This is an exciting and interesting time to be an early childhood educator. There is widespread and enthusiastic confirmation that early childhood professionals play an important role in establishing the foundations of wellness for young children. At the same time, teachers of young children are being held accountable for children's progress in learning more than ever before. This presents both an invitation and a challenge to future early childhood educators. In this second edition of *Nutrition, Health, and Safety for Young Children*, we invite you to explore the wide range of challenges that teachers of young children are facing today, including an increasingly diverse population of young learners, more identified food allergies, concern about the obesity epidemic, the increase in pertussis (whooping cough) cases, focus on serving children with special health care needs in classrooms, new kinds of threats to children's safety, and increased awareness of the need to develop healthy environments and use sustainable practices in early childhood settings. This edition explores these challenges by helping future teachers understand the interrelationships among nutrition, health, and safety and learn to share their knowledge with children and their families.

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

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

**Partner with children and families, and nutrition, health, and safety professionals to promote wellness in young children.** Students learn that they will work within a network of support to meet children's nutrition, health, and safety needs.

**Implement and model appropriate wellness practices.** Students will be able to design and use practices that are fitting for children's age and developmental capabilities, in tune with children's developmental, health, and language needs, and responsive to family cultural practices.

**Recognize the important contributions of nutrition, health, and safety to children's learning and overall well-being.** Students will be ready to:

- Provide wholesome nutrition that promotes optimal growth, development, and learning.
- Attend to children's individual health needs and implement healthful classroom practices that build wellness habits to last a lifetime.
- Establish environments and implement practices that ensure children's physical and emotional safety, creating the foundations that inspire exploration, creativity, and discovery.

We extend a warm invitation to students to join the team of early childhood professionals who cherish the important early years of growth and development, and who celebrate each child's potential for a healthy, happy, and productive future. In the following pages, we describe what is new to this edition, and how this text helps students to understand, see, and teach wellness concepts.
new to this edition

- Chapters have been merged and material has been streamlined in order to present the information in 16 chapters, better addressing the flow of topics and supporting instruction. Chapters 1 and 2 (from the first edition) were merged in the new Chapter 1, and Chapters 14 and 15 were combined in the new Chapter 13.

- Early childhood professionals from across the country have contributed articles describing Progressive Programs & Practices that they have implemented to address issues and concerns in their communities. This new boxed feature in each chapter brings contemporary practices to students who are developing new competencies in applying health, safety, and nutrition information to their work with children and families.

- Important nutrition updates are presented including the USDA MyPlate approach for planning healthy meals and the Dietary Guidelines for Americans (2010 version). Information about the Healthy, Hunger-Free Kids Act of 2010 and the important changes to the school lunch program that reflect current evidence-based practices for feeding young children are also covered.

- Discussion of health practices is enhanced for relevance to teachers, including aspects of health screenings, descriptions of common infectious diseases, and classroom management strategies to improve health and wellness for children with special health care needs. In addition, a focus on social and emotional health in early childhood adds to the overall message of attaining mental health and wellness.

- Safety chapters reflect recently revised practices including more focus on emergency preparedness, new strategies for implementing cardiopulmonary resuscitation, and expanded discussion of child maltreatment and violence in children’s lives.

- Provocative A Matter of Ethics scenarios challenge students to consider professional practices and explore how teachers are guided by a professional code of behavior.

- Ideas are provided for teaching wellness concepts to children with special developmental needs and those who are learning English to ensure that all children have the opportunity to learn healthy practices.

A Matter of ETHICS

Imagine that you want to have the children in your class make “community soup” an activity where each child is usually asked to bring in a food to contribute to the soup. Making a food contribution might be difficult for some of the low-income families in your class. How might you arrange this activity in a way that respects the dignity and worth of each child and family?
helps students to understand wellness concepts

• Through anecdotes, cases, and authentic examples, the authors use a storytelling approach that helps contextualize wellness concepts for students. Chapter-opening scenarios reveal common situations involving teachers, children, and their families grappling with nutrition, health, and safety issues. These scenarios are woven through each chapter to illustrate the teacher’s role.

• The text promotes culturally responsive teaching of nutrition, health, and safety concepts, including content about vegetarian, religious, and cultural diets and working with children and families from diverse backgrounds.

• A unique chapter on children’s mental health explores current thinking about children’s emotional health needs. (See Chapter 12.)

• Pedagogical features reinforce concepts and terminology: Learning Outcomes, key terms and glossary definitions, and end-of-chapter Review, Discussion, and Application items.

• Topical features in each chapter—Nutrition Notes, Safety Segments, Policy Points, and Health Hints—introduce readers to current issues in health, safety, and nutrition to create awareness and develop effective practices.
helps students to see wellness concepts . . . and apply them

- NEW! Videos are embedded directly into pages of the Pearson eText via margin notes. These allow students to immediately see examples of wellness practices in action and learn from them. Some of these videos appear on the MyEducationLab for Health, Safety, and Nutrition, and they are included in assignable exercises on the online site. Others are new to this edition.

- Nutrition chapters break complex content down through clear writing, diagrams, and frequent classroom examples.

Mealtimes are good opportunities for preschool children to practice self-help and social skills. How does the mealtime environment shown in the video promote these skills?

What if . . .
you were assigned to teach 2-year-old toddlers instead of the 3-year-old preschoolers you normally teach? What aspects of children’s nutrition would you explore to prepare yourself to feed toddlers appropriately?

MyEducationLab™ content suggested at the end of chapters provides students access to exercises, videos, artifacts, and other resources.Assignable exercises through this Lab (for purchase) can help students see how early childhood professionals convey important health, safety, and nutrition concepts to young children. A Study Plan (pretest and posttest quizzes) reinforces understanding and application.

MyEducationLab™

Go to Topic 2 (Feeding Children) in the MyEducationLab (www.myeducationlab.com)

- Find learning outcomes for Feeding Children along with the national standards that connect to these outcomes.
- Complete Assignments and Activities that can help you more deeply understand the chapter content.
- Apply and practice your understanding of the core teaching skills identified in the chapter with the Building Teaching Skills and Dispositions learning
- Check your comprehension on the content covered in the chapter by going to the Study Plan in the Book Resources for your text. Here you will be able to take a chapter quiz, receive feedback on your answers, and then access Review, Practice, and Enrichment activities to enhance your understanding of chapter content.

- Reflective What If . . . situations place students in the classroom to think about how they would solve possible day-to-day challenges related to nutrition, health, and safety.

• Introducing healthful routines, including washing the baby’s hands before eating and after diapering.
• Providing safe opportunities for babies to freely explore using their sensory and motor skills, such as placing toys within reach of the infant’s hands and feet.
• Checking your comprehension on the content covered in the chapter by going to the Study Plan in the Book Resources for your text. Here you will be able to take a chapter quiz, receive feedback on your answers, and then access Review, Practice, and Enrichment activities to enhance your understanding of chapter content.

The theme of being a good role model to children is emphasized throughout.
helps students teach wellness concepts to children

- NEW Revised Chapter 1, Your Role in Children’s Wellness, establishes the importance of integrating nutrition, health, and safety concepts throughout learning activities and in the daily curriculum. A suggested activity plan format supports students who need to create learning activities in a practicum or field experience.

- Teaching Wellness curriculum lesson activities are provided in each chapter. The activities are presented in developmentally appropriate ways for infants and toddlers, preschoolers, and school-age children. Some of these can be viewed online in video-based assignable exercises in MyEducationLab.

- The content of the text aligns with NAEYC professional preparation and program standards. MyEducationLab content aligns exercises with Learning Outcomes, NAEYC professional preparation standards, and Head Start standards.

TEACHING WELLNESS

Will I Like What’s Best For Me?

LEARNING OUTCOME Children will select a variety of foods.

Vocabulary focus: Try, samples, teach, new, familiar, variety, nutritious, fruit group.

Activity plan: Watch the children select and eat foods from fruit groups. Did the children select foods from fruit groups? What fruit groups did they select?

Materials: A range of fruits (e.g., apples, grapes, bananas, strawberries, oranges).

Activity plan: Invite children to taste a variety of fruits and vegetables. Which fruits and vegetables did the children taste?

Materials: A range of fruits and vegetables (e.g., apples, grapes, bananas, strawberries, oranges).

Activity plan: Set up a fruit and vegetable tasting center. Children taste and write the names of the □ ve food groups.

Materials: A range of fruits and vegetables (e.g., apples, grapes, bananas, strawberries, oranges).

Activity plan: Have children select and taste a variety of fruits and vegetables. Which fruits and vegetables did the children select?

Materials: A range of fruits and vegetables (e.g., apples, grapes, bananas, strawberries, oranges).

Activity plan: Teach children to select foods that are nutritious and taste good. What foods did the children select?

Materials: A range of fruits and vegetables (e.g., apples, grapes, bananas, strawberries, oranges).

Activity plan: Invite children to taste and select foods. What foods did the children taste and select?

Materials: A range of fruits and vegetables (e.g., apples, grapes, bananas, strawberries, oranges).

Activity plan: Teach children to select foods that are nutritious and taste good. What foods did the children select?

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**MyEducationLab™**

MyEducationLab™ is an online homework, tutorial, and assessment product designed to improve results by helping students quickly master concepts, and by providing educators with a robust set of tools for easily gauging and addressing the performance of individuals and classrooms.

MyEducationLab engages students with high-quality multimedia learning experiences that help them build critical teaching skills and prepare them for real-world practice. In practice exercises, students receive immediate feedback so they see mistakes right away, learn precisely which concepts are holding them back, and master concepts through targeted practice.

For educators, MyEducationLab provides highly visual data and performance analysis to help them quickly identify gaps in student learning and make a clear connection between coursework, concept mastery, and national teaching standards. In addition, because MyEducationLab comes from Pearson, it’s developed by an experienced partner committed to providing content, resources, and expertise for the best digital learning experiences.

In *Preparing Teachers for a Changing World*, Linda Darling-Hammond and her colleagues point out that grounding teacher education in real classrooms—among real teachers and students and among actual examples of students’ and teachers’ work—is an important, and perhaps even an essential, part of training teachers for the complexities of teaching in today’s classrooms.

In the MyEducationLab for this course educators will find the following features and resources.

**Advanced Data and Performance Reporting Aligned to National Standards** Advanced data and performance reporting helps educators quickly identify gaps in student learning and gauge and address individual and classroom performance. Educators easily see the connection between coursework, concept mastery, and national teaching standards with highly visual views of performance reports. Data and assessments align directly to national teaching standards, including NAEYC professional preparation standards and Head Start standards, and support reporting for state and accreditation requirements.

**Study Plan Specific to Your Text** MyEducationLab gives students the opportunity to test themselves on key concepts and skills, track their own progress through the course, and access personalized Study Plan activities.

The customized Study Plan is generated based on students’ pretest results. Incorrect questions from the pretest indicate specific textbook learning outcomes the student is struggling with. The customized Study Plan suggests specific enriching activities for particular learning outcomes, helping students focus. Personalized Study Plan activities may include eBook reading assignments, and review, practice, and enrichment activities.

After students complete the enrichment activities, they take a posttest to see the concepts they’ve mastered or areas in which they still may need extra help.

MyEducationLab then reports the Study Plan results to the instructor. Based on these reports, the instructor can adapt course material to suit the needs of individual students or the entire class.

**Assignments and Activities** Designed to enhance students’ understanding of concepts covered in class, these assignable exercises show concepts in action (through videos, cases, and/or student and teacher artifacts). They help students deepen content knowledge and synthesize and apply concepts and strategies they have read about in the book. (Correct answers for these assignments are available to the instructor only.)

**Building Teaching Skills and Dispositions** These unique learning units help students practice and strengthen skills that are essential to effective teaching. After examining the steps involved in a core teaching process, students are given an opportunity to practice applying this skill via videos, student and teacher artifacts, and/or case studies of authentic classrooms. Providing multiple opportunities to practice a single teaching concept, each activity encourages a deeper understanding and application of concepts, as well as the use of critical thinking skills. After practice, students take a quiz that is reported to the instructor gradebook and performance reporting.
Iris Center Resources The IRIS Center at Vanderbilt University (http://iris.peabody.vanderbilt.edu), funded by the U.S. Department of Education’s Office of Special Education Programs (OSEP), develops training enhancement materials for preservice and practicing teachers. The Center works with experts from across the country to create challenge-based interactive modules, case study units, and podcasts that provide research-validated information about working with students in inclusive settings. In your MyEducationLab course we have integrated this content where appropriate.

