher can provide high-quality early childhood education for safety, nutrition, and health.
- 1-5 Supporting and Engaging Diverse Families** Apply strategies to engage diverse families and practice cultural competency.
- 1-6 Building Curriculum** Construct curriculum to develop strategies for delivering information to children zero to eight years.



1-1 Holistic Approach

It can no longer be assumed that parents meet all of the safety, nutritional, and health needs of children at home. The U.S. Department of Labor estimates that more than 13 million children younger than age six have mothers in the workforce, and it is expected that these numbers will continue to increase. It is estimated that between 61 percent and 73 percent of children younger than five years are in some form of early childhood education (Alkon et al., 2010; Bernheimer & Jones, 2013). More than 50 percent of infants are in some form of early childhood education environment on a regular basis, and at least 55 percent of children between three and four years attend center-based care (Neuberger & Wilson, 2012). By age six, a minimum of 82 percent of children in the United States have received supplemental early childhood education and almost half of children over age five to age nine participate in afterschool care (*America's Children: Key National Indicators of Well-Being*, 2009). Public and private center-based early childhood education programs, family child care homes, afterschool programs, and nanny care are providing nonparental care for the majority of children while their parents are working. Elementary-age children are with their teachers an average of six hours per day. A trend is growing for round-the-clock child care available for parents who work the second and third shifts.

These nonparental teachers must help families meet the health, safety, and nutritional needs of the children in their care. Throughout this text, general reference will be made to “families.” Families have many different compositions, such as dual working parents, single parents, grandparents raising grandchildren, same-sex couples, immigrant families, and foster families, so the term *families* will be used to refer to those who have the responsibility of raising children. The term *teacher* will be used to describe all those who work in early childhood education, whether they are teachers at the infant, toddler, preschool, or elementary school level; family child care providers; or nannies. In addition, this text addresses the needs of children, birth through age eight, so it will include teachers’ points of view, from the infant through toddler, preschool through prekindergarten, and early elementary years. Recently, the boundaries from preschool to elementary school have been blurred and, because of that, the two entities have reason to collaborate and provide continuity (Gillanders, Mason & Ritchie, 2011).

Teachers spend their days working with children to provide intellectual stimulation, social and emotional support, and physical care. Good physical care is of primary importance to support healthy development. Children who are unhealthy or whose physical well-being is **at risk** may have difficulty performing cognitive tasks and relating to others in terms of social and emotional development. The first developmentally appropriate practice (DAP) advocated by the National Association for the Education of Young Children (NAEYC) deals with the interrelationship of all domains of development and learning (NAEYC, 2009b). Cognitive, social, and emotional deficits as well as physical difficulties may result in poor health. Health can be defined as “*more than the absence of disease—it is an evolving human resource that helps children and adults adapt to the challenges of everyday life, resist infections, cope with adversity, feel a sense of personal well-being, and interact with their surroundings in ways that promote successful development*” (Center on the Developing Child, Harvard University, 2010). This is a **holistic** approach that interrelates all of these factors to healthy development. Healthy development that reflects good physical, mental, and emotional health is the result of reducing unnecessary risk, preventing illnesses, providing sensitive and stimulating care, and promoting the well-being of an individual child. The Center on the Developing Child at Harvard University (2010) listed three foundations of health for early childhood:

- Safe, supportive environments
- Stable, responsive relationships
- Appropriate nutrition

at risk

exposed to chance of injury, damage, or hazard.

holistic

concerned with the whole being.



PHOTO 1-1 Research findings support the need for dealing with safety, nutrition, and health of a child in a holistic manner.

environment

all of the conditions, circumstances, and influences that surround and affect the development of an individual.

Teachers must create an **environment** that provides these foundations for the healthy development of children (Wilson & Fulton, 2013). Lack of good health practices, an unsafe environment, or providing poor nutrition may all contribute to the unhealthy development of a child. The interrelationship of the areas of health, safety, and nutrition for healthy development will be easier to understand by using a holistic approach (Photo 1-1).

Providing a quality early childhood education environment for healthy development relating to children's safety, nutrition, and health is the focus of this text. It is important to remember that early childhood education programs mirror the diversity in society. So, when we look at this ecological interrelationship of health, safety, and nutrition, we must also consider culture, the diverse families served, and the teachers themselves. At the beginning of each chapter, three groupings of research findings are presented that focus on the need for risk prevention and wellness promotion in the subject matter of that chapter. Each chapter provides teachers with the information—as well as strategies and curriculum suggestions—needed to deal with these issues.

The following research findings support the need for dealing with safety, nutrition, and health in a holistic manner:

- Each child develops as a whole child (Baumgartner & Buchanan, 2010; Wardle, 2011). To be effective in dealing with the whole child, we must work with families (NAEYC, 2010; Wilson & Fountain, 2013) and create supportive environments for healthy development including brain development (Watson, Koehn & Desrochers, 2012; *Better Brains for Babies*, 2013). Teachers need the knowledge to promote children's health, safety, and nutrition; establish and sustain mutual relationships with families; and use community resources to help children and families (Child Care Aware, 2011). Quality early childhood education should protect the basic health and safety of all children (APHA & AAP, 2011; Crisalli, 2012). Many teachers lack the knowledge and skills needed to provide high-quality care and education to young children (NAEYC, 2009a). Children in this country are experiencing a greater number of at-risk difficulties than previously reported (Annie E. Casey Foundation, 2013).
- Young children, birth through age eight, are more diverse than any other age groups in the United States and diversity has become the new norm (Souto-Manning, 2013; King & Haugen, 2013). Teachers must be culturally responsive and prepared to work with children and families from various cultural backgrounds, socioeconomic classes, family compositions, and language groups (Prothers, 2013; Nemeth & Erdosi, 2012; Vesely & Ginsberg, 2011).

KEY CONCEPT 1-1

Holistic Approach

A holistic approach presents a sensible way to deal with the interrelationship of the safety, nutrition, and health of young children's healthy development. Those who provide nonparental early childhood education should consider the contexts of the learning environment for every child in their care.

