WEEK 1--Chapter 1: Interrelationship of Health, Safety and Nutrition--Due 9/2
INTRODUCTION: Please read the course Syllabus & Announcement page in Blackboard. Take the Orientation Quiz.
1. Week One: READ Chapter One.
2. REVIEW Ch.1 with the Study Guide, & Powerpoint Lecture.
   (You will not submit the Study Guides to your instructor--They are to help you review the chapter.)
3. ACTIVITY: Find a current article having to do with childhood concerns in the Sacramento Area. You may use the Article Review Form to organize your thoughts. Turn-in your article review using the turn-it-in link.
4. Participate in DISCUSSION: Topic 1--Childhood Concerns in the Sacramento Area.

WEEK 2: Chapter 2--Promoting Good Health--Due 9/9
1. Week Two: READ Chapter 2.
2. REVIEW Ch.2 with the Study Guide, & Powerpoint Lecture.
3. ACTIVITY: Take a close look at your own community (neighborhood). Write 5 days of observations looking at your community.
   Be sure to discuss:
   (a.)The physical, social, emotional, economic and cultural environments of your community. Look at cultural practices that may be present in your community. List these practices and their cultural origins.
   (b.)Compare and contrast your neighborhood community to the greater Sacramento area. Use the textbook to justify your statements.
   (c.)SUBMIT your observations via the Community Observation LINK in Blackboard.
4. DISCUSS: Draw conclusions from your observations and share what you discover with the class. Discuss the differences and similarities between your communities.
Health, Safety & Nutrition for the Young Child

Source of Article: __________________________________________

Author: ___________________________ Date of Article: __________

Title: ______________________________________________________

Childhood Concerns in the News
Look for a current article that addresses concerns for children.
Need ideas of things to look for? Try: Child Abuse, Poverty, Licensing
Regulations. Evaluate the article using the supplied article review form

1. INTRODUCTION:
   a. What is the main topic, or issue presented in the article? Why did the
      author write the article? (In your own words.)

   b. How does this reading relate to our textbook’s issues or themes? Why did
      you choose this article for this class assignment?

   c. Overview: What are the author’s main premises? What issues are raised?
      What situation is the basis for the article?
2. WRITE THE BODY/ OR THE CENTER OF YOUR PAPER: Summarize and evaluate the major points you have chosen from the article.

a. What are the author's most important points?

b. What type of information does the author present to support his/her points?

c. Is the author's thinking logical? Where does the author do a good job of conveying factual material as well as personal perspective?

d. Where (if at all) does the author convey personal prejudice?

e. Question Authority: What is your critical evaluation of the article? On what do you base your opinion? Keep your opinions distinct and cite your sources.
3. **WRITE THE CONCLUSION:** Use the conclusion to state your overall evaluation.
   a. Is the article objective according to the author’s purpose?
   
   b. How well does the work maintain its focus? Does the author ignore relevant information?
   
   c. How well has the author achieved the overall purpose of the article?
   
   d. What is the most important final comment you wish to make about the article?
Health, Safety & Nutrition for the Young Child

Children's Health Safety & Nutrition

ACTIVITY Community Observations: 5–DAY JOURNAL

Think of this assignment as a five-part essay exam. You will complete one essay question per day. In JOURNAL FORMAT Write your observations for ONE DAY AT A TIME, then click on the SAVE button. You will return to the "test" for the next day's observation—that will be completed in the next "question" area. There are five questions—one for each observation day. PLEASE DO NOT click on the SUBMIT button until you have completed all FIVE OBSERVATIONS. If you accidentally click on submit, I will have to clear out the entire test and your data will be lost. You may consider writing and saving your observations on a disk, then cut and paste into this daily observation form. Good Luck!

DAY 1: OBSERVATION– Please write in journal format.
Take a close look at your own community (neighborhood). Be sure to discuss: The PHYSICAL environment of your community.
Compare and contrast your neighborhood community to the greater Sacramento area. Use the textbook to justify your statements.

DAY 2: OBSERVATION– Please write in journal format.
Take a close look at your own community (neighborhood). Be sure to discuss: The SOCIAL environments of your community. Compare and contrast your neighborhood community to the greater Sacramento area. Use the textbook to justify your statements.

DAY 3: OBSERVATION– Please write in journal format.
Take a close look at your own community (neighborhood). Be sure to discuss EMOTIONAL environments of your community. Compare and contrast your neighborhood community to the greater Sacramento area.

DAY 4: OBSERVATION– Please write in journal format.
Take a close look at your own community (neighborhood). Be sure to discuss ECONOMIC environments of your community. Compare and contrast your neighborhood community to the greater Sacramento area. Use the textbook to justify your statements.
DAY 5: OBSERVATION—Please write in journal format. Take a close look at your own community (neighborhood). Be sure to discuss the CULTURAL environments of your community. Look at cultural practices that may be present in your community. List these practices and their cultural origins.