Course Resources The Course Resources section of MyEducationLab is designed to help students put together an effective lesson plan, prepare for and begin a career, navigate the first year of teaching, and understand key educational standards, policies, and laws.

It includes the following:

- The **Lesson Plan Builder** is an effective and easy-to-use tool that students can use to create, update, and share quality lesson plans. The software also makes it easy to integrate state content standards into any lesson plan.

- The **Certification and Licensure** section is designed to help students pass licensure exams by giving them access to state test requirements, overviews of what tests cover, and sample test items.

The Certification and Licensure section includes the following:

- **State Certification Test Requirements**: Here, students can click on a state and be taken to a list of state certification tests.

- Students can click on the **Licensure Exams** they need to take to find:
  - Basic information about each test
  - Descriptions of what is covered on each test
  - Sample test questions with explanations of correct answers

- **National Evaluation Series™** by Pearson: Here, students can see the tests in the NES, learn what is covered on each exam, and access sample test items with descriptions and rationales of correct answers. Students can also purchase interactive online tutorials developed by Pearson Evaluation Systems and the Pearson Teacher Education and Development group.

- **ETS Online Praxis Tutorials**: Here students can purchase interactive online tutorials developed by ETS and by the Pearson Teacher Education and Development group. Tutorials are available for the Praxis I exams and for select Praxis II exams.

- The **Licensure and Standards** section provides access to current state and national standards.

- The **Preparing a Portfolio** section provides guidelines for creating a high-quality teaching portfolio.

- **Beginning Your Career** offers tips, advice, and other valuable information on:
  - **Resume Writing and Interviewing**: Includes expert advice on how to write impressive resumes and prepare for job interviews.
  - **Your First Year of Teaching**: Provides practical tips to set up a first classroom, manage student behavior, and more easily organize for instruction and assessment.
  - **Law and Public Policies**: Details specific directives and requirements needed to understand the No Child Left Behind Act and the Individuals with Disabilities Education Improvement Act of 2004.

- The **Multimedia Index** aggregates resources in MyEducationLab by asset type (for example, video or artifact) for easy location and retrieval.

Visit www.myeducationlab.com for a demonstration of this exciting new online teaching resource.
Support Materials for Instructors

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

**Instructor’s Resource Manual (0-13-287462-8)**

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

**Test Bank (0-13-287463-6)**

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

**PowerPoint™ Slides (0-13-301386-3)**

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

**MyEducationLab™ Correlation Guide (0-13-301289-1)**

This guide connects chapter sections with appropriate assignable exercises on MyEducationLab.

**TestGen™ (0-13-287464-4)**

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

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

The tests can be downloaded in the following formats:
- TestGen Testbank file - PC
- TestGen Testbank file - MAC
- TestGen Testbank - Blackboard 9 TIF
- TestGen Testbank - Blackboard CE/Vista (WebCT) TIF
- Angel Test Bank (zip)
- D2L Test Bank (zip)
- Moodle Test Bank
- Sakai Test Bank (zip)
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part one

Promoting Wellness

1 YOUR ROLE IN CHILDREN'S WELLNESS
Your Role in Children’s Wellness

learning outcomes

AFTER READING THIS CHAPTER, YOU SHOULD BE ABLE TO:

1. Define wellness and describe how nutrition, health, and safety contribute to children’s health and well-being.
2. Identify and discuss factors that influence children’s wellness.
3. Plan a developmentally appropriate curriculum to teach wellness concepts.
4. Describe ways to partner with families and community members to promote children’s wellness.

It is lunchtime at Kaylee’s family child care program. After completing her associate’s degree in early childhood development Kaylee opened her family child care program as a way to work in her field while enjoying her two young children. The children wash their hands and gather in the kitchen for lunch. Kaylee serves Dominique his “burrito” in small tortilla pieces with spoonfuls of refried beans and grated cheese. As she serves the older children she provides Nancy a burrito without cheese to address her milk allergy. Then Kaylee sits down to eat with the children. “Beans!” says Dominique. Kaylee and the children cheer for Dominique’s new word.

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

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

This is an exciting time to be an early childhood professional! Not only does research on growth and development continue to emphasize the importance of the early years in setting the stage for a child’s future capacity to learn, but the important role that teachers play in guiding children’s development is being given renewed attention and recognition. Teachers are second only to families in developing the context of healthful nutrition, health, and safety that surrounds the children they serve. Teachers participate in this process by providing care and education in a variety of settings: family child care, center-based child care,
kindergarten, after-school care, evening child care, and more. Because care and education are intricately intertwined during the early years, we refer to all those who provide care and education to young children as *early childhood teachers*.

Early childhood teachers have much in common. In the opening scenario examples, each teacher demonstrates special enjoyment of very young children and knowledge of child development. Each participates willingly in the full spectrum of responsibilities associated with caring for children, including individualized planning, daily tasks, and classroom management. Each actively embraces the intriguing challenge of providing purposeful experiences to advance children’s learning while keeping them safe. Central to these efforts are each child’s nutrition, health, and safety. This chapter describes the links between nutrition, health, and safety; offers information about important influences on children’s well-being; explores current issues in nutrition, health, and safety; and discusses the important ways that teachers contribute to the development and future potential of young children by teaching wellness concepts.

### BUILDING THE FOUNDATIONS FOR CHILDREN’S WELLNESS

Families, early childhood educators, and community members alike envision communities in which wellness is a goal for all people. **Wellness** is a positive state of health and well-being often described by words such as *healthy*, *happy*, and *thriving*. Wellness emerges from healthful practices, such as consuming a nutritious diet, exercising, and sleeping well. Achieving wellness requires access to resources, such as sufficient foods, immunizations, health care, and safe environments. The early childhood years are an important period for building the foundations for wellness. Learning the healthful practices that lead to wellness during the early years is crucial to children’s ability to attain optimal development and establish the capacity to learn.

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

The foundation of healthy growth, development, and wellness are established through the building blocks of nutrition, health, and safety. Each makes a specific contribution to the child’s ability to grow and thrive:

- **Nutrition** encompasses the relationship between the nutrients that are eaten, digested, and absorbed and how they contribute to growth and health. A child’s **diet**, or the foods and beverages consumed to nourish and support the body and its processes, must meet the child’s nutritional demands during the active early years in order for the child to grow appropriately. Serving safe and healthful foods is a common responsibility of early childhood teachers.

- **Health** focuses on physical and mental well-being and the absence of disease. It is achieved through a variety of healthful practices that seek to prevent and minimize illness or disease. Teachers contribute to children’s health in many ways, such as encouraging families to obtain childhood immunizations and by teaching children how and when to wash their hands.

- **Safety** centers on keeping children from harm. Safety is increased through practices that reduce the likelihood of unintentional injury or exposure to environmental toxins. Teachers promote safety by creating safe environments, implementing appropriate procedures, and supervising children’s safe interactions.

The interrelationships among these factors become evident as the healthful benefits of one influences the positive outcomes in the others, and as gaps or challenges in one area negatively affect the others. For example:

- In order for foods to be healthful, they must be stored, prepared, and served in a safe and sanitary manner.
• When children consume safe and healthful foods, their bodies are provided with the nutrients needed for optimal development, including learning. A healthful diet also improves the child's ability to fend off illness and to recover from illness and injury when they occur.

• Healthy children grow strong and capable of playing in coordinated and safe ways. Children who are healthy and well nourished are ready to be more attentive in the learning setting and are better able to learn about safety rules and ways to keep healthy through appropriate health practices including eating healthful foods.

Some aspects of the interrelationship are complex. For example, child nutrition impacts the risk for disease in adulthood (Faulk & Dolinoy, 2011; Simopoulos & Milner, 2010). From the moment of conception a child's diet is thought to trigger a predisposition, or tendency, to good or poor health by influencing how specific genes are expressed (Nutrition and the Epigenome, 2012). Pregnancy and prenatal development, early childhood, puberty, and old age are times when diet can influence gene function, creating a positive or negative impact on health (Dolinoy, Das, Weidman, & Jirtle, 2007). For example, a mother's diet and rate of weight gain during pregnancy, the birth weight of the infant, and the infant's diet may predict risk for chronic disease in adulthood. It is thought that these factors trigger epigenetic changes (changes that have an external rather than a genetic origin) in gene expression that increase the likelihood the child will develop obesity, diabetes, heart disease, or cancer as an adult (Dolinoy et al., 2007; Simopoulos & Milner, 2010; Wang et al., 2012).

Early childhood teachers generally recognize important aspects of the relationships among nutrition, health, and safety, and implement classroom practices to foster positive development. They know that healthy practices need to be learned during early development. Teachers also:

• Share an important responsibility with families to provide the best nutrition possible for infants and children, helping to meet the child's immediate nutritional needs while at the same time protecting the child from future chronic disease.

• Promote positive health practices, and may be instrumental in identifying gaps in a child's health services by providing information and referrals to families.

• Work to ensure children's safe experiences in the early childhood setting.

The impact teachers have on children's lives is truly momentous. Each of the teachers in the opening case scenario embraces this opportunity by addressing the goals of nutrition, health, and safety in the context of their early childhood programs. Kaylee adapts a nutritious lunch to fit the needs of children according to their age and special dietary needs. Hector looks beyond Zach's health concerns, responding to Zach's curiosity by bringing new books into the classroom for exploration and learning. Sharina and Amelia review the playground for safety concerns and consider the need for supports, such as balls, to encourage appropriate active play. Being prepared to put wellness approaches into action requires that teachers be aware of current trends and issues that impact nutrition, health, and safety services in early childhood programs.

**Recognizing Trends That Affect Nutrition Services**

Renewed attention is being given to the critical role good nutrition plays in preventing disease and promoting health during the early years of development. Current trends and guidelines that influence children's nutritional well-being focus on the prevention of overweight and obesity and redefining children's diets to support good health.
The Obesity Epidemic

The number of children in the United States who are overweight or obese has increased at an alarming rate since the 1970s. The obesity rate grew from 5% in the 1970s among 2- to 5-year-olds (6.5% for 6- to 11-year-olds), to as high as nearly 14% in 2004 (19% for 6- to 11-year-olds), and has maintained around 11% for children ages 2–5 (19% for 6- to 11-year-olds) through 2010 (US Department of Education 2011; Ogden & Carroll, 2010; Ogden, Carroll, Kit, & Flegal, 2012). The high incidence of obesity among young children has been labeled an obesity epidemic. The obesity epidemic is of particular concern because of the serious health consequences that are associated with being overweight or obese at such a young age.

The incidence of overweight and obesity varies from state to state, and even from county to county within states. The rates are highest among low-income preschool-aged children, where 1 in 7 is identified as obese. Obesity rates also vary by racial and ethnic group. In 2009, the highest incidence of obesity was identified among American Indian & Alaska Native children (nearly 21%), followed by Hispanic (18%), non Hispanic white (12%), non Hispanic Black (12%), and Asian/Pacific Island children (12%) (CDC, 2012).

A variety of factors are associated with the obesity epidemic. Trends in family eating behaviors include more snacking, eating meals away from home, and larger portion sizes (Let’s Move, 2012). These eating habits are problematic because snack and convenience foods are high in sugar, fats, and calories. Lifestyle factors related to physical activity also contribute to the concern. There has been an increase in sedentary activities such as time spent sitting while watching television and playing computer games which leads to less energy expenditure (American Psychological Association, 2012; Council on Communications and Media, 2011). Early childhood teachers also report that children are being less active, as they spend more time at table activities and less time playing actively outdoors (Sorte & Daeschel, 2006). Taken together, higher calorie diets and lower energy expenditure have tipped the scales resulting in more children who are overweight and obese. This trend adds up to poor health outcomes for young children.

In spite of the recognition of the obesity problem, some people feel that it is too harsh to focus attention on this issue with young children. In addition, many states do not include expectations for encouraging healthy eating or physical activity in licensed child care centers (CDC, 2012). As a result, teachers must use their professional skills to develop classroom nutrition and activity plans that teach healthy habits and put children on course for healthy development and wellness (Figure 1-1).