1-2 The Environment

ecological

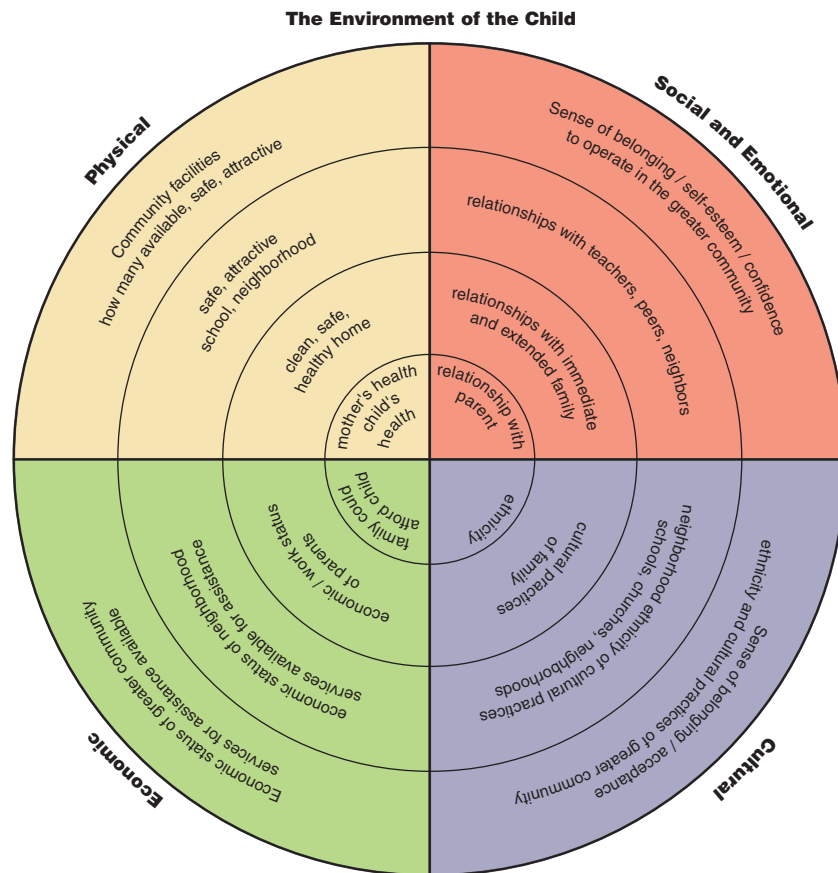
pertaining to the relationship of the individual to the environment.

A child's environment includes all of the conditions, circumstances, and influences that are present. All of the complex factors in the environment can be simplified by using an **ecological** point of view (see Figure 1-1). The ecological perspective examines the physical, social and emotional, economic, and cultural environments that affect children. It relates all of the factors that might influence children's lives in terms of healthy, and safe, development and well-being. Teachers should consider that children's development occurs in the complex interactions of the varied contexts and environments in their lives (Haeseler, 2011). The ecological point of view allows teachers to work with the children, the families, and the community to help provide the best environment possible. Children are best supported and understood when all of these contexts are looked at in the holistic perspective (Wardle, 2011).

Bronfenbrenner (1979, 2005) uses the term bioecological model to describe how to study the development of the whole child. This is similar to the ecological approach shown in Figure 1-1. Children develop their relationships with teachers in an ecological manner that is influenced by many factors including contexts of development, characteristics of the teacher and child, and the interaction between the two. This gives us even more reason to look at the environment holistically; the relationship between child and teacher is a vital component of quality that supports the healthy development of the whole child and will help to keep the child safe and well.

FIGURE 1-1

Holistic ecological approach.



genetics

the study of the origin of features of an individual.

heredity

the transmission from parent to child of certain characteristics.

built environment

the human-made features of our communities, how they are built and the access they offer to food, safety and environmental factors that can affect our physical and mental health.

1-2a The Physical Environment

A child's physical environment begins with his mother's physical health and nutrition during pregnancy, which will affect the baby's brain size, birth weight, and health after birth. Interaction of **genetics, heredity**, and environment—or "nature and nurture"—includes a child's temperament, physical health, and brain development. For example, genetics and the environment of the womb lay down a foundation for the brain's development from birth. If the environment in the womb is compromised, the foundation for the brain's development will also be compromised.

After birth, the child's interactions with the physical environment take place in the family, the home, the school, the neighborhood, and the greater community. The term **built environment** (APHA, 2013; CDC, 2011) denotes the physical attributes and subsequent network of dynamics that are present in a neighborhood or community, which include the following:

- how the community is structured, including housing that is available
- what natural areas are available for physical activity
- the degree of safety of the area
- the type of access to food and nutrition
- the environmental issues that may be present such as toxins in the air or soil

Children who are raised in poor circumstances in their built environments are more vulnerable to inadequate nutrition, family violence, and exposure to environmental toxins and are likely to have diminished physical health, mental health, safety, and brain development. A neighborhood's built environment provides a complex network of dynamics that can positively or negatively impact the life experiences of children. Neighborhoods are recognized as important to the ecological context for a child's development (Vaden-Kiernan et al., 2010).

Case in Point

Andrea was 13 months old when she was diagnosed with diabetes. Her family struggled to control the disease through diet and insulin. Even though several members of the extended family had the disease, none had been as young as Andrea at its onset. At age two and a half her disease was finally managed with insulin in the morning and careful diet control. When Andrea was three, her mother went back to work part time, and she put Andrea in a family child care home. Andrea's teacher worked closely with Andrea's mother to make sure Andrea's diet was carefully monitored, and Andrea's doctor taught the teacher how to give Andrea her shots. This type of support between family and teacher led to Andrea's healthy development. Today, Andrea is a healthy 17-year-old high school senior.

Children enter early childhood education programs from many different physical home environments. Children from positive physical environments are healthy and protected from harm. Children from at-risk physical environments may not have good health or nutrition practices, or may be at risk for safety due to abuse or neighborhood violence. Access to quality early childhood education greatly increases the likelihood that children from at-risk home environments will reach their developmental potential (Vinci, 2012).

A quality early childhood education environment will use the holistic approach to screen for health difficulties, support wellness, provide good health and safety practices, and promote proper nutrition. Teachers need to value health, safety, and nutrition as highly as social skills, physical development, and language development, and integrate them into the curriculum. Early childhood teachers should possess this specialized knowledge in health and nutrition and promote wellness and healthy habits (Alkon et al., 2010). The teachers in a high-quality early childhood education environment help form the foundation for healthy development into adulthood, and may offer many children a better chance for an improved physical environment for at least part of the day.

1-2b The Social and Emotional Environment

The parent–child relationship is the foundation of a child’s social and emotional environment. As the child grows, this environment expands to include the entire family, neighbors, teachers, peers, and other members of the community. Children’s mental health and sense of well-being are very important factors in overall health. A family that provides a stable environment and creates the opportunity for a secure **attachment** for a child is more likely to raise a happy, cheerful child—one who is able to form close emotional connections (Photo 1-2). A family that exposes a child to a high-risk situation, such as child neglect, and fails to form a secure attachment is more likely to produce a child who is at risk for many social and emotional problems (Swick & Williams, 2010). Children raised in healthy, functional families are more likely to retain good mental health and be well adjusted than those raised in dysfunctional, violent households (Bowlby, 1988). Children may also be impacted by the absence of a parent due to military deployment, separation, divorce, or incarceration of a parent. The consistency of caregiving and emotional investment on the part of a teacher has a direct relationship to the healthy development of children (Jensen, 2009), including that of the brain

attachment

the bond that develops between a child and another person as a result of a long-term relationship.



PHOTO 1-2 Teachers, like this one, who relate well to children are more likely to be able to engage them and supply needed social and emotional support.

primary caregiver

the person who takes care of a child most of the time and with whom, hopefully, he or she will form a positive attachment bond.

(Jeppson, Myers-Walls & Love, 2013). Quality care contributes to children's sense of well-being. A good early childhood education environment is one in which there are good one-on-one relationships between teachers and children in care. Larger size early childhood education situations up to kindergarten may have to provide a **primary caregiver** for each child to accomplish this optimal type of relationship (Kim, 2010).