Question AFTER COMPLETING FIVE DAYS OF OBSERVATIONS, what kinds of conclusions can you draw about your community? Summarize your observations. Use your answer to this question to begin your Discussion Board Assignment: Community Observations. Share what you discovered about your community with the class. Discuss the differences and similarities between your communities.
1.1 *HOLISTIC APPROACH*

It can no longer be assumed that all of the safety, nutritional, and health needs of children are met at home by parents. The U.S. Department of Labor estimates that more than 13 million children younger than six years of age have mothers in the workforce, and it is expected that these numbers will continue to increase. It is estimated that 75 percent of children younger than 5 years of age and 50 percent of infants are in some form of early childhood education environment on a regular basis (Lucarelli, 2002). By the age of six, 84 percent of children in the United States have received supplemental early childhood education (Child Care Action Campaign, 2001). Public and private center-based early childhood education programs, family child care, homes, and nanny care are providing nonparental care for the majority of children while their mothers are working. These nonparental teachers need to help parents meet the health, safety, and nutritional needs of the children in their care. Throughout this text, general reference will be made to “parents.” The author recognizes that families have many different compositions, such as single parents, grandparents raising grandchildren, and foster families. The term parents will be used to refer to the primary caregivers who have the responsibility of raising the children. The term “teacher” will be used to describe all those who work in early childhood education, whether they are teachers, family child providers, or nannies.

Teachers, family child providers, nannies, and other nonparental caregivers spend their days working with children to provide intellectual stimulation, social and emotional support, and physical care. Good physical care is of primary importance to support the health, safety, and nutritional well-being of children. Children who are unhealthy or whose physical well-being is at risk may have difficulty performing cognitive tasks and relating to others in terms of social and emotional development. Cognitive, social, and emotional deficits as well as physical difficulties may result in poor health. Health should be defined in terms of a person’s physical, mental, social, and emotional well-being. These areas are interrelated, and a holistic approach allows the effects of all areas of development to be observed for health and well-being.

Good health is the result of reducing unnecessary risk, preventing illnesses, providing sensitive and stimulating care, and promoting the well-being of an individual child. Teachers need to create an atmosphere for children that provides this protective type of environment. In order to accomplish this task, teachers need to focus on three basic areas: safety, nutrition, and health. Lack of good health practices, an unsafe environment, or providing poor nutrition may all contribute to failure in protecting children. The interrelationship of the areas of health, safety, and nutrition will be easier to understand if a holistic approach is used.

The *environment* of children’s safety, nutrition, and health in early childhood education is the focus of this text. It is important to remember that early childhood education programs mirror the diversity in society. So, when we look at this ecological interrelationship of health, safety, and nutrition we must also consider culture, families, and the teachers themselves. Each chapter begins with a lead-in paragraph and then points out current research findings that reinforce the need for concern for that issue. The issues presented indicate how children may be put at risk in early childhood education programs as well as family child care and nonparental care given
to a child in the home. The body of each chapter provides the teachers with the information and strategies needed to deal with these issues.

As an example, the following research findings indicate and support the need for dealing with safety, nutrition, and health in a holistic manner:

- “The whole child has been fragmented”; early childhood educators must have the knowledge, training, and skills to support the development of the whole child (Hyson, 2001).
- Good quality early childhood education where families are involved can help reduce the magnitude of the effects of problems children may encounter such as poverty, violence, and the ability to achieve their whole potential (American Academy of Pediatrics [AAP], 2005; Bronfenbrenner, 2005; Foster et al., 2005).
- Good-quality early childhood education should meet the standards that protect the basic health and safety of children (AAP, 2005; Bassok et al., 2005). It is estimated that two-thirds of licensed child care facilities exhibit a variety of safety hazards (Shepard, 2002).
- “The reality is that only 10 to 15 percent of day care is of high quality...” (Greenspan, 2003). Low-income parents who thought their children’s care was of good quality were proven wrong in half the cases that were studied (Morris, 2005).
- Children in this country are experiencing a greater number of at-risk difficulties than previously reported. These include psychological problems, emotional disorders, and chronic physical conditions (U.S. Department of Health and Human Services [USDHHS], 2000).
- A holistic approach is needed to address the needs of children who are at risk for severe health problems and school failure (Newman et al., 2000).

Issues of nutrition and feeding children can affect a child’s well-being in both the short term and the long term. We can help to facilitate good nutritional habits (Hayden, 2002).

- Excellence of early childhood education is directly related to compliance with a high standard of care (Hyson, 2002a; Bassok et al., 2005).
- Early childhood education programs can be seen as second homes, and teachers face the challenge of creating safe environments in these challenging times (Gaines & Leary 2004).

**Key Concept 7.1**

**Holistic Approach**

A holistic approach is the sensible way to deal with the interrelationship of safety, nutrition, and health on the well-being of young children. Those who provide nonparental early childhood education should consider the environment of every child in care. Growth, health, development, and safety are a result of each child’s environment.
Research findings support the need for dealing with safety, nutrition, and health in a holistic manner.

We must understand that we are partners with the families of the children in our care. Early education programs are steadily becoming family-centered organizations (Hamilton et al., 2003).

1.2 THE ENVIRONMENT

Environment includes all of the conditions, circumstances, and influences that surround a person. All of the complex factors in the environment can be simplified by using an ecological point of view (Figure 1-1). The ecological perspective examines the physical, social and emotional, economic, and cultural environments that affect a child. It relates all of the factors that might influence children's lives in terms of growth, health, safety, development, and well