**FIGURE 1-1**

Trends in Childhood Obesity

Redefining Children’s Diets

Recognition is growing among health authorities about the need to address the specific nutritional needs of very young children and promote healthful eating habits during the early childhood years. A variety of resources have been developed to help teachers and families contribute to children’s health now and in the future.

**Dietary Guidelines for Americans, 2010**  
The USDA and Department of Health and Human Services promote good nutrition practices for the general population through the *Dietary Guidelines for Americans, 2010* (U.S. Department of Health and Human Services & U.S. Department of Agriculture, 2011). The recommendations address the specific dietary needs of young children and provide key evidence-based diet and physical activity recommendations to direct attention to healthful practices.

**Dietary Reference Intakes (DRIs)**  
The Institute of Medicine of the National Academies of Medicine provides guidance through the Dietary Reference Intakes to address goals for Americans’ nutrient intake and offers advice on recommended intake ranges for vitamins, minerals, and calorie-containing nutrients that are important for children’s healthful development (Food and Nutrition Service of the USDA, 2011).

**MyPlate**  
MyPlate is the new symbol developed by the USDA to help Americans visually understand what proportion of their meals should come from each of the five food groups (protein, fruits, vegetables, grains, and dairy) (U.S. Department of Agriculture, 2011). MyPlate, like the Food Pyramids before it, is designed to convey the key messages of the Dietary Guidelines for Americans in a simple, easy to understand format. This food guidance system helps families and teachers understand what to feed children to support and maintain health and to promote the development of good eating habits.

**Feeding Children**  
Guidelines for creating a positive nutritional environment for young children also continue to be refined. Feeding guidelines consider how food is presented to young children, describe the roles and responsibilities of teachers and families, ensure food is clean and safe, and confirm the child’s right to choose what and how much to eat from the foods that are offered. A variety of health, professional, and government organizations weigh in on guidelines for feeding young children. For example, Head Start, National Association for the Education of Young Children (NAEYC), and USDA child nutrition programs such as the Child and Adult Care Food Program (CACFP) and the National School Lunch Program (NSLP), offer specific recommendations about feeding young children. Understanding the basic concepts of nutrition and evidence-based recommendations for feeding young children helps teachers to establish the foundation for optimal nourishment, a vital component of good health. The *Progressive Programs and Practices* feature discusses a collaborative approach for implementing evidence based practices to fight obesity in young children.

Understanding Current Issues That Impact Children’s Health

There is general awareness that health and well-being are founded on the prevention and treatment of illness, yet many children continue to have insufficient access to basic health care services. Current efforts are focusing on ways to address this problem. These include identifying the indicators of well-being, exploring disparities in health care, understanding the role of children’s mental health, and addressing the needs of including children with significant health concerns in early childhood classrooms.

**Indicators of Well-Being**  
Since 1997, agencies across the federal government have collaborated through the Federal Interagency Forum on Child and Family Statistics to compile a report on the well-being of children and families: *America’s Children in Brief: Key National Indicators of Well-Being* (Federal Interagency Forum on Child and Family Statistics [FIFCFS], 2012). These indicators provide insight into the challenges that must be addressed in order to ensure that each child has the opportunity for healthful development. The indicators for health are discussed next.
Health Insurance  Health insurance coverage is an important indicator of whether families can access preventive care and treatment for their child if the child is sick or injured. In 2010, 7.3 million children ages 0 to 17 (nearly 10% of the age group) had no form of health insurance at some time during the year (FIFCFS, 2012). Without health care insurance families are more likely to forgo preventive health care due to its high cost and may delay obtaining medical treatment until an illness is in an advanced stage.

Access to a Usual Medical Provider  Families who have an identified and accessible source for health care services (sometimes called a medical home) are more likely to obtain the preventive and treatment services needed to ensure good health. In the absence of a usual medical provider, families may obtain services at an emergency room or other sources where medical records and familiarity with the child’s health history are not available as a resource. In 2010, 5% of children did not have a usual medical provider (FIFCFS, 2012).

Oral Health  Oral health care, including regular brushing and professional dental care, is an important indicator of general health. While yearly checkups

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

In 9 months, five trainers conducted 87 trainings with over 1,000 participants. The trainings were held at facilities that were easily accessible via public transportation and located within low-income communities throughout the city and several suburbs. The sessions resulted in a high level of agreement to implement the standards. In evaluation surveys, over half of the providers surveyed reported meeting the standards prior to the training, with the exception of the milk standard. Twenty-eight percent of providers rated the reduced fat milk standard as the most disagreeable and difficult to implement due to perceived cost increases or expected disagreement from children and/or parents.

Training Teachers in Healthy Practices

In November of 2009, the Chicago Board of Health passed a joint resolution recommending new standards for Chicago’s center-based child care centers. The goal was to reduce the incidence of childhood obesity and improve overall health. Specifically, the new standards involved limiting children’s screen viewing, serving reduced fat milk, and reducing sweetened beverage consumption while also increasing daily physical activity.

A need for training to address overall child wellness was recognized. Local organizations1 collaborated to provide training seminars for early child care providers. Trainers facilitated brainstorming and discussions about managing challenges related to health and wellness. Topics discussed included motivating providers to be healthier role models, the accessibility and affordability of healthy foods, high crime activity in neighborhoods, and perceived apathy of parents. The seminars resulted in an engaging and comprehensive curriculum designed to positively influence providers’ knowledge and behaviors regarding nutrition, physical activity, health, and overall well-being in children.

Participants made many suggestions for promoting physical activity, such as having relay races with plastic eggs on spoons, bowling using partially filled water bottles as bowling pins, taking a walk to learn about nature and the environment, or giving each child a magnifying glass and letting the children explore the outdoor environment.

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

Oral health is a critical component of health and well-being.
are recommended for children over the age of 1, many children do not have access to a dentist. In 2010, 48% of children ages 2 to 4, and 15% of children ages 5 to 17 had not seen a dental care provider in the past year (FIFCFS, 2012). This is of particular concern as cavities are the most common illness in childhood. Untreated oral health care needs can negatively impact children's health and ability to learn and thrive.

**Childhood Immunizations** Preventative health care includes obtaining vaccinations for preventable diseases. In 2009, 70% of children ages 19 to 35 months received the recommended immunizations. This leaves 30%, or more than 8 million children, without recommended protection from preventable disease (FIFCFS, 2011).

**Disparities in Health Care**

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

**Children’s Mental Health**

Young children's mental health has emerged as an area of general health concern. Mental health is considered to be a key component of overall health and well-being—not simply the absence of disease or disorder. It encompasses social and emotional well-being and the ability to cope and function in social settings. The incidence of mental health problems among young children is considered to be at a level of crisis in the United States today. Six percent of parents reported that their child has serious difficulties with emotions behaviors (FIFCFS, 2012). The majority of mental health concerns among young children are never addressed. The lack of access to mental health services, the stigma associated by some to potential diagnosis of mental illness, and the limited number of mental health consultants with expertise in serving very young children are cited as reasons (World Health Organization, 2010). Unresolved mental health concerns introduce risk factors for disease and injury, and restrict children's opportunity to lead normal lives.

**Inclusion of Children with Significant Health Concerns**

Early childhood classrooms are serving more children with special health concerns than ever before. Asthma and food allergies are becoming more common. For example, more than 9.4% of children under the age of 17 have been diagnosed with asthma (7 million), and nearly 5% of children have significant food allergies (Bloom, Cohen, & Freeman, 2011). More young children with diabetes are being served, as well as many children who have unidentified health needs, such as iron deficiency, obesity, or other health conditions. These trends reinforce the importance of training and supporting teachers to effectively manage children's special health care needs. It is important for teachers to fully understand children's special health needs and know how to appropriately address them in the classroom setting. For this reason early childhood programs are being encouraged to make arrangements with health care consultants to serve as resources for planning appropriate services for children's special health care needs. In the opening scenario, Hector demonstrated his comfort with managing Zach's unique health condition. As he reflected on ways to encourage Zach's curiosity about whales, Hector showed he was able to look beyond Zach's health challenge and recognize the child within.

**Identifying Emergent Issues in Child Safety**

Children's wellness is directly related to safety in the home and early childhood setting. Emergent issues related to children's safety include managing security in children's settings, implementing regulatory guidelines, and planning for disasters.
Managing Security
In recent years more attention has been given to the need to address security in early childhood settings. Children's programs are located in a variety of spaces throughout communities, with some situated in neighborhoods that introduce particular safety challenges. Families are also bringing pressures to bear on programs to explain how security practices will ensure that no one will be able to take their child from the setting. Custody issues among divorced parents are often part of this concern. While most programs have some method for controlling entry to the early childhood spaces, not all choose to address safety risks by installing coded entry locks or other security devices. Deliberations about this issue continue as families and teachers explore their worries about whether security devices ultimately ensure children's safety, and whether they unduly detract from the comfortable family friendly environments that are the hallmark of early childhood settings.

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

Many state licensing agencies are making information available to the public about validated complaints submitted against licensed programs. This invites individuals to report unsafe conditions or problems at early childhood programs that may result in harm to children, and is one way in which regulatory guidelines encourage communities to participate in improving children's safety.

There is also growing scrutiny of the products used in construction of toys and materials for young children. Hazards in the form of toxic paints, small parts that might cause choking, or warnings about the dangers of small magnets if they are swallowed have resulted in toy recalls and new safety standards for products made for children. The Safety Segment provides an example. These trends require that teachers continually monitor news about safety practices, potential safety issues in children's settings, and safety recalls. The warnings issued by the U.S. Consumer Product Safety Commission are a good place to start.

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

SAFETY SEGMENT  Laws Governing Toy Safety Challenge Innovation
The Consumer Product Safety Improvement Act of 2008 prohibits the sale of toys that contain lead-based products or various chemicals present in some plastics. Manufacturers must prove compliance with the law, which requires testing by independent labs to prove that every accessible toy component meets the guidelines. The laws governing toy safety aim to remove dangerous products present in children's play things, but some say that this will limit toy availability to only mass-produced and marketed items that are often not the kinds of innovative or heirloom materials selected for use in educational settings.

Supporting Wellness Through National Initiatives

Early childhood teachers, families, health professionals, and policy makers are joining together to promote wellness for young children through policies and national initiatives. These efforts are based on public health approaches that seek to bring citizens together around disease prevention and intervention. Individuals are encouraged to learn and practice positive health behaviors, and the community is charged with taking responsibility for establishing policies and practices that promote individual and community wellness. The Policy Point reinforces the notion that healthy child development supports strong communities. Several national initiatives promote these interests. Each places a focus on engaging both individuals and the community in the effort. They are examples of ways citizens and our government work together to address the health and wellness needs of all people.

Healthy People 2020

Healthy People 2020 is the newest wave of an initiative established in 1979 to improve the health and well-being of people across the country. Organized around health objectives gleaned from evidence-based practice, the initiative’s goals are to help people of all ages to:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

(U.S. Department of Health and Human Services [HHS], 2012).

To reach these goals, Healthy People 2020 organizes 600 objectives within 42 topic areas and 28 health indicator focus areas. Topics that relate to the care and education of young children include those listed in Figure 1-2. The initiative invites the community, from individuals to organizations, to integrate the goals into their daily practices. In this way the project generates multiple approaches to improving the health of young children and their families.

The Healthy, Hunger Free Kids Act of 2010

This legislation reauthorizes federal child nutrition programs such as the National School Lunch and Breakfast programs and the Child and Adult Care Food Program. The bill directs the USDA to increase access to healthy foods for low-income children, address childhood obesity by requiring schools and participating children’s programs to offer healthier food options, and expand support for breastfeeding through the WIC program. The reauthorization includes an increase in meal reimbursement rates, the first in over 30 years. This legislation represents a federal commitment to providing better access to healthy foods, educating children to make healthy food choices, and teaching children healthy habits that can improve their health for a lifetime (USDA, 2012).