Teachers who relate well to children are more likely to be alert and observant. An observant teacher would notice how a child's ability to cope with new situations, her sense of self-esteem, and her level of confidence affect her interactions with her peers. Unrecognized emotional difficulties early in life may become serious emotional disorders that emerge over time (National Scientific Council on the Developing Child, 2012). Early intervention by a teacher provides a more secure environment for children who are at risk for emotional and adjustment difficulties (American Public Health Association [APHA] & AAP, 2011). Teachers can work with families to offer them strategies for providing a home environment that makes children feel more secure and mentally healthy.

1-2c The Economic Environment

economic

pertaining to the material needs of people.

A child's **economic** environment is established in the home and is influenced by the parents' work history and the economic health of the neighborhood, the community, and the nation. Low income is the primary factor for the majority of childhood health and nutritional risks and lower levels of well-being in this country (Chilton et al., 2009). Data from 2011 showed that 25 percent of children ages zero to five years lived in poverty and 10 percent of all children lived in extreme poverty (*America's Children*, 2013). These numbers are double what they were a decade ago (Frethem, 2013). A number of economic factors may be present for poor children. They may

- be homeless
- not have access to good medical care
- be poorly nourished
- be in an environment in which parental attention is limited
- be at risk for serious illness, low birth weight, asthma, lead poisoning, compromised mental health, socioemotional problems, and disability

Many children who are economically at risk are in early childhood education situations. Families with low income may be unable to afford quality early childhood education and may resort to poorer quality because they really need child care. Economic factors that include lack of preventive care or lack of access to care seriously impair the potential of many children in this country for maximum growth potential, healthy development, and protection from harm.

Teachers need to be aware of the impact that the economic environment of families has on the healthy development of children. By providing good nutrition, preventative health, and safety measures, teachers may be able to help ameliorate the negative effects of a poor economic environment on children while they are with them, and also help families access community resources. Teachers can provide families with critical information on health, safety, and nutritional issues.

This text includes a number of RealityChecks to help the reader understand the significance of current issues that affect the healthy development of children. The first RealityCheck indicates an overview of childhood poverty and how it might affect children.

What Would You Do?

A child in your class comes from a very poor family, and she wears the same two or three outfits and has shoes that are rapidly getting too small. What might you do to help them locate resources?

Reality Check



POVERTY AND CHILDHOOD

Approximately 16.1 million children represent more than one-third of the total population that live in poverty in the United States (*America's Children: Key National Indicators of Well-Being*, 2013; Addy, Englehart & Skinner, 2013). This represents about one in four children in the United States, double the number it was even a decade ago (Frethem, 2013). These figures have increased in the past few years due to the “Great Recession.” The poverty rate in the United States is often two to three times higher than in other Western industrialized countries.

Poverty is more likely to affect children of color (Figure 1-2). Children of color are also more likely to have higher rates of chronic or persistent poverty, which means that children spend most of their childhood living under the poverty level. Children younger than six years of age are more vulnerable to poverty and its effects. Chronic poverty

leads to lower cognitive performance and more behavior and mental health problems for children (Jensen, 2009).

A significant factor in poverty is the rise in the number of single-parent families. Today, about one in three children live in single-parent homes. Slightly more than one-half of children from single-parent families live in poverty, compared to 9 percent of children from two-parent families (*America's Children: Key National Indicators of Well-Being*, 2009). Children living in single-parent families will feel the long-term effects of poverty on their childhood (Annie E. Casey Foundation, 2013).

Many factors contribute to poverty, including family composition, parent education, and family income. In reality, 73 percent of children in poverty have at least one working parent (*America's Children: Key National Indicators of Well-Being*, 2013). The term *working poor* is given meaning with those figures. A child is also more likely to be in poverty if he is foreign born and/or lives in an urban or rural area. These socioeconomic conditions have an effect on young children and their behavioral outcomes (USDHHS, 2010).

In 2011, about one in 45 children spent at least one night homeless. Families with children represent about 40 percent of the homeless population. That is a 38 percent increase from the previous year (Abrams, 2012), the fastest-growing segment of the homeless population. Children in homeless families are at high risk for physical and mental health difficulties (Council on Community Pediatrics, 2013) and for poor parent–child relations that could otherwise nurture the children and provide a sense of safety and security (Swick & Williams, 2010). Lack of housing compromises homeless children’s safety.

Impoverished living conditions have long-term effects on the healthy development of children. Poor children

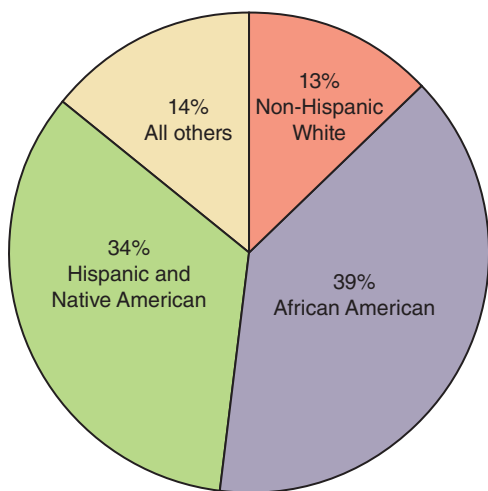


FIGURE 1-2

Poverty is a larger problem for children of color than it is for non-Hispanic white children.

Reality Check *(continued)*

- are six times more likely to have poor health
- of African American and Latino descent are twice as likely to suffer hardships and unmet medical needs
- have lower blood iron levels, higher blood levels of lead, more food-borne diseases, and more severe and long-lasting infectious diseases
- are more likely to have vision, hearing, and dental problems
- have four times as many asthma attacks and five times more stomach problems

Poor children are also less likely to participate in and to receive quality early childhood education (Bennett, 2011; Annie E. Casey Foundation, 2013). Families in poverty are more likely to select family child care, which is fairly accessible in low-income neighborhoods (Click, Karkos & Robertson, 2015). But many of these family child care sites are unlicensed and do not follow standards of care that promote optimum growth for children. Children in poor-quality care are less likely to have optimum brain development, more likely to have numerous other health issues, and are at greater risk for disabilities (Peterson et al., 2010). Children in poverty may be eligible for public prekindergarten or Head Start, which—if of good quality—can ameliorate some of the issues of poverty that may affect a child's ability to learn. Quality early childhood education is correlated with positive outcomes for poor children.

Children in poverty are also more likely to have developmental difficulties, which may be related to poor or nonexistent prenatal care for the mother. Health conditions are more likely to go untreated for these children. Poverty appears to contribute to emotional and behavioral problems for children. Children living in poverty are more likely to be affected by substance abuse and child maltreatment, which can lead to increased risk for mental health problems that result in emotional and behavioral problems. Homeless children are even more likely

to suffer from emotional and behavioral problems and are more likely to have frequent changes of residence, be at risk for safety, and suffer from domestic conflict.

Children in poverty are more likely to be at physical risk in their living conditions due to higher levels of lead, preventable injuries, and unsafe neighborhoods (Whiteside-Mansell et al., 2010). The economic stress of living at the poverty level causes higher levels of domestic abuse, including neglect and physical, sexual, and emotional maltreatment.