**FIGURE 1-2  Healthy People 2020 Topics That Aim to Improve Children’s Nutrition, Health, and Safety**

- Access to Quality Health Services
- Clinical Preventative Services
- Environmental Quality
- Injury and Violence
- Maternal and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Reproductive and Sexual Health
- Social Determinants of Health
- Substance Abuse
- Tobacco

National Call to Action

The National Call to Action is a program of the U.S. Department of Health and Human Services that seeks to advance the health and well-being of Americans by promoting oral health and eliminating disease (U.S. Department of Health & Human Services [HHS], 2003). The initiative came about through a collaboration of public and private partners, who identified oral health as critical to general health and well-being. Oral health refers to all aspects of dental, gum, and mouth health. The U.S. Surgeon General describes unmet oral health needs as a “silent epidemic” affecting vulnerable people, including poor children and those of racial and ethnic minority groups (HHS, 2003). Partners at all levels of society are challenged to improve health and well-being by:

- Promoting oral health.
- Improving quality of life.

Action steps focus on encouraging partners to work for improved understanding of the importance of oral health and on overcoming barriers that limit access to oral health care.

Healthy Child Care America

Healthy Child Care America is an initiative coordinated by the American Academy of Pediatrics that aims to improve the early education, health, and safety of children in out-of-home child care. The effort calls on families, early childhood educators, and health professionals to work together to support children so they enter school healthy and ready to learn. The initiative’s purposes include:

- Increasing access to preventive health services.
- Ensuring safe physical environments.
- Promoting a medical home for all children.

Healthy Child Care America serves as a resource for child care providers and families by offering health and safety materials. It works with programs funded through the HHS’s Maternal and Child Health Bureau to provide technical assistance and improve children’s access to health services (American Academy of Pediatrics, 2007). Central to the Healthy Child Care America initiative is the view that pediatricians and other community partners can work as a team to develop comprehensive services that aid children.

National Health and Safety Performance Standards for Child Care

The National Resource Center for Health and Safety in Child Care and Early Education is a program of the HHS’s Maternal and Child Health Bureau. The center is charged with promoting health and safety in out-of-home child care settings nationwide. To achieve this goal, the center provides a resource for families and child care providers called Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. A sample of the resources that promote health and safety in out-of-home care is listed in Figure 1-3. The performance standards guidelines were established in collaboration with the American Academy of Pediatrics and the American Public Health Association. They serve as standards for the direct provision of services to young children, guidelines for state licensing of early childhood programs, and as a resource for policy development.

National Children’s Study

The National Children’s Study is an investigation into the effects of environmental influences on the health and development of young children. Several federal agencies are collaborating in the project, including the National Institutes of Health and the U.S. Environmental Protection Agency. The project will follow 100,000 children from across the country from birth to age 21. The goals of the study are to:

- Improve the health and well-being of children.
- Increase understanding of the role that various factors have on health and disease (National Institute of Child Health and Human Development, & National Institutes of Health [NIH], 2012).
The National Children's Study is designed to reveal the effects of natural and human-made environmental, biological, genetic, and psychosocial factors on different phases of children's growth and development, and to increase understanding of these factors on health and disease. Outcomes from the study will influence the development of health practices and policies that will guide individuals, program practices, and policy development to improve the health and well-being of young children.

**Elementary and Secondary Education Act (ESEA)**

The ESEA was approved by Congress in 1965 as part of President Lyndon Johnson's War on Poverty. Its purpose was to guide the appropriation of money for education and to address the achievement gaps that existed between children raised in poverty and those in households with more abundance. The notion is that the gap can be reduced through equal access to education, high standards, and accountability. The ESEA has been reauthorized every 5 years, most recently in 2001 under the name of the No Child Left Behind Act. The ESEA is currently in the process of reauthorization under the name **Blueprint for Reform**. The **Blueprint** continues work toward closing the achievement gap by encouraging state and local innovation through flexibility in the design of educational programming and collaboration with nonprofit partners. The **Blueprint** builds on these key priorities:

- College- and career-ready students
- Great teachers and leaders in every school
- Equity and opportunity for all students
- Raise the bar and reward excellence
- Promote innovation and continuous improvement (U.S. Department of Education, 2010).

The **Blueprint for Reform** encompasses a "cradle through college to career continuum" to develop successful, safe, and healthy students (U.S. Department of Education, 2010, page 31). The initiative reinforces the need for collaboration among families, teachers, and the community. It identifies good teachers as crucial to children's success.

**Common Core State Standards Initiative**

Launched in 2010, the Common Core Initiative responds to the call of the **Blueprint for Reform** through development of a consistent framework for preparing children and youth in grades K–12.
for college and the workforce. The initiative is coordinated by the National Governors Association Center for Best Practices (NGA Center) and the Council of Chief State School Officers (CCSSO). Drawing on the input of teachers and education experts, a set of common standards outline age-related goals for English Language Arts and Literacy, History, Social Studies, Science, Technical Subjects, and Mathematics. Currently 45 states have adopted the Common Core State Standards (NGA Center & CCSSO, 2010). Early childhood education is a partner in this initiative. An effort called the Connection Project is working to identify links between the Head Start Child Development and Early Learning Framework and the Common Core State Standards for kindergarten. The goal is to ensure that children enter kindergarten with the skills they need to be successful in school.

**Partnership for 21st-Century Skills**

The Partnership for 21st-Century Skills is another participant in the effort to improve positive outcomes for children and youth. It was formed in 2002 through the efforts of the U.S. Department of Education, business organizations, and interested individuals. Its mission is to ensure that students graduating from high school in the United States are capable of succeeding in rigorous higher education coursework and prepared to compete in the 21st-century global workforce. The elements identified for a 21st-century education include (The Partnership for 21st-Century Skills, 2011):

- **Core subjects knowledge:** such as reading, mathematics, science, civics, and government.
- **21st-century content:** including civic literacy; global, health, and wellness awareness.
- **Learning and thinking skills:** such as critical thinking, problem solving, and collaboration.
- **Information and communications technology:** the ability to use and develop technology.
- **Life skills:** including leadership, ethics, responsibility, and social responsibility.

Although early childhood education is not a formal partner in this effort, many of the elements align well with the early childhood developmental approach that builds children's capacities to become self-directed learners capable of contributing to their own well-being.

### FACTORS THAT INFLUENCE CHILDREN’S WELLNESS

Many factors affect children's well-being and ability to learn. Some add interest and richness to children's experiences while others may put children at risk for poor development. Some influences have a general or overarching impact while others encompass trends that are causing changes in how nutrition, health, and safety are addressed in early childhood classrooms. These influences can be complex, and are important for teachers to consider. Teachers have the capacity to enhance the positive potential of desirable influences. They also have the opportunity to mediate or reduce the damaging effects of negative influences, helping children gain the capacity for success that they may not otherwise achieve.

**Considering the Contexts in Which Children Grow and Develop**

Children do not grow and develop in isolation, nor are teachers the only people concerned about children’s healthy growth and development. Children’s wellness is heavily influenced by the contexts, or settings, in which they live. These contexts include the environment and circumstances that surround the child and affect the child’s experiences. Teachers come to understand that family conditions—poverty, the health and education of the child’s family, cultural beliefs, and many other factors—interact and contribute to the child’s development in positive and negative ways. Urie Bronfenbrenner’s (1979) ecological systems theory seeks to explain how the contexts that surround children, and the systems of interaction among the people in those settings, impact children’s health and well-being. This theory considers the child as developing within a nested series of surrounding contexts and systems, each connecting and interacting with the others.

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**What if...**

one of your relatives asked you about your plans to be a prekindergarten teacher? How would you describe your responsibilities as a teacher to implement appropriate practices and teach about nutrition, health, and safety?
Figure 1-4 depicts the child encircled by four types of contexts and systems.

- **Microsystem**: This system includes the environments that immediately surround the child, such as the home, the early childhood setting, and school. Safe and nurturing aspects of this environment positively affect children’s health and well-being, whereas hunger or dangers in the environment may interrupt healthy development.

- **Mesosystem**: This system encompasses the connections and interactions that take place in the microsystem. Nurturing parenting and positive relationships with the teacher are examples of positive influences on children’s development, whereas domestic violence or disagreements among parents and teachers can negatively affect children’s well-being.

- **Exosystem**: This system involves the people and places that provide indirect influences on the child’s development, such as the extended family or neighborhood. Children’s wellness is enhanced through the supports of extended family members and safe neighborhoods, but is negatively affected by disagreements among the extended family or unsafe neighborhoods.

- ** Macrosystem**: This system addresses the influences of the larger social, cultural, political, and economic contexts that provide support for child development or that challenge children’s ability to grow and thrive. For example, children’s wellness is supported when the society provides access to health care and high-quality early childhood education. Conversely, children’s well-being may be threatened in times of economic depression due to reduction in resources such as accessible health care (Bronfenbrenner, 1979).

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

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

**Understanding the Overarching Influences on Children’s Wellness**

Several factors have a widespread impact on children’s wellness, further demonstrating the interconnections of nutrition, health, and safety with children’s well-being. These include multicultural factors, diverse family structures, poverty, living conditions, environmental issues, and food insecurity. All are examples of dynamics that influence children’s development across the spectrum of nutrition, health, and safety services.
**Multicultural Classrooms**

Early childhood class groups continue to become more diverse and multicultural. The number of children of Hispanic heritage is growing fastest in nearly all parts of the country. It is anticipated that by 2050, 39% of children will be of Hispanic heritage, up from 24% today (Federal Interagency Forum on Child and Family Statistics [FIFCFS], 2012). In addition, 22% of children nationwide speak a home language other than English (FIFCFS, 2012). These numbers vary depending on the region, with rates as high as 34% of children in the West, and as low as 12% in the Midwest. This information is important because many children who have difficulty communicating in English face challenges in learning and being successful in their future work settings. Figure 1-5 provides a visual depiction of the diverse racial composition of children under age 18 in the United States today.

Greater cultural and ethnic diversity also brings more variety in family child-rearing practices, many of which interface with the early childhood classroom and influence how children learn. Examples include diet, food choices, dress, hygiene, comfort with health practices, levels of physical activity, expectations for boys and girls, and other aspects such as how sleeping arrangements are managed at home and how napping is arranged in the classroom. Teachers need to be aware that perspectives on children’s nutrition, health, and safety vary among the families they serve.

Teachers themselves have beliefs and expectations that are rooted in their own cultural or ethnic perspectives which may impact how and what they teach in the classroom. To best take advantage of multicultural richness, and to ensure that all children have the supports they need to succeed in school, teachers must be competent in embracing cultural diversity and implementing strategies that support teaching all children. Finding ways to invite conversation about diverse approaches and practices, and knowing how to negotiate differing perspectives, are important opportunities for new discoveries that will improve teacher skills and enhance children’s learning opportunities.

**Diverse Family Structures**

Family structures continue to evolve and change, becoming increasingly complex. These changes are important for teachers to consider as notions of the traditional family no longer reflect the home lives of young children today. Family arrangements include various combinations of adults caring for children, such as children raised by teenage mothers, single parents, grandparents, or same-sex parents. Some children join families through adoption or live temporarily in foster care placements. Others divide their time between the homes of their divorced parents or are members of blended families created through remarriage. Families are the most important teachers of young children, yet some family structures may put children at risk for poor developmental outcomes. Examples include (FIFCFS, 2012):

- Children born to unmarried mothers (nearly 41% of all births in 2010) are at risk for the negative impacts of low birth weight, infant mortality, and poverty.
- Children raised in a home with two married parents (65% in 2011) benefit from the financial security and care of two parents, but the numbers of children raised in this family structure continues to decrease.
- Children who join families through adoption (2.5% of children nationwide) benefit from the positive opportunity to be raised in a family, but may face challenges with loss, grief, and identity development, and issues such as fetal exposure to drugs or alcohol.
- Children in families where parental unemployment is a problem face risks from increased family financial stress and potentially lack of medical care and other supports. In 2010 only 71% of children lived in homes where at least one parent was employed year around.
• Children with a parent who is imprisoned (nearly 1.7 million in 2007) experience a disrupted home life and problems associated with a long period of separation from a parent (Allard & Greene, 2011; Glaze & Maruschak, 2010).

Teachers are in a good position to get to know each family as a unique group with challenges that may make it difficult to provide for the child's well-being. With this information teachers plan school experiences that may assist children toward more positive outcomes.

Poverty

Poverty is a significant threat to children's well-being. In 2010, 22% of children under the age of 18 were living in poverty (FIFCFS, 2012). Nearly 10% of children lived in homes whose family income was less than half of the national poverty level, the highest rate since 1994. The poverty numbers are nearly three times higher among Black and Hispanic children than White non-Hispanic children. Overall, many children are encountering poverty's challenges.

The impacts of poverty are particularly disturbing because poverty is a contributor to nearly every negative influence on children's wellness. Children raised in poverty are more likely to experience poor health outcomes. Families living in poverty must make difficult choices, such as paying rent or purchasing food. Low-cost housing is often substandard, and is more likely to have environmental hazards, such as lead-based paint. Children may be malnourished because families are compelled to select low-cost foods rather than make nutritious purchases. Families may not be able to afford preventative or necessary health care. As a result, children living in poverty are more likely to experience cognitive, behavioral, and social-emotional problems that get in the way of learning. This can lead to lower educational attainment and increased unemployment across their lifetime.

Housing and Homelessness

Families with young children often struggle to find affordable and safe housing. Nearly 45% of households with children in the United States face problems such as inadequate or crowded housing that costs more than 30% of the family's household income (Federal Interagency Forum on Child and Family Statistics [FIFCFS], 2012). Inadequate housing suggests all manner of deficiencies, including those that put children at risk, such as older homes that contain dangerous lead-based products or housing that is located in unsafe neighborhoods.

Many low-income families face severe housing problems because their housing costs more than 50% of the family's monthly income (FIFCFS, 2012). When housing costs require such a large portion of the family income, the family struggles to meet other basic needs including food and health care. The frequency of moves among these families is especially high, as families who have trouble making rent payments often look for opportunities to save money by finding less expensive housing.

Severe housing problems make family life very stressful. They increase family mobility, cause irregular school attendance which interrupts learning and social connections, and may lead to homelessness. In 2009, 156,000 children were homeless and 346,000 children used homeless shelters or transitional housing on one January test (FIFCFS, 2011). Early childhood teachers must build relationships quickly and work purposefully to reinforce learning opportunities for children who experience such disruptions.

Environmental Considerations

Environmental impacts on children's health and wellness are being more closely considered as information about the potential for negative effects are identified. Due to their small size, high rate of growth, and close interaction with their surroundings, young children are particularly at risk from the effects of environmental toxins. Exposure to lead in the environment is associated with learning and behavior problems, and contaminants in water can lead to health issues including

A Matter of ETHICS

Imagine that you want to have the children in your class make “community soup” an activity where each child is usually asked to bring in a food to contribute to the soup. Making a food contribution might be difficult for some of the low-income families in your class. How might you arrange this activity in a way that respects the dignity and worth of each child and family?
gastrointestinal illnesses. In urban settings children may be at risk from industrial and vehicle contaminants while in rural settings children may be at risk from agricultural sprays.

Air quality is also being closely studied. Air pollutants, including ozone, solid particulates and liquid droplets, sulfur dioxide, and nitrogen dioxide, are known to increase asthma and respiratory problems (FIFCFS, 2012). High levels of carbon monoxide in the air reduce the blood's ability to transport oxygen, which can lead to health problems. In 2010, 67% of children lived in counties where air pollution was above allowable levels. In addition, secondhand tobacco smoke can lead to increased respiratory problems, pneumonia, asthma, and sudden infant death syndrome (SIDS) (FIFCFS, 2012). Because of the overall negative impacts, the U.S. Surgeon General has identified that there is no risk-free exposure to secondhand smoke.

**Food Insecurity**

The U.S. Department of Agriculture (USDA) reports that more than 23% of children ages 0 to 17 years live in households that are classified as experiencing food insecurity (FIFCFS, 2012). Food insecurity refers to not having access to enough food at all times to maintain an active healthy life. Families who are food insecure often make changes in their diets reducing the variety, quality, and desirability of the foods they obtain (Nord, Coleman-Jensen, Andrews, & Carlson, 2010). Many rely on community emergency food sources such as food banks or social service agencies.

In 2010, food insecurity was reported among 44% of families with incomes below the federal poverty level (FIFCFS, 2012). Food insecurity puts children at risk for poor diets and related health concerns. Hunger may get in the way of children being able to focus and learn. For this reason teachers should look for signs that children are hungry, and assist families to access community resources and the school’s lunch program. Many early childhood programs participate in the Child and Adult Care Food Program which supports the children’s program to provide healthy foods for children from low-income families.

**Advocating for Children’s Wellness**

Nutrition, health, and safety are crucial to children’s wellness, their ability to learn, and ultimately develop to their full potential. Teachers, therefore, must be advocates for addressing negative influences on children’s development, and promoters for supporting children’s wellness. One way teachers begin is by making a commitment to professionalism. This commitment goes beyond the concept of “do no harm” in that it encourages teachers to purposefully take action to improve children’s health and well-being. It means being intentional about the choices made when planning environments and implementing activities for children. It also means using evidence-based practices rather than making choices based on myths or “the way it’s always been done.”

Making a commitment to professionalism encompasses the expectation that teachers develop the **dispositions** (the values, beliefs, and attitudes) that promote positive outcomes in the children they teach. Dispositions that are of particular importance in teaching include the values of fairness and equity and the belief that all children can learn. Teachers demonstrate these values every day through their words and interactions with children and families.

The decisions and actions of teachers are guided by the NAEYC **Code of Ethical Conduct and Statement of Commitment** (2011). The Code articulates the dispositions, values, beliefs, and attitudes held by professional teachers of young children. It guides teachers to recognize and defend early childhood as a valuable and vulnerable stage of life, while understanding that children develop within the embrace of their families, and respecting the dignity and worth of each individual child (NAEYC, 2011).

The Code is also a beginning point for becoming an advocate for children and families. Being an advocate means supporting actions that promote the well-being of children, such as backing
POLICY POINT Advocating for Healthy Child Development Supports Strong Communities

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

The mission statement of the Center on the Developing Child presents the notion that equalizing opportunities for all children is essential to creating the responsible and productive citizens on which society depends. Early childhood teachers are important advocates for the development of policies designed to address the issues that put children at risk for failure in school in an effort to “close the gap between what we know and what we do to support positive life outcomes for children” (Center on the Developing Child).


initiatives to provide more healthful meals in schools, and supporting efforts to provide safe parks and outdoor areas where children can play and families can socialize. Being an advocate is an endeavor that develops over the years. This commitment to professionalism unfolds as early childhood practitioners learn to take on leadership roles in their program and community and work alongside professionals in nutrition, health, and safety to improve children's well-being. The Policy Point describes the importance of advocating for healthy child development.

Within the classroom teachers express their commitment to professionalism by recognizing the importance of wellness in the learning process. They put this commitment into action by learning all they can about nutrition, health, and safety, and by putting this knowledge into practice by teaching children the behaviors and practices that lead to wellness.

TEACHING CHILDREN WELLNESS CONCEPTS

While the trends that affect children's nutrition, health, and safety are studied and addressed at national and local levels, important activities that contribute to children's wellness take place right in the early childhood classroom. Teaching children wellness concepts is exceptionally rewarding because early childhood is a time when children develop the capacity to use their learning “tools.” Their innate curiosity and motivation to explore make young children capable of learning healthful behaviors and being participants in promoting their own wellness, setting them on a healthy course for the future. To help children reach these desired outcomes, teachers must understand how children learn, know how to use purposeful teaching approaches, and be ready with a “tool-box” of ideas to implement a wellness-focused curriculum.

Understanding How Children Learn

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

Early Brain Development

At birth the brain is a relatively immature organ. Even so, the newborn child has nearly 100 billion neurons, or brain cells, that are ready to assist with growth and development. Children’s ability to learn and ultimately to function in society depends on the success of the brain to develop a complex system of neural connections. This brain growth and development is stimulated by experiences and interactions.
As children experience new information, the neurons reach out to one another, interacting and building a network of highly sophisticated connections that link the various parts of the brain. During the infant and toddler years, the brain focuses on organizing the information provided by the sensory systems of sight, touch, taste, smell, and hearing. From age 3 onward, brain development is highly directed toward growing and refining the neural connections. These links influence all aspects of children's functioning and ability to learn, such as recognizing the sounds that form language, coordinating movement, recognizing shapes and letters, and developing the ability to manipulate math functions, control behavior, and manage social interactions (Hawley, 2000; Massachusetts Institute of Technology, 2006; National Institute of Mental Health, 2011).

An important part of the process of evolving brain cell connections is a process called brain plasticity. Plasticity refers to the brain's ability to be flexible and change when new information modifies existing neural connections and expands or replaces previous knowledge. For example, young children may first learn to call all four-sided figures a square. With experience they learn that two long sides help to identify the four-sided shape called a rectangle. Later, as they learn to focus on the angled corners of the four-sided figure they learn to distinguish a trapezoid or rhombus. The original understanding of what makes a square remains while the new experiences stimulate and expand new neural connections and new understandings. Brain plasticity provides for these modifications and is an important aspect of the child's ability to learn.

Children who are provided rich opportunities for learning benefit by developing highly complex webs of neural connections that support future learning. Brain cell connections that are used again and again establish the channels for managing information and making sense of experiences and learning. Figure 1-6 depicts how the brain's complex network of connections evolves through interaction and experience. Practicing skills is a primary way of reinforcing these brain cell connections. In this way experience and learning build the "architecture" of the child's brain (Center on the Developing Child, 2007).

Children who are deprived of learning opportunities, or who experience chronic stress or toxic environments, show diminished neural development in areas of their brains, especially those that control learning and behavior (National Scientific Council on the Developing Child, 2010). A lack of interactions or negative experiences result in closing off or "pruning away" brain cell connections (Hawley, 2000). The consequence is a "use it or lose it" process. Connections that are not used are pruned away to allow the brain to be more efficient, but lack of stimulation can also result in less than optional brain development. In sum, the experiences children have, or don't have, during the formative early childhood years, establish their capacity to learn and set the course for future development.

**Constructing Knowledge**

Learning occurs when children act on things and interact with people. It unfolds as children follow their interests, select the toys and materials that intrigue them, and practice and repeat skills that are exciting to them. Providing freedom to explore allows children to test new ideas, repeat routines to reinforce existing knowledge, take in information at their own pace, and come to understand new ways of using information. This interactive process is called play. Play is the context within which children construct the knowledge base that supports their understanding of the world (Piaget, 1929).

Social interactions and language are important parts of the learning process. The ideas that children share as they talk about what they are doing and give each other ideas and directions keep them engaged and pique their interest in the learning opportunity. Teachers and families also use social interactions and language to help children focus on the significant aspects of an activity, and make meaning from what they have experienced. For example, teachers offer new vocabulary or ask questions that focus children's attention on what they are doing. With a 2-year-old the teacher might say, “See how the soap bubbles wash off your hands? That is the way we wash germs away too!” or with a 7-year-old, a teacher
might say, “You were running fast at recess. Is your heart pumping quickly? Can you feel how you are breathing hard? Why do you think your body reacts this way after running?” The teacher’s involvement helps the child focus on significant aspects of the learning opportunity. The questions provoke the child to wonder, predict, and offer ideas. Important social aspects of culture are also communicated and practiced through social interaction and language (Vygotsky, 1962).

Teachers guide the learning process by structuring experiences that are familiar and of interest to the child and that offer challenges just beyond the child’s current level of understanding and ability. This process is called scaffolding. Just as scaffold equipment provides a framework of support during a construction project, scaffolding in teaching refers to providing the series of supports that allow a child to move into new levels of understanding and higher levels of skill. Figure 1-7 depicts the steps involved in scaffolding using the example of a biscuit making activity.

Exploring in the Developmental Domains

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

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

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

Cognitive Development  Cognitive development involves learning to make meaning from the world. It includes the maturation of the sensory systems that form the basis of perception and the skills to use this information to learn. Cognitive development includes:

- Developing memory, such as learning to wash hands before sitting down for a snack.
- Using problem-solving skills, such as learning to match shapes.
- Thinking logically, such as knowing that a cat is small and an elephant is big.
- Using symbols, such as understanding gestures, reading signs, drawing, and writing.