Income level affects food consumption practices. Financial resources help families meet basic food needs. The smaller the income, the less likely the basic needs for nutrition will be met. Twenty-two percent of all children lived in food insecure households at some point in 2012 (Coleman-Jenson, Nord & Singh, 2013). Food insecurity threatens the healthy growth and development of poor children in the United States.

Children who have inadequate nutrition may have compromised cognitive, socioemotional, and physical development (Wight, Thampi, & Briggs, 2010). These researchers also reported poor school performance, poor motor and mental development, and anemia correlated with poverty and poor nutrition.

Supplemental food programs can help to ameliorate those effects. Teachers can have a profound effect on the lives of children in poverty. They are in the position to provide a safe, healthy environment for a significant portion of the day that will offer children improved health and optimal experiences for brain development. Teachers can help improve the health of children through good screening, safe sanitation practices, and helping families to access health care and nutritional supplement programs. Teachers can offer children emotional stability that may help to counteract the problems that poverty brings to their lives and help parents by being positive role models and providing parent education.

CHECKpoint: How does poverty relate to a child's risk for inadequate health and well-being? What efforts might teachers use to help decrease these risks?

cultural

related to traits and ascribed membership in a given group.

diversity

differences; variety often related to culture.

multiethnic society

society that includes many ethnicities that have relationships to diverse racial, cultural, or national groups.

cultural competence

demonstration of behaviors, attitudes, and policies that allow for cross-cultural effectiveness and valuing of diversity.

What Would You Do?

Consider your own childhood environment. What were all the components of your environment: the physical, the social and emotional, the economic, and the cultural? Did any of these factors have a negative effect on your life? Which of these factors influenced you to want to work with children? What positive factors from your childhood influences help you to contribute to the children you work with? Considering these, what positive holistic measures will you take with the children you work with?

1-2d The Cultural Environment

Culture is defined as parameters of behavior. Culture is made up of the social norms, values, customary beliefs, foods, and practices of a racial, ethnic, religious, or social group. The child's **cultural** environment includes the framework of beliefs, perspectives, and practices of the family, the neighborhood, and the greater community. In the United States, **diversity** has steeply and steadily risen since 2000 (Cellitti & Smith, 2010; Han & Thomas, 2010). It has been estimated that by the year 2019, less than half of the children in this country will be non-Hispanic white (*America's Children: Key National Indicators of Well-Being*, 2013), and that by 2050, 36 percent will be Latino. In 2013 the ethnic diversity of children was apparent. Twenty-four percent of American children were Hispanic, 14 percent were African American, 5 percent were Asian/Pacific Islander, and another 5 percent represented other races (*America's Children*, 2013). The fastest-growing segment of the population is immigrant children who represent 25 percent of all children in the United States (Souto-Manning, 2013). These numbers are expected to increase in the next three decades, especially in the Hispanic and Asian/Pacific Islander categories. The U.S. Census Bureau estimates that by the year 2030 approximately 40 percent of the school-age population will have English as their second language (Magruder, Haslip, Espinosa & Matera, 2013). Young children who are dual-language learners are a rapidly increasing proportion of the student population (Chen & Shire, 2011).

The United States has become a **multiethnic society**, and the demographic changes have strong implications for teachers. With so many cultural traditions, practices, and values present, there may be value conflicts. There may be bicultural conflict within families that represent several generations of values. One outcome of these conflicts may be the reinforcement of cultural values within families.

Biracial/bicultural families are increasing in number. These parents may need support to resolve their differing cultural views on child rearing, including safety, nutrition, and health issues. A number of military families that are bicultural/biracial have an additional factor to deal with—the absence of one parent. This may bring another level of conflict. Another source of conflict might be seen between the cultural background of the family and that of the teacher. The great majority of teachers in early childhood education today are from a European American descent.

Efforts to maintain traditional cultural values in daily life, such as food choices and child care practices, are seen as meaningful declarations of family heritage. The cultural perspective of a family may have an impact on the type of early education that is chosen for a child (Click, Karkos & Robertson, 2015; Karoly & Gonzalez, 2011). Children are influenced by the culture, attitudes, and opinions of their families. It is important that the professional early childhood education teacher support the family cultural values of the children in care (Souto-Manning, 2013). In instances where these cultural values put children at risk, cultural differences and legal practices will have to be addressed in a sensitive manner.

It is important for teachers to be aware of the diversity of the children and families with whom they work. Teachers must go beyond cultural sensitivity or awareness, because these call for responsiveness but go no further. Teachers must practice **cultural competence** in interactions with the children and their parents so that relationships are mutually beneficial, even though all may have diverse cultural heritages and practices. This will allow teachers to look at the way families from diverse backgrounds differ in their values and beliefs about raising children and their attitudes toward seeking help. This type of competence will help teachers to better understand ways to communicate information on issues concerning safety, nutrition, and health (Photo 1-3).



PHOTO 1-3 *With children from many cultures, it is important for the teacher to be able to relate to all of them.*

KEY CONCEPT 1-2

Environment

An ecological perspective allows one to view the environment of a child. A risk factor in the health and well-being of children can come from any area of the environment. The physical, social and emotional, economic, and cultural environments all influence children's growth and development. Negative conditions such as poor physical and mental health, injury, or an impaired sense of well-being and self-esteem may prevent the healthy development and well-being of a child. Using an ecological perspective, teachers can approach the safety, nutrition, and health of children by considering their total environment.

1-3 Health and Wellness Promotion, Disease Prevention, and Risk Management

health and wellness promotion

the improvement of health conditions by encouraging healthful behavior and habits.

This text deals with the developmental aspects and issues that can help promote and protect children's well-being and illustrates ways to prevent childhood illness, disease, or accidents. It has been found that **health and wellness promotion** in preschools can improve child health. Teachers should establish and maintain a healthy environment using health and wellness promotion. Teachers promote health and well-being by checking for immunization and encouraging the use of

risk

the chance of injury, damage, or loss.

proper hand-washing and diapering techniques. They provide adequate nutrition and arrange for hearing, vision, and dental screening tests.

Risk is often defined as a chance or gamble that is often accompanied by danger. Risk management is a way to minimize the chance that danger may occur. Risk management takes on specific meaning when it is applied to taking care of children. Results of health risks include illness, infection, disease, mental illness, developmental difficulty, disability, and death. Results of safety risks include accidents, disability, and death. Nutritional risks include developmental delay, growth retardation, poor health, and lack of resistance to infection or disease.

Proper risk management strategies remove risk factors to children's healthy development. For teachers, the strategies of health and wellness promotion, safety protection, and nutritional education are necessary risk management tools. Children's curiosity can involve experiences that help them to learn about their world, and also may lead to risk-taking behaviors. If the early childhood education program has precautions in place, children's safety is better protected and their ability to learn is improved. Modeling good health, safety, and nutrition practices is a positive risk management strategy. So is careful supervision of children. When children are well-supervised, their risk for unintentional injury is lessened. The key to managing risk for the healthy development of children is to set thorough standards and guidelines and follow laws for early childhood education environments, including training and staffing.

What Would You Do?

You have decided to open a family day care for infants and toddlers. What measures would you take to establish an environment that was as risk free as possible?

1-3a National Efforts to Improve Safety, Nutrition, and Health in Early Education

Awareness of the whole child perspective may help clarify the role of teachers in providing good health, safety, and nutrition practices in the early childhood education environment. This knowledge may also help teachers understand the importance of engaging families and community linkages and of advocacy for children. The following presents several examples of how others in this country are trying to ensure the health and well-being of children.

Healthy People 2020. The report *Healthy People 2020: National Health Promotion and Disease Prevention Objectives* is a product of a national process that has set health objectives for the year 2020. The major purpose of the program is to improve the health and well-being of Americans (HealthyPeople.gov, 2013). Here are some of its objectives that affect children:

- Consider the environmental risks that cause emotional, physical, psychological, and learning problems.
- Increase the proportion of preschool and elementary children with health education to prevent health problems in the following areas: unintentional injury, violence, unhealthy dietary patterns, inadequate physical activity, dental health, and safety.
- Provide culturally appropriate educational and support programs for parents in high-risk environments to help reduce child maltreatment and other health problems.
- Increase the number of states with nutrition standards for foods and beverages provided to preschool-aged children in child care.
- Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.

- Increase consumption of whole grains, fruits, and vegetables, and reduce consumption of fats, sugars, and sodium to improve overall diet quality and reduce obesity in children over age two.

National Health Education Standards. The National Health Education Standards are a collaboration of American School Health Association, the APHA, and the Association for the Advancement of Health Education and are sponsored by the American Cancer Society. These standards are written for children from prekindergarten through high school. Five of the eight basic standards state that students will

- comprehend concepts related to health promotion and disease prevention to enhance health
- analyze the influence of family, peers, culture, and other factors on health behaviors
- demonstrate the ability to access valid information, products, and services to enhance health
- demonstrate the ability to use decision-making and goal-setting skills to enhance health
- demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks and advocate for personal, family, and community health (Photo 1-4)

The entire standards manual and performance indicators for the standards can be found at the CDC website.

Early Childhood Environmental Rating Scales. The Early Childhood Environment Rating Scales (Harms, Clifford, & Cryer, 2005), ECERS as it is commonly known, were originally created in 1980, to measure quality in early childhood



PHOTO 1-4 *These teachers are aware of standards that will help these toddlers have a healthier experience in care.*

environments up to kindergarten. The scales rate how a program meets the three basic needs of children: protecting their health and safety, building positive relationships for them, and giving them opportunities for stimulation and learning through their experiences. These scales measure items in seven categories that reflect a holistic approach to determine the quality of a program. Within these subscales are many items related to health, safety, nutrition, children with special needs, and families. There have been three additions to these scale-type measurement tools: the Family Child Care Rating Scale (FCCRS), the Infant/Toddler Environment Rating Scale (ITERS), and the School-Age Care Environment Rating Scale (SACERS). These are periodically revised for improvement based on research, and the Family Child Care Environment Rating Scale, Revised Edition (FCCERS-R) is now available in Spanish. Users of this holistic approach tool include the Head Start and Early Head Start programs and the accreditation program of NAEYC.

Quality Rating and Improvement Systems. The use of ECERS-R and other measurement tools like quality rating systems are also helpful and provide a framework for making program improvements. Quality Rating and Improvement Systems (QRIS) “are intended to improve the quality of early and school-age care and education programs through the alignment and coordination of systemwide initiatives” (National Child Care Information Center [NCCIC], 2010). A number of these QRIS are linked with NAEYC accreditation (NAEYC, 2010a). These QRIS with their systematic approaches can be used by states and linked to local licensing bodies. By 2013, 40 states were using these QRIS for guidelines and standards for quality, nine of the remaining states were developing QRIS and only one state, Missouri, had no QRIS (QRIS.Network.org, 2013). Some states’ QRIS have ratings for the category of health and safety (Tout et al., 2010).

National Children’s Study. The National Children’s Study is a longitudinal study of children’s health and how it is impacted from both genetics and the environment. This holistic look at children’s health is a collaborative effort between a number of federal agencies including Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the U.S. Department of Health and Human Services (USDHHS), the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Environmental Protection Agency (EPA). The study will follow 100,000 children from prebirth to age 21 years. It will investigate how genetic, environmental, and **biosocial** factors influence health and development throughout childhood. This study will help to form the basis for child health guidelines, environmental protections, and government health and safety policies for children for generations to come.

Health, Mental Health, and Safety Guidelines for Schools. Although the primary focus on schools is to educate students, schools also have the responsibility to provide a safe and healthy environment for students. The purpose of *Health, Mental Health, and Safety Guidelines for Schools* is to help teachers, administrators, and others who influence the health and safety of students and school staff while they are in school, on school grounds, on their way to or from school, and involved in school-sponsored activities. These guidelines were created by a consortium of groups including the AAP, the Maternal and Child Health Bureau (MCHB), CDC, and the American Schools Health Association (ASHA). The guidelines cover numerous issues relating to health, mental health, and safety for school-age children, including having a safe, respectful environment, training staff, and making sure policies are consistent with laws.

biosocial

development that includes the growth and changes that occur in a child’s body and the health, nutritional, and genetic factors that affect it.

KEY CONCEPT 1-3

Health and Wellness Promotion, Disease Prevention, and Risk Management

Health and wellness promotion, disease prevention, and risk management are ineffective if teachers fail to understand the effects of the environment. Numerous programs and initiatives try to help parents and teachers promote and protect the health and well-being of children. Teachers play an essential role in the holistic approach to early childhood education environments. They should be able to provide good nutrition and healthy environments that are safe from harm for the children in their care. Complying with standards and guidelines are good risk management tools for teachers.

1-4 Providing High-Quality Early Childhood Education Environments for Safety, Nutrition, and Health

In recent years, early childhood education has undergone significant changes in attempts to provide standards and improve quality. Demographic trends such as more children in infant/toddler care, the growth in immigrant populations, the increase in the number of children who are not native English speakers, the increase in numbers of children who have special needs, and the increasing number of children in poverty threaten to undermine those improvements. Teachers that are educated in early childhood education should have specialized knowledge and solid professional preparation to help ameliorate some of the issues that will affect the quality of the programs in which they teach. According to NAEYC (2010b), “children learn best from teachers who use responsive, and intentional strategies...” (p. 12) (Photo 1-5).



PHOTO 1-5 *This teacher is really engaged with his students, which is one of the hallmarks of good teaching and a quality environment.*

Reality Check



CHILD CARE AND PRESCHOOL IN THE UNITED STATES: THE REALITY

Historically, the care, protection, and supervision of children have been performed within families. The shift from family care to nonparental care has taken place mostly in the last half of the last century. Today, at least 82 percent of children who reach kindergarten age have participated in some form of nonparental early childhood education. Seventy-three percent of infants and toddlers are in nonparental care at least part of the time (Alkon et al., 2010). Enrollments in early childhood education programs, especially in infant/toddler care, will continue to rise as more mothers enter the workplace for economic reasons (Bernheimer & Jones, 2013). Considering the number of children in care, early childhood education is no longer an option but a necessity for most families. The majority of families must rely on others to provide for the care, protection, and supervision of their children at least part of the time.