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

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

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

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

**FIGURE 1-7**
Steps in Scaffolding Children’s Learning

• Developing the ability to make choices, take responsibility for own actions, and be capable of solving problems in social settings: “OK, you be the red guy and I’ll be the blue guy. Next time I get red.”

Learning across the developmental domains is highly interrelated. That is, successful learning in one domain affects, and is also dependent on, successful learning in the other domains (National Association for the Education of Young Children [NAEYC] & National Association of Childhood Specialists in State Departments of Education [NAECS/SDE], 2002; National Scientific Council on the Developing Child, 2007). For example, fine motor skills help children manipulate small blocks. As children build they are able to explore concepts of size comparison and balance, which enhances cognitive development. Competency in the language domain allows a child to communicate with others, building friendships that promote social-emotional development. Skills acquired through maturation and experiences in the developmental domains also set the foundation for successful learning in the kindergarten core curriculum areas including early literacy and mathematics, science, art, social science, health, and well-being. Teachers consider these interrelated aspects as they plan learning activities.

Inspiring a Positive Approach to Learning

Each child has his or her own style of learning. Understanding each child’s learning style and supporting them to develop strategies to successfully navigate various learning settings are important ways teachers help children develop a positive approach to learning. A positive approach to learning includes fostering attributes such as:

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

Activities that spark children’s interest invite them to interact with materials and process ideas and concepts at their own pace, thus reinforcing positive perceptions about learning.

Planning with Purpose

Teaching is an interactive process that requires purposeful and intentional planning, making it more than a gathering of interesting activities that children enjoy. Informed decisions must be made about how to assemble the environment and how to present activities to optimize learning. Purposeful teaching focuses on structuring activities that help children learn desired concepts. It is this purposeful approach that characterizes high-quality teaching and is associated with greater academic gains among young children when they enter kindergarten (Howes et al., 2008). Purposeful teaching involves making a commitment to use evidence-based approaches, by following developmentally appropriate practices, applying a variety of teaching approaches, and including culturally relevant experiences.

Using Evidence-Based Practices

Effective practitioners need to know and understand the interventions and practices that are most successful in providing for children’s nutrition, health, and safety. These are called evidence-based practices. They include approaches that are credible and reliable in effecting positive change, such as improving a particular skill, promoting knowledge, or achieving a specific quality standard. Reputable sources for evidence-based practices regarding children’s nutrition, health, and safety include the National Institutes of Health, Office of the Surgeon General, American Dietetic Association, American Academy of Pediatrics, and Consumer Product Safety Commission. Guidance from credible sources such as these prepares teachers to know what to do, how to do it, and why.
Evidence-based practices specify the particular underlying principles and activities that lead to effective outcomes. Familiar evidence-based practices for early childhood form the basis for developmentally appropriate practice (DAP) outlined by the NAEYC (2009a). DAP guides teachers to consider three important aspects as they establish environments and interventions to best meet children’s needs:

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

Staying informed about the practices that are supported by professional consensus also helps teachers avoid following approaches that are heavily based in opinion and personal preference. Planning wellness goals for nutrition is a good example. Nearly everyone has an opinion about food and what constitutes a healthful diet. Many cultural values are related to food with respect to what is eaten and how it is prepared, and families may follow a variety of dietary practices.

The nutrition messages that teachers present should address basic information and behaviors that are commonly understood to advance health and well-being. Focusing on basic practices can often bridge differing points of view. For example, the wellness concept of “Food should be clean and carefully prepared” is a basic practice that everyone would value. Established health and nutrition practices recognize that germs and potential toxins can be found on unwashed fruits and vegetables. Focusing the nutrition wellness lessons on basic and evidence-based concepts gives teacher’s confidence that the nutrition message is credible.

Another aspect of evidence-based practice is the purposeful teaching cycle, as depicted in Figure 1-8. This approach puts teachers in the role of research investigators. In order for the evidence-based approach to be successful, it needs to be applied in a way that interests children and fits their readiness to learn. Even as the activities are presented, teachers constantly observe how children participate in and respond to the wellness lessons. Adjustments are made if children are struggling to understand a concept or if they are not interested or engaging in the activity. Observation and evaluation guide teachers to follow up on activities that are especially enjoyed by children, allowing children’s interests and ideas to extend the lesson, bringing the teaching process full circle.

**Engaging in Developmentally Appropriate Practices**

The purposeful teaching plan should be based on developmentally appropriate practices. That is, activities must fit children’s developmental capabilities and readiness to learn. Children are most able to learn when the experiences are appropriate for their age, stage of development, and individual maturity level (NAEYC, 2009a; developmentally appropriate practice (DAP) a teaching approach that addresses the child’s age and maturity, individual characteristics, and the context in which the child grows and develops

This video describes two aspects of developmentally appropriate practice. Not mentioned is the third aspect, considering children’s development within the context of family, neighborhood, society, and culture. As you watch, think about how all three elements of developmentally appropriate practice can be used in planning a wellness curriculum.
Teaching using developmentally appropriate practices matches tasks with the child’s level of understanding and skill in order to appropriately scaffold the learning experience. Infants, toddlers and preschoolers, and early elementary age groups each have a specific style and developmental readiness to learn.

**Infants** Babies ages birth to 18 months learn foremost through sensory exploration and movement. Piaget (1929) calls this the *sensorimotor period*. Touching toys, bringing a toy to the mouth and exploring its sensations, and moving arms, legs, hands, head, and torso are a baby’s method of learning and discovery. Increasing coordination and motor skill development such as rolling over, crawling and walking, and recognition of an object’s permanence (the continued existence of an object even though it is out of sight) are examples of the ways learning is demonstrated. Teaching infants wellness concepts involves:

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

**Toddlers and Preschoolers** Children ages 16 months to 5 years of age tend to use their intuitive curiosity as the motivation and method for learning. These children explore the environment without preconceived notions. They use their sensory and motor capabilities to touch and manipulate toys, explore their uses, and begin to organize newly discovered information. For example, a toddler may attempt to sit on a doll house-sized chair, showing awareness of the purpose of the toy, but not yet recognizing the disparity of her size compared to the size of the toy chair. A preschooler may use a block as part of a road for a toy truck or in other play, as a cellphone.

Through play and exploration, children in this age group begin to organize their understanding by using increasingly complex spoken language. They also begin to use symbols to represent ideas, such as drawing pictures of themselves with their family. Piaget (1929) called this the *preoperational period* in recognition of the child’s need to experience the environment in order to begin the process of understanding it. Wellness activities for toddlers and preschoolers are promoted by:

- Providing ample opportunity for children to explore their ideas by manipulating materials such as real and toy foods and utensils and dramatizing wellness scenarios in dramatic play settings such as getting a shot or receiving a bandage “to stop the blood from the accident.”
- Offering planned activities that guide children to learn nutrition, health, and safety rules, such as washing hands before eating or sitting down to eat to avoid choking.
- Using language to support understanding of wellness concepts: “Closing the gate keeps everyone safe” and “Covering your mouth when you cough keeps your friends and teachers healthy.”

**Early Elementary-Age Children** Children ages 5 to 8 learn best when they can explore ideas in real and tangible ways. Providing actual experiences helps this age group to grasp the facts of an idea. For example, using blocks to explore the math concepts of addition and subtraction helps to ground the concept of quantity in real terms. Collecting the classroom’s paper garbage for a week helps children to visualize how much paper is used and clarifies the importance of recycling much
more than simply talking about recycling. Planned wellness activities that are rich with hands-on opportunities are important for teaching this group, which Piaget (1929) termed the *concrete operations period*. Wellness activities for elementary school children include:

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

Because learning emerges in different ways for different age groups, teachers must establish approaches to teaching about wellness that are not just a simplified form of activities that are used with older age groups, but activities that are purposeful and appropriate. Figure 1-9 provides an example of a wellness curriculum that shows how each age group is capable of learning about fruits and vegetables according to their developmental readiness.

**Employing a Variety of Teaching Strategies**

Curriculum planning provides an opportunity for teachers to apply a variety of teaching strategies that are suitable to convey the intended message and to meet children's needs. Variety does not mean random or haphazard. It refers instead to using a diversity of approaches to engage children's interest and participation. It also allows teachers to fit the teaching approach to the desired wellness message. Some commonly used teaching approaches and their descriptions are listed next.

- **Child-selected play**—allows children to be self-directed as they are free to choose the activities that are of greatest interest to them and to play at that activity until they are ready to make a change. In this

![Diagram of planning a wellness curriculum to fit children's developmental capabilities](image)

**FIGURE 1-9**

Planning a Wellness Curriculum to Fit Children’s Developmental Capabilities
Note: Cheese, although a dairy product, is considered a meat/protein alternate when counting food components for CACFP. Also, only two components in any combination are required for snacks.

opportunity for children to experience, internalize, and understand all manner of lessons that
would not otherwise be available to them. Talking about the temperature of an ice cube is one
approach, but this does not convey the concept of cold with nearly the impact that holding an
ice cube provides.

- **Process-oriented activities**—engage children in the enjoyment of using and creatively exploring
materials; a goal guides the plan, but the focus is on the process rather than on a particular prod-
uct. For example, Sue offers a variety of craft supplies for children to self-select on their own.
Wilson offers bike helmets and knee pads in his dramatic play setting for the preschool class,
allowing children to explore sporting equipment designed to increase safety.

- **Project learning**—refers to a series of related activities that emerge from children’s interests and
evolve across a period of time until the children determine that the topic has been exhausted. This
approach allows children to become invested in a topic, supports participation in their own learn-
ing, and teaches persistence. The teacher’s role is to nudge thinking by helping children formulate
their questions and identify where they can search out the answers. Topics could include an
depth study of insects, creating a group collage of 100 leaves, or exploring how food gets from a
farm to the child’s lunch table.

- **Incidental learning**—this kind of teaching occurs when teachers take advantage of situations that
arise to teach a concept. An incidental learning situation might include noticing a child watch-
ing the birds at the birdfeeder outside the window and taking advantage of the moment to talk
about the foods that birds eat to keep healthy, and relate the idea to foods that children eat to
grow strong and healthy.

**Including Culturally Relevant Approaches**

To be most effective, wellness activities should be compatible with the child’s family and cultural
experiences. The NAEYC (2011) reports that “Continuity between home and early childhood
settings supports children’s social, emotional, cognitive and language development” (p. 1). This rein-
forces the notion that children learn best when the early childhood activities and lessons are valued
and relevant to their home culture.

Knowledge of each family’s approaches to nutrition, health, and safety helps guide teachers to create
appropriate wellness activities. For example, learning to take an appropriate serving size during family-
style meal service at preschool is one way of practicing healthful eating behaviors. However, a child might
be confused by this lesson if the practice at home is for the adult to serve the child. Some families believe
that children should eat all that has been served, whereas the classroom approach may be to encourage
but never force children to eat. Ways of thinking about what causes disease or how to manage illness can
also vary greatly between school and home. Engaging in conversations about such topics helps teachers
and families find ways to explore wellness practices in ways that are compatible for both school and home.

Children who are English language learners often benefit from learning new concepts in their
home language before or alongside learning them in English. The familiarity of the home lan-
guage adds credibility to the message and ensures that children fully understand complex issues.
This is important when teaching safety skills, such as staying away from poisonous products, using
playground equipment safely, or not playing near traffic. Teachers need the support of families and
language resource personnel to ensure that each child in the class has access to important wellness
information in their home language.

**Designing a Wellness Curriculum**

An effective wellness program is established by identifying appropriate wellness messages, including
nutrition, health, and safety themes, addressing local wellness needs, drafting activity lesson plans,
and ensuring that the plans allow all children to be included.

**Identifying Developmentally Appropriate Wellness Messages**

Most teachers will naturally teach children about the importance of eating healthy foods, washing
hands, and covering coughs to keep from spreading germs, and how to stay back from traffic and cross
the street with an adult. These are wellness messages, or lessons that children are capable of understanding, and that when practiced can become habits that contribute to the child’s health and well-being.