Because early childhood education before kindergarten is such an important part of most young children's lives, one would assume that quality care would be the norm. There are 1.3 million infant, toddler, and preschool teachers and 1.7 million kindergarten and elementary school teachers in this country who are responsible for the health, safety, and well-being of the children in their environments (Bureau of Labor Statistics, 2013). According to the Bureau of Labor Statistics (2012), 69 percent of married women with children and 75 percent of single women with children are in the workforce. About 10 million children are in some form of organized child care while their mothers work (U.S. Census Bureau, 2011; Child Care Aware, 2013). More than one-third of children of working mothers and one-quarter of children whose mothers do not work are in some type of child care arrangement (Glynn, 2012; Child Care Aware 2013).

Ninety percent of parents rated the early childhood education programs that their children are in as very good. However, many studies on the same subject suggest that

quality center-based care is not the norm, but is available in only 10–15 percent of the licensed early childhood education programs in this country (Greenspan, 2003). Many parents cannot afford good-quality early childhood education and must settle for substandard programs that may compromise health and safety (U.S. Department of Education, 2013; Belsky, 2009). Many parents may assume people who take care of their children in child care situations have had background checks and training, but that is often not the case because a number of states do not require it.


In a study of state preschools, it was found that many states fail to ensure their programs meet minimum quality standards (*The State of Preschool*, 2009). Health and safety are key components of quality child care, yet most programs do not assess these in a comprehensive manner (Alkon et al., 2010). Family child care may be less likely to meet the quality standards of health and safety.


Early education supporters know that quality improves with standards. Since there are no national standards for quality early education environments, other organizations have stepped up to fill the gap. Organizations such as the NAEYC, the National Child Care Association (NCCA), the National Afterschool Association (NAA), and the National Association for Family Child Care (NAFCC) promote professional development, accreditation, and other quality care initiatives. Standards are an important part of today's child care and early elementary education environments. In recent years, there has been a trend toward quality improvement of home-based care, focused mainly on family child care homes (Burris & Fredrickson, 2012). In this country, there has been no formal system in place to oversee family child care homes or nanny care, and no consistent federal regulations for center-based care. Many states have marginal licensing laws for child care and a few states have no licensing laws for family child care. Regardless of the age or family income of the

Reality Check *(continued)*

children in care, consistent state and federal policies for child care would help children receive the quality care they deserve. Quality does matter for the best outcomes for children (Karoly & Gonzalez, 2011).

If we were to have the quality of prekindergarten childhood education that children deserve, what would it look like? Many people in the fields of child development, health education, safety education, and others that support children have their opinions. Here are some of the best of these considerations:

- Teachers would have adequate training in the areas of child development, health, safety, and what provides for the well-being of children (Alkon et al., 2010).
- Teachers must provide sensitive, responsive care that allows for secure attachment (NAEYC, 2010a). 
- Teachers who have knowledge of culturally informed teaching can create learning environments that welcome children from diverse cultures (Crisalli, 2012; Derman-Sparks, 2011).
- Teachers must have skills to engage families in communication and promote parental nurturing for the well-being of the children (NAEYC, 2010b).
- Teachers should be competent with diverse cultural and language backgrounds of children (Souto-Manning, 2013; Derman-Sparks & Edwards, 2010).
- Teachers should be adequately compensated and have good working conditions so that they will remain on the job and be a stable part of children's lives (The Center for Comprehensive School Reform and Improvement, 2010).
- There should be an adequate teacher-to-child ratio (APHA & AAP, 2011).
- For care that includes meals and snacks, caution should be taken to provide adequate nutrition and food safety (Briley & Roberts-Gray, 2005).
- An environment in which toys and equipment are age appropriate and developmentally appropriate

should be an integral part of the program (Derman Copple & Bredekamp, 2009). 

Over the past several years, there has been a national trend to improve preschool education focusing on the year or two prior to kindergarten (NEA, 2013; U.S. Department of Education, 2013). In February 2013, President Obama proposed a partnership between the federal government and states that “would provide universal, high-quality, full-day preschool for four-year-olds from low- and moderate-income families, up to 200 percent of the poverty line” (U.S. Department of Education, 2013). This partnership entitled *Race to the Top—Early Learning Challenge* encourages and provides some funds to states to provide universal preschool to all children whose families want it. In addition to enrolling children in prekindergarten early childhood education, this program would emphasize high-quality standards and practices. As of October 2013, 14 states have been funded and another 16 states and Washington, D.C. have applied for funding.

It is critical to the development of young children who are prekindergarten age to be in high-quality early childhood education environments. Quality education can best provide a stable, safe, and consistent environment that allows children of all incomes, ethnic and cultural backgrounds, and family circumstances to have equal opportunities for good child development.

The key to quality is the teacher (Burchinal et al., 2009; Belsky, 2009). Quality teachers use every opportunity to engage children and support children with meaningful experiences (Goldstein & Baum, 2012). It is the responsibility of teachers to be caring, consistent, well-educated, and well-trained so that they can support the children in their care with the best quality available. In addition, we must educate parents as to what quality looks like. These changes will require more legislative guidelines, standards, and regulations, as well as funding to ensure that quality early childhood education is a reality for all children.

CHECKpoint: Imagine you have a three-year-old whom you want to place in a quality early education program. How would you go about finding one in your local area? What five things would top your list as to what to look for in a quality program? See Table 1-1 for some questions you might ask.

QUESTIONS TO HELP DETERMINE WHETHER EARLY CHILDHOOD EDUCATION ENVIRONMENT IS GOOD QUALITY

- Does the environment look safe and sanitary?
- What health practices are used?
- Are developmentally appropriate practices used?
- Does it appear that the teacher treats all children with care and respect?
- Does the environment look child-friendly and stimulating?
- What is the quality of relationships between teachers and children?
- What are the teacher's qualifications?
- Does it appear that all children are participating in groups?
- Are there predictable routines for the children? Is there a daily schedule posted?
- What is the adult-to-child ratio and size of the group in the classrooms?
- Is it licensed by local authorities?
- Is it accredited by the NAEYC?
- Can you drop in any time?
- What type of discipline, if any, is used?

In terms of the health, safety, and well-being of children, the teacher must have six basic goals in mind to ensure a high-quality early childhood education program (see Figure 1-3):

1. Maximizing children's health and wellness status and managing risk
2. Recognizing the importance of guidelines, standards, laws and regulations as they apply to the healthy development of children in early education
3. Supporting children's brain development as an integral part of healthy development
4. Practicing cultural competence
5. Engaging with diverse families to provide a caring community
6. Utilizing education as a tool for health and wellness promotion and risk reduction for both children and adults

1-4a Goal One: Maximizing Children's Health and Wellness Status and Managing Risk

health and wellness status
the condition of an individual's health.

A person's **health and wellness status** reflects the condition of physical, mental, and emotional health of that person. Teachers have the opportunity to provide optimal conditions to maximize the healthy development and sense of well-being of the children in their care. To accomplish this goal, a set of objectives for health and wellness promotion and the prevention of illness and disease should be planned, carried out, and monitored through the creation of health policies (see Table 1-2).

FIGURE 1-3

Six major goals of high-quality early education for children.

**TABLE****1-2**

Objectives for the Healthy Development and Well-Being of Children

FOR CHILDREN, ALL TEACHERS SHOULD:

- Respect the developmental needs, characteristics, and diversity of each child.
- Support a child's development based on current knowledge of the general physical, mental, and emotional health and unique of the individual child.
- Provide and maintain healthy, safe, and nurturing environments.
- Reduce and prevent the transmission of infectious and communicable diseases.
- Understand the management of ill children, including exclusion policies.
- Use universal health procedures for toileting, diapering, maintaining toys, and handling and storing food.
- Recognize the health status of the staff as an important component of job performance.
- Ensure good nutrition and food safety by following the requirements of the USDA child care component, the Child Care Food Program, and the Code of Federal Regulations.

FOR FAMILIES, ALL TEACHERS SHOULD:

- Help diverse families understand the importance of developing care routines that contribute to children's sense of well-being within a framework acceptable to all.
- Develop relationships with families based on mutual trust.
- Utilize community health and nutrition professionals to create helpful linkages for children, families, and staff.
- Promote good health and nutrition through education for children, families, and staff.
- Build on the families' strengths and provide support for any improvements that may be needed.
- Provide education and support to families for the management of infectious illness and disease.
- Respect each family in regard to culture, language, customs, and beliefs.

1-2 Objectives for the Healthy Development and Well-Being of Children (continued)

FOR EARLY CHILDHOOD EDUCATION PROGRAMS, ALL TEACHERS SHOULD:

- Provide a primary caregiver for each child.
- Provide someone to communicate in the child and family's first language.
- Provide an atmosphere of mutual respect, trust, cooperation, and good communication for everyone involved.

Digital Download



TeachSource Video 1-1

Signs Of Good Child Care

- ▶ A Caring Relationship
- ▶ Discipline That Teaches
- ▶ Good Adult-Child Ratio

earlyshow

CBS

The Quality of Child Care

After you study the video clip, reflect upon the following questions:

1. In the interview, Ellen Galinsky was asked about quality care and how to choose it. What did she say? After reading the rest of this chapter, come back to this spot and answer the question yourself. What items could you add that you thought were important?
2. How could you as a teacher ensure that the education you provided in health, safety, and nutrition was of the best quality?

guidelines

statements of advice or instruction pertaining to practice.

standards

statements that define a goal or practice.

laws

rules of conduct established and enforced by authority.

Proactive planning to reduce risk for children is an essential element in providing quality early childhood education (Photo 1-6). The vulnerability of children places them at risk for many problems that can be prevented. This is increasingly true due to the numbers of the most vulnerable population of infants and toddlers who are joining early childhood education environments (Wrigley & Dreby, 2008). Historically, infectious diseases have been perceived as the major risk associated with childhood but much of that threat has been lessened or eliminated with the availability of widespread immunizations. However, these immunizations are effective only if they are administered to children. Other risks for spread of disease could decrease through proper sanitation practices.

Some children may come to the early childhood education environment with no issues that affect their health, safety, and well-being. Preventive measures can help these children remain risk-free in care. Other children of all ages, including infants and toddlers, may have disabilities or other special needs that affect them and their care (Parlakian, 2012; Aron & Loprest, 2012). Children with special health care needs are defined as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” (USDHHS, 2004). Quality early education environments respond positively to differences in children’s abilities and support the special health care needs these children may have. To reduce risk, early childhood education must deal with issues that might arise when caring for children with disabilities or other special needs. **To this end, information about children with disabilities and special needs is included in each chapter (starting with Chapter 2) in relation to the subject matter.**

Prevention, recognition, protection, and early intervention are the major tools that teachers can use to reduce risks to children in their care. Table 1-3 lists some risk management objectives for child care safety, nutrition, and health.

1-4b Goal Two: Applying Guidelines, Standards, Laws, and Regulations for the Healthy Development of Children in Early Education

Guidelines, standards, and laws affecting early childhood education environments have been created for the purpose of protecting children and promoting quality



PHOTO 1-6 *This happy, healthy child shows us that we need to be aware of the importance of optimizing conditions for health, safety, and nutrition in the early education environment.*

TABLE

1-3

Educational Tools for Teachers

A TEACHER SHOULD HAVE KNOWLEDGE OF:

- Environmental health and safety hazards
- Safety standards and practices for both indoor and outdoor equipment
- Disaster preparedness
- Emergency response procedures
- Cardiopulmonary resuscitation (CPR) and first aid
- Nutritional needs of children
- Good feeding practices for children
- Any special health or nutritional needs of children in care
- Health promotion and the importance of modeling health promotion behavior
- Observational skills
- Immunizations and when they are to be given
- Health appraisals and use of assessment tools
- Mechanisms of communicable diseases and how they are spread
- Universal sanitary practices
- Common childhood illnesses, including management and exclusion policies
- Detection and reporting of child maltreatment
- Prevention of child maltreatment
- Communication skills
- Diversity and how it can affect health, safety, and nutrition

Digital Download

Case in Point

Mary Elizabeth is a four-year-old girl with a healthy appetite, a hearty laugh, and the ability to move from activity to activity with little need for transition. When she was born to a cocaine-addicted mother, the doctors were not sure of her prognosis for growth or behavior. She was briefly removed from her mother's custody and then returned when her mother went into a parent-supportive recovery program. Her mother, Ellen, received help for her addiction as well as help in learning how to parent, including the importance of early bonding in the mother-child relationship. Ellen studied to be a computer operator at a local community college and has been working for the past two years. Mary Elizabeth has been in the same early childhood education program since she was 11 months old.

The staff at the early childhood education program was supportive of Ellen and understood that Mary Elizabeth might need some special help as a result of prenatal substance exposure. When Mary Elizabeth exhibited a high degree of frustration in certain types of play, the staff was able to provide emotional assurance and reduce the stimulation around her while redirecting her behavior. Mary Elizabeth is a good example of what early intervention and a good environment can do for the healthy development of a child at risk. Studies that have followed substance-exposed children from birth have concluded that, in many cases, a secure and supportive environment can overcome most of any possible side effects of prenatal exposure to drugs (Robertson, 1993).

regulations

recommendations that are made a requirement by law.

environments for them. Programs in states where there are stringent regulations tend to provide higher quality care than those in states that have less stringent **regulations**. When teachers in all settings comply with standards, there is a lower turnover rate, more sensitive care, and staff with better training, resulting in better-quality early childhood education. NAEYC's position on licensing and regulation states that "[t]he fundamental purpose of public regulation is to protect children from harm, not only threats to their immediate physical health and safety, but also threats of long-term development impairment" (1997). Compliance with minimum standards can affect environmental practices, relationships with parents, and the general attitude of teachers.