Formally designed health and safety goals have been established to help guide the development of a comprehensive program of wellness activities for young children. Wellness goals for children include these examples of capabilities that children will learn to demonstrate (American Association for Health Education, 2007):

- Describe how to prevent communicable disease by showing how to cover coughs.
- Show how friends can influence health behaviors through dramatic play.
- Identify community helpers who are health providers (doctor, dentist, nurse).
- Demonstrate healthy ways to express needs and feelings by giving a puppet show.
- Give an example of a health-related decision (I am hurt, hungry, or sleepy).
- Recognize a healthy activity, like drinking water or brushing teeth.
- Demonstrate a safe behavior sitting and chewing carefully while eating.
- Tell others about a healthy behavior, like telling their family that being active is good.

Appropriate wellness messages encompass the concepts of nutrition, health, and safety and should form the foundation of the curriculum plan. Examples are presented in Figure 1-11.

In addition, some wellness messages may be needed to address safety aspects specific to the community. For example, while avoiding germs is an important wellness concept for all children, staying away from the ocean is an important safety concept for children who live along the coast, and learning to ride the subway safely is important for children who live in the city. The wellness curriculum should be planned to include activities that address such local issues.

**Reviewing Activities for Safety**

Teachers use the planning process to evaluate each activity for appropriateness and safety. This is especially important when trying new ideas that have been gathered from curriculum resources including the Internet. Each idea needs to be assessed with the specific group of children in mind. Some examples in the planning and safety review process include:

- Consider the credibility of the curriculum resource: Is the source reputable? Is the source selling something?
- Think about the message being promoted: Is the message appropriate for the class? Can the message be adapted to better fit the needs of the children?
- Study each activity for potential dangers: Are the materials used safe and appropriate? Should any adaptations be made to improve safety?
- Imagine how the activity will be set up: Are there potential dangers related to the ways children will be involved?

**FIGURE 1-11 Sample Wellness Messages**

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Food helps our bodies grow strong and be healthy.</td>
<td>- Wash hands to get rid of germs.</td>
</tr>
<tr>
<td>- Our bodies need a variety of foods every day.</td>
<td>- Parents, doctors, and dentists can help if you get sick.</td>
</tr>
<tr>
<td>- Only eat the food that our family or teachers serve us.</td>
<td>- Stay away from things that are hot.</td>
</tr>
<tr>
<td>- Drink water every day.</td>
<td>- Follow the rules to keep safe.</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>- Go to a parent or teacher if you need help.</td>
</tr>
<tr>
<td>- Germs can make you sick.</td>
<td>- Hold hands and cross the street with an adult.</td>
</tr>
<tr>
<td>- Cover our coughs to keep from spreading germs.</td>
<td></td>
</tr>
</tbody>
</table>
• Anticipate how the activity will be supervised to ensure safety: Is a teacher needed within an arm’s length to direct the activity or can children interact with the materials under general supervision?

Thinking about safety issues during the planning process is an important step in presenting safe and appropriate wellness activities.

**Drafting Activity Lesson Plans**

Planning to teach wellness messages is thoughtfully done to ensure that activities are relevant, organized, and developmentally appropriate. Each activity should have an identified purpose, be thought through from start to finish, and include a method for evaluating whether the goal was achieved. Lesson plans typically include components and actions such as those listed below.

• *Teaching wellness message.* Capture the overall concept in a short summary statement.
• *Learning outcome.* Identify what children will know and be able to do after participating in the activities designed to teach the wellness concept.
• *Vocabulary focus.* List the words that may be new to the children, and that should be defined and explained by the teacher.
• *Safety watch.* Describe the safety issues that must be considered when presenting the activity and offer suggestions to address them.
• *Target age group.* Identify the age group for which the activity is appropriate.
• *Goal.* State the age and developmentally appropriate skill the children will be able to show, or the information the children will be able to tell about as a result of the activity. Use a phrase such as, *children will be able to* . . . and verbs such as, *demonstrate, show, tell, discuss,* or *explain.* Activity goals usually describe a step in the process of achieving the learning outcome.
• *Materials.* List the materials needed to conduct the activity.
• *Activity plan.* Explain what the teacher will do to prepare and teach the activity. Describe the steps of what the children will do.
• *How to adjust the activity.* Describe ways to adjust the activity to meet the needs of all children, such as those who are English language learners, or children who have special developmental or health needs. Give ideas for supports, such as offering adaptive scissors for a child with motor skill challenges, or revising a recipe for a child who has a food allergy.
• *Did you meet your goal?* Draft questions to guide reflection about whether the children achieved the desired goal. Can they show the desired skill or tell about the focus information? Use these observations to recognize aspects of the activity that worked well and those that need to be changed for next time.

Written lesson plans demonstrate how each activity contributes to the overall wellness program. Figure 1-12 provides an example of a wellness activity plan using this approach.

**Including All Children: The Individuals with Disabilities Education Act**

Many children with developmental challenges participate in today’s early childhood classrooms. This has not always been the case. Before the initiation of federal laws ensuring the rights of children with disabilities to a free and appropriate public education, only 1 in 5 children with disabilities received services to address their early education needs. In 1975 Congress enacted the Education for All Handicapped Children Act (Public Law 94-142) enabling young children across the nation to receive early intervention (for children birth through age two) and special education services (for children ages 3 to 21). These services aim to prepare children and youth for further education, employment, and independent living.

Since that time the law has been reauthorized, most recently with the Individuals with Disabilities Education Act (IDEA) of 2004. The IDEA has four main objectives (U.S. Department of Education, 2007):

• To ensure a free and appropriate public education for all children with disabilities.
• To protect the rights of children with disabilities.
FIGURE 1-12  Sample Wellness Activity Lesson Plan

Teaching wellness message: All living things need water.
Learning outcome: Children will learn that their bodies need water to be healthy and grow.
Vocabulary focus: water, oxygen, sweat, nutrients, active play, less active play, thirsty.
Safety watch: Conduct the activity in an open area where children can move safely. Ensure there is space around each child, and monitor that children keep from bumping one another. Supervise the serving of water for cleanliness.
Target age group: Preschool and elementary.
Goal: Children will be able to name the times when it is important to drink water.

Materials: A variety of picture cards showing children engaged in active play (sports, hiking, playing on playground), and less active play (reading, making a puzzle, building with blocks), cups, cold water.
Activity Plan: Gather children in a space where they can move freely. Introduce the activity by talking about how our bodies need water to make healthy blood (so our brains can get the oxygen we need to think); it lets our bodies sweat so we can cool down; it helps with digestion so our bodies get the nutrients we need to grow. Talk about times when your body might get thirsty and you need to drink water (when you wake up in the morning after a long night’s sleep, at meal times, when it is hot, and before, during, and after you play hard). Give examples of times when it is less likely that your body will get thirsty (less active play like reading, painting, playing with trucks). After this kind of play it is not as likely that your body will get thirsty, so it is not so important to drink water. Now introduce the game. Show the children the picture cards. Guide them to jump up if they see a picture showing children playing actively (when it is important to drink water) and sit down if they see a picture card showing children being less active (when it is less important to drink water). After children have learned the game, invite one of the children to show the cards. When you are done playing ask the children to sit down and offer them a cup of cold water. Remind them that the body needs water to do its work and to grow. It is especially important to drink water before, during, and after active play.

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

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

- To support states to provide special education services.
- To ensure that early intervention programs are effective.
Currently more than 200,000 infants and toddlers and their families receive early intervention services and 6.5 million children and youth receive special education services each year (U.S. Department of Education, 2010). The majority of these children participate in classrooms with their typically developing peers.

Early childhood teachers participate with families, physicians, and others in identifying children who may be eligible to receive services through the IDEA. Children with observable developmental delays are referred to the local education agency (LEA), which has the responsibility to provide early intervention and special education services. The LEA conducts assessments to determine the nature of the child’s developmental delay and to ascertain if the disability hinders the child’s educational progress. Children may be identified for service based on hearing, vision, speech, orthopedic or other health impairments, autism, pervasive developmental delay, or other learning disabilities.
When children are identified for special education services, families, teachers, and special education professionals work together to create an individualized family services plan (IFSP) for infants and children birth through age 2 or an individualized education program (IEP) for children 3 to 21 years of age. These plans describe the child's disability, including how it affects the child's learning. Goals are listed to promote and track the child's educational progress, and plans are made to select an early childhood placement that offers the least restrictive and most appropriate environment.

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

**Accessing Supports for Teachers**

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

**Children's Literature**

Children's books provide a wonderful way to introduce wellness topics. The colorful presentation and engaging characters focus children's attention on specific messages, such as foods to eat for good health, what happens when you visit the doctor or dentist, and ways to keep safe. In response to the growing interest in teaching children wellness concepts, authors and vendors offer picture books on a variety of nutrition, health, and safety topics. As always, teachers need to review these resources to ensure that the message is reflective of current trends in wellness and that the presentation is appropriate for the age and maturity of the children. Teachers often develop a list of their favorite books for teaching particular topics, adding to it when new resources are discovered. A beginning list of children's literature is offered in Figure 1-13. Other lists of appropriate children's literature for wellness topics can be found on the NAEYC and American Dietetic Association websites.

**Curriculum Books and Internet Resources**

Curriculum books and the Internet provide ready access to a variety of activity ideas and directions for implementing wellness lessons for young children. It is important for teachers to assess the activity ideas, weighing them against the developmental capabilities of the class, and making any needed adaptations. Figure 1-14 provides examples of teacher resources that are particularly suited for a wellness program.

**Professional Development Training**

Commitment to continuing education is a quality of successful teachers. Accessing professional development opportunities related to children's health and wellness, attending seminars and workshops, and participating in in-service training are all ways to learn about resources to support effective teaching. All early childhood teachers and most elementary school teachers are required to participate in periodic health and wellness training, such as infant and child first aid and cardiopulmonary resuscitation. These trainings often include updates about nutrition, disease, and injury prevention.

Membership in professional organizations is another way to keep current on wellness trends and to learn about resources. Membership in the National Association for the Education of Young Children connects teachers to a multitude of resources and information that are directly applicable to the education of young children. The NAEYC conferences are popular venues for learning and exchanging ideas about teaching young children.
Creating partnerships with families and community members is an important aspect of the wellness initiative. Parents, who are the first teachers of the young child, have much to share about how their child learns and the goals they have for their child in the early childhood setting. Community members bring expertise to inform the plan. Teachers also want to share the important outcomes that they are fostering as children participate and learn in the early childhood classroom. Working together, families, community members, and teachers create a team to implement mutual goals for children’s wellness. This partnership is founded on working together to develop the wellness curriculum, creating strategies to reinforce wellness behaviors at school and home, guiding families to access resources when necessary, and building relationships with community health providers.
Collaborating in Curriculum Development

Families and community members are significant resources for teachers when designing a wellness curriculum. A partnership approach helps ensure that the wellness messages glean ideas from important resources and are part of a broader community of health and wellness efforts.

Partnering with Families
Inviting families to participate in the development of the wellness program is an ideal way to gather a variety of suggestions about wellness topics and activities. Often wellness topics emerge from the questions and challenges families face in ensuring their child’s good nutrition, or teaching their child a healthy practice, like brushing their teeth. Families bring ideas about their culture and ways of thinking about wellness. They can offer perspectives the teacher may be unaware of, and often parents will volunteer to help plan culturally appropriate activities to teach children and families about nutrition, health, and safety. Families are also uniquely able to provide ideas about how to adapt activities to address children’s special developmental needs or challenges.

A variety of perspectives and ideas emerge when teachers encourage families to share personal stories about their family traditions and ways they keep their children healthy. These discussions also offer a forum for discussing conflicting points of view if there is disagreement. When this happens, the group might invite a health provider to participate in the discussion.

Other ways to invite the involvement of all families includes establishing a wellness program message board, blog, or inviting families to e-mail their ideas to add to a bulletin board display. Such activities encourage a climate of participation and sharing which improves the quality of the wellness plan, and expands the idea that everyone shares in the responsibility of teaching children about healthful practices.

Engaging with Community Resources
Community health care professionals are another good source of information and ideas when designing the wellness-oriented curriculum. Physicians, nurses, dentists, hygienists, and other community health providers bring expertise about current health issues, and goals for promoting healthful behaviors. When invited to be part of the wellness team they are often willing to come...
into classrooms to talk with children and visit with families, or provide a tour of their health facility. They may also be available to offer training for teachers and families, which broadens the impact of the wellness effort.