Quality early childhood education seeks to improve health and safety standards as well as provide education for families. Some legislators in this country are more receptive to recommendations from organizations such as NAEYC, Children's Defense Fund, the AAP, National Center for Clinical Infant Programs, American Dietetic Association, and American Public Health Association. Those organizations have developed standards and recommended guidelines for teachers to follow concerning the safety, nutrition, and health of young children. These and other groups are helping to effect legislation that originates regulations or enacts laws that protect children's well-being. For example, the **staff-to-child ratio** is an issue covered by regulations.

Guidelines, standards, laws, and regulations affect teachers. They exist to support and promote the health and well-being of children. If guidelines, standards, laws, and regulations exist, they should be followed. In a center-based facility, it is up to the director to ensure that the staff complies with and understands the guidelines, standards, laws, and regulations. In an elementary school, it would be the principal who enforces these. At a family child care site, the provider monitors these to ensure compliance. Teachers who care for a child in the child's own home must use common sense and form their own guidelines based on information from classes and available support such as this text or a network of community resources (Photo 1-7).

Local districts, states, and the federal government regulate the early childhood education environment to some extent. Programs have to comply with certain guidelines and standards to get funding. State regulations may not meet national

staff-to-child ratio

the number of staff required to provide proper care for the number of children of a certain age group.



PHOTO 1-7 *These teachers are taking time out to learn new information and to keep up their education to be the best they can for the children they teach.*

standards and may define what is illegal, but not necessarily what is good, practice (NCCCHRSC, 2009).

Federal and State Laws, Regulations, and Standards. The federal government administers a number of laws, regulations, and standards that impact children in early education. The U.S. Department of Health and Human Services oversees many of these, such as Head Start, Early Head Start, and Child Welfare. The Department of Defense oversees and regulates child care for the more than 200,000 children of military members. The Department of Justice oversees the Americans with Disability Act (ADA), which allows for children with disabilities and other special needs to be accommodated in early childhood education. The No Child Left Behind Act of 2001 is an example of federal regulations for elementary education. The USDA oversees the regulations and standards pertaining to nutrition in the National School Lunch Program, the School Breakfast Program, and the Children and Adult Care Food Program. The Centers for Disease Control and Prevention (CDC) supervise the National Health Education Standards, which have been adopted by many states and are used as a basis for health education for public prekindergarten to high school years.

Individual states can enact legislation that creates regulations for early childhood education programs. Many states have strict licensing requirements for child care settings, although some states have few, if any, especially for family child care homes. Moreover, there are virtually no regulations for nannies.

Using Standards. Recent national discussion has focused on the quality of early childhood education and associated gaps in national and state professional development organizations, as well as the quality of the delivery of education and training for teachers. The Clinton Global Initiative Working Group has taken on the task of quality improvement. The group is attempting to ensure that all early childhood programs adhere to high-quality program standards, including those for teacher qualification and practice (Lutton, 2013).

NAEYC has provided standards for early education for teacher preparation and developmentally appropriate practice (DAP). For elementary education, following state, local, and NAEYC standards can improve quality in regard to safety, nutrition,

and health. The basis of this text includes many of the guidelines and standards for good-quality early childhood education environments for health, safety, and nutrition from numerous sources. We will present five or six specific standards from AAP/APHA and NAEYC in every chapter. In this text these will be represented by *icons that will reflect the standards found in the National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs from the American Academy of Pediatrics and the American Public Health Association (APHA & AAP, 2011), the NAEYC Standards for Initial and Advanced Early Childhood Preparations Programs (NAEYC, 2010), and NAEYC Standards for Developmentally Appropriate Practice in Early Childhood Programs Serving Children Birth through Age 8 (NAEYC, 2009a)*. It is basic, good early childhood education practice to follow standards to ensure quality. The teachers who use them will be able to provide a healthy, protective environment for the children they teach, regardless of the setting. A brief explanation of these standards follows.



1. National Health and Safety Performance Standards for Child Care.

The AAP/APHA has laid out standards in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (2011) (3rd edition) for improving the quality of early childhood education to promote healthy development and reduce risk. These standards recognize the need for some consistency and guidance to help teachers provide the optimal environment for child safety, nutrition, and health. The AAP and the APHA believe that standards and guidelines should be established for all nonparental early childhood programs.



2. NAEYC's Standards for Initial and Advanced Early Childhood Preparation Programs.

The National Association for the Education of Young Children (NAEYC) is another organization concerned with the well-being of children. Although in agreement with many of the standards set by the APHA and AAP, NAEYC encourages teachers to make decisions based on information from several points of view. Teachers must first have the information and an understanding of specific procedures before making any decision regarding the health, safety, and nutritional needs of children in early childhood education environments in developmentally appropriate ways.



Teachers need training to do this. NAEYC (2010) has set standards for early childhood professional preparation programs through graduate school. These standards are set for the support of diverse work settings, including infant and toddler care, publicly funded prekindergarten programs, family child care, and primary grades, to name a few. Practice of knowledge and understanding is based on multiple areas of development, or a holistic view of a child's development.

An example is "**Standard 1c:** Using developmental knowledge to create healthy, respectful, supportive, and challenging learning environments." In supporting that standard, teachers will need the knowledge and skills to promote children's safety and security, as well as their physical and psychological health. A full reference to this document can be found on the NAEYC website.



3. NAEYC's Developmentally Appropriate Practice Criteria.

Another guiding principle of NAEYC is to use developmentally appropriate practices in all aspects of teaching. This means using a child's developmental level

in consideration of all decision making and doing it with care and thoughtfulness. A full reference to both NAEYC documents may be found by searching for Code of Ethical Conduct and Position Statement on Developmentally Appropriate Practice on the NAEYC website. This text was written to help teachers acquire training in the areas of health, safety, and nutrition, which considers the standards, positions, and guiding principles of NAEYC.

The NAEYC Code of Ethical Conduct and Statement of Commitment is a holistic approach set of guidelines that includes ethical practices from all areas of responsibility. The principal responsibility of teachers to children is to provide a safe, healthy, and nurturing environment with responsive care. The foremost commitment teachers have to families is to bring about collaboration between the school and the home to maximize the potential development of the children. To colleagues, the main responsibility is to provide supportive relationships and productive environments. The teacher's primary responsibility to the community (and to society) is to provide programs that meet its needs and to advocate for children (Photo 1-8).

NAEYC gives clear steps and expectations to a program seeking to obtain accreditation. To achieve this accreditation, an early childhood education environment must meet all 10 NAEYC program standards. Many programs today are accredited by NAEYC or are seeking accreditation. Approximately 95 percent of the military child care programs have NAEYC accreditation (Floyd & Phillips, 2013).

1-4c Goal Three: Supporting Children's Brain Development as an Integral Part of Healthy Development

A major factor in today's early education is recognizing the importance of supporting brain development of children from birth. In recent years, our knowledge of how the brain develops after birth and what affects that development has rapidly increased. Before birth, genetics and the environment of the womb determine how the brain develops. Nutritional status of the mother, exposure to toxins and drugs, and



PHOTO 1-8 Planning programs to meet standards, guidelines, and laws promotes a holistic approach to healthy development.