Some early childhood settings convene a health services advisory committee, made up of parents, teachers, and community health providers, to discuss program health and wellness practices and offer advice about program policies and procedures. In turn, the health care provider gains a better understanding of the important roles that teachers play in providing healthy and safe environments for children and guiding children to develop positive health behaviors. Inviting community partners to engage with early childhood teachers and families creates a partnership of support and understanding across the service systems.

Reinforcing Wellness Concepts at Home and School

The collaborative relationship built between the teacher and families increases the likelihood that wellness concepts taught at school will be reinforced at home. Communication and role modeling are important elements of this collaboration.

Communicating About Wellness Goals

School-to-home communication is an important part of creating a partnership around wellness. When families know what wellness topics are being discussed at school, they can reinforce the ideas at home and encourage their child to show or talk about what they have learned. Examples of common wellness messages to share with families include (NAEYC, 1999):

- Provide nutritious meals.
- Ensure children get sufficient sleep.
- Identify a regular medical provider.
- Obtain recommended immunizations.
- Keep children home when they are sick.
- Encourage physical activity.
- Protect children from harm.

Shaping these ideas may introduce new information for some families or serve as a reminder for families to practice the healthful behaviors at home.

Communicating with families about the topics covered in the wellness curriculum is needed for another important reason. Some wellness topics, especially those that relate to health and safety, have the potential to raise concerns or potentially frighten children. For example, even a carefully presented lesson about evacuating the classroom for a fire drill may introduce worries in children who are mature enough to recognize that a fire could happen and that fire is very dangerous. Ongoing communication is important in order for families to recognize when such activities are being discussed, so they can observe for signs of worry and ensure children that the family and the health and safety workers will take care of them. Figure 1-15 provides an example of ways children’s artwork can share a wellness message being explored in the classroom.

Sharing Community Health Information

Teachers also serve as a resource for families, informing them of community health issues, such as food safety alerts, new immunization requirements, or product safety issues. To best serve in this role, teachers must keep aware of emergent health issues that could affect both the classroom and the home setting. Having a plan to communicate important wellness information is helpful, such as establishing a special bulletin board for important news or creating a family e-mail list. These outreach efforts
Sometimes teachers need to communicate concerns about a child’s health. When talking with families, remember to:

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

**HEALTH HINT**

Talking with Families About Children’s Health

Demonstrate the teacher’s commitment to child well-being, assist families to develop networks of support, and guide them to access the services children may need.

**Providing Guidance When Needed**

Sometimes teachers provide guidance for families if there is a concern for a child’s unmet health or safety need. Building a strong relationship helps make discussions of health issues a natural part of the teacher and parent relationship. This “normalizes” such conversations making it easier and more comfortable for both teachers and parents to talk about concerns. Teachers may recognize when families are experiencing difficulties that could jeopardize children’s well-being. As an example, parents who experience high levels of stress may be less able to take prevention measures to reduce their child’s risk of injury or illness (Aleman, Niles, Shafer-King, & Miller, 2008). Engaging in sensitive health discussions may be difficult but is an important part of the teacher and parent relationship. The Health Hint offers guidance for communicating with parents when difficult concerns must be shared.

**Being Healthful Role Models**

Children learn by watching others, including their family and teachers. Helping children learn healthy habits requires that these important role models have knowledge about wellness practices, a healthful attitude, and physical energy. It means letting children see how you put your healthy ideas into practice. Here are ways to set a good example for children (American Academy of Pediatrics, 2007):

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

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

Making the commitment to be a healthful role model for young children is one way teachers align with the high standards of the teaching profession. It requires dedicating time and resources to pursue professional development activities that contribute to the teacher’s knowledge and understanding of excellence in professional practice. This effort calls on early childhood teachers to be willing to reflect on their current practices, to identify both personal strengths to further enhance and areas where additional professional development is needed. The self-inventory in Figure 1-16 offers a guide for developing professional competencies in nutrition, health, and safety for young children. Successful educators are open to new ideas and approaches that will improve their capacities to be healthful role models as they promote children’s abilities to grow and thrive.
FIGURE 1-16  Self-Inventory for Wellness Practices

How much do you know about your own health and well-being? How much do you know about the nutrition, health, and safety practices of young children, from birth to age 8?

<table>
<thead>
<tr>
<th>Personal Practices</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Reflections and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I eat vegetables and/or fruits at every meal.</td>
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<tr>
<td>I drink skim or 1% milk and choose low-fat cheeses.</td>
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<tr>
<td>Half of the grains I eat are whole grains.</td>
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<tr>
<td>I am overweight.</td>
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<tr>
<td>I feel rested when I wake up each day.</td>
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<tr>
<td>I smoke.</td>
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<tr>
<td>I get at least 150 minutes of cardiovascular exercise every week.</td>
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<tr>
<td>I wash my hands with soap and water after I use the bathroom.</td>
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<tr>
<td>I eat fast food.</td>
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<tr>
<td>My vaccinations are up to date.</td>
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<tr>
<td>I have a primary care physician or a “medical home.”</td>
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<tr>
<td>I get a flu shot each year.</td>
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<tr>
<td>I have a dental checkup at least once each year.</td>
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<tr>
<td>I wear a seat belt and avoid talking on a cell phone or text messaging when I drive.</td>
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<tr>
<td>I follow bicycle safety rules when I am riding on the road.</td>
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<tr>
<td>I wash fresh fruits and vegetables before I eat them.</td>
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<tr>
<td>I get 8 hours of sleep most nights.</td>
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<tr>
<td>When I teach children I dress appropriately so I am comfortable playing outdoors with them.</td>
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<tr>
<td>I recognize signs of illness and stay home when I am ill.</td>
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<tr>
<td>I develop friendships and enjoy socializing and laughing with others.</td>
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<tr>
<td>I have friends/family with whom I can consult when I have concerns.</td>
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</tbody>
</table>
### FIGURE 1-16  Self-Inventory for Wellness Practices (Continued)

<table>
<thead>
<tr>
<th>Young Children’s Wellness Practices</th>
<th>I Was Aware of This</th>
<th>I Was Somewhat Aware of This</th>
<th>I Was Not Aware of This</th>
<th>Reflective Questions and Things I Want to Learn About</th>
</tr>
</thead>
<tbody>
<tr>
<td>The medical field recommends that, ideally, infants should be exclusively breast-fed for the first 4 to 6 months.</td>
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<tr>
<td>It is recommended that adults replace infants’ use of a bottle and nipple with a cup after 12 months of age.</td>
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<tr>
<td>Children age 2 and older should drink skim or 1% milk unless they are underweight.</td>
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<tr>
<td>Children should be served fruits and/or vegetables at meal and snack times.</td>
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<tr>
<td>Children should be offered but not forced to eat any food including a “no thank-you bite.”</td>
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<tr>
<td>Fresh fruit should be served rather than juice because it adds fiber to the diet.</td>
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<tr>
<td>Breakfast is a very important meal and enhances learning.</td>
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<tr>
<td>Children should have their first dental visit by their first birthday.</td>
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<tr>
<td>Families are children’s first teachers, but teachers can have tremendous influence over young children’s health and well-being.</td>
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<tr>
<td>Being outside in cold weather does not, by itself, give a child a cold.</td>
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<tr>
<td>Play promotes cognitive development.</td>
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<tr>
<td>Building relationships with nurturing adults promotes children’s development.</td>
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<tr>
<td>Children should be physically active every day.</td>
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<tr>
<td>TV viewing should be limited to 1 to 2 hours or less per day and children under age 2 should not view TV at all.</td>
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<tr>
<td>Even very young children can learn ways to keep safe.</td>
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</tbody>
</table>
Wellness is established on the building blocks of nutrition, health, and safety which work together to increase children's abilities to develop and thrive in the educational setting. Teachers are second only to families in guiding children's healthful development, making the study of these wellness components crucial to successful teaching.

Many complex influences affect children's lives and their ability to learn. A growing multicultural society, diverse family structures, food insecurity, and the impacts of poverty are some of the factors that must be understood in order to establish classroom approaches that meet children's needs.

Young children are capable of learning behaviors that will contribute to their well-being throughout life. To optimize this opportunity, teachers must understand how children learn and be capable of planning a wellness program that is relevant and developmentally appropriate for the children they teach.

Teachers, families, and community members are partners in the effort to improve children's wellness by helping them build capabilities to live healthful lives. Teaching wellness is a process of discovery that promises positive benefits long after children have grown beyond the early childhood years.

Never before has the value of the early learning years been recognized with such enthusiasm and intensity. Teachers offer significant contributions to the health and vitality of children, families, and communities making it an exciting time to be a teacher of young children. This text guides teachers to understand the interrelationship of nutrition, health, and safety, and provides background information sufficient for teachers to feel confident in their ability to create learning environments and teaching approaches that will make a significant contribution in children's lives.

KEY TERMS

Developmentally appropriate practice  Obese  Overweight
Diet  Oral health  Wellness

NUTRITION NOTE  Adults Are Important Models for Healthful Eating

Overall more adults report that they “have a good attitude toward diet and exercise” and that they “are doing all they can to eat healthfully.” This is a promising trend for the health and well-being of both adults and children. Families and teachers who model eating nutritious foods and healthful eating practices encourage children’s acceptance of wholesome foods and teach positive eating habits. This contributes to children’s wellness.

REVIEW QUESTIONS

1. How do nutrition, health, and safety interrelate to affect children’s wellness?

2. What factors influence children’s wellness and why are these influences important for teachers to understand?

3. What does it mean to teach wellness “across the curriculum” and why is this important?

4. What are the benefits of partnering with families and community members when planning a wellness program?

DISCUSSION STARTERS

1. Consider the term wellness. Make a list of words that describe wellness to you. What would wellness look like in a young child? Describe how nutrition, health, and safety contribute to your interpretation of wellness. Share your list and reflections with others.

2. Reflect on the complex influences that impacted the nutrition, health, and safety of children in the community where you grew up. How would you describe the typical family in your home community? Were resources available to assist families who had needs? What community services benefited you during your early development?

3. Identify wellness topics that would be especially important to teach children in the community where you live and explain why. Describe a wellness message that would be appropriate for these children, and discuss some of the teaching strategies and activities you would use to teach your identified wellness message.

4. Consider the cultural diversity present in your community. What aspects of each tradition would contribute to the plans for teaching children about nutrition, health, and safety wellness? What community partners would you invite to help create an appropriate wellness curriculum for young children?

PRACTICE POINTS

1. Gather more information about the National Children’s Study. What environmental, biological, genetic, and psychosocial factors are being discussed that may influence different phases of children’s growth and development? What connections are being made between these factors and health and disease?

2. Identify an issue in your community that challenges children’s wellness. Investigate the topic to learn about the scope or size of the problem, and talk with others to learn what is being done to address the issue.

3. Select a wellness message related to each of the foundations of wellness: nutrition, health, and safety. Brainstorm a list of topics and activities that could be used to teach each message. Work with a teacher to implement one of your activities and reflect on its effectiveness.

4. Contact a child care, Head Start, school, or community health agency to learn if they implement a health or wellness curriculum for young children. Ask how parent and community members are involved in the wellness activities. Learn about any challenges, successes, or lessons learned from their effort.
WEB RESOURCES

Healthy Child Care America  
www.healthychildcare.org

National Association for the Education of Young Children  
www.naeyc.org

National Scientific Council on the Developing Child  
www.developingchild.net

The National Children’s Study  
www.nationalchildrensstudy.gov

U.S. Department of Education, Building the Legacy: IDEA 2004  
http://idea.ed.gov

MyEducationLab™

Go to Topic 13 (Wellness Curriculum) in the MyEducationLab (www.myeducationlab.com) for your course, where you can:

• Find learning outcomes for Wellness Curriculum along with the national standards that connect to these outcomes.

• Complete Assignments and Activities that can help you more deeply understand the chapter content.

• Apply and practice your understanding of the core teaching skills identified in the chapter with the Building Teaching Skills and Dispositions learning units.

• Check your comprehension on the content covered in the chapter by going to the Study Plan in the Book Resources for your text. Here you will be able to take a chapter quiz, receive feedback on your answers, and then access Review, Practice, and Enrichment activities to enhance your understanding of chapter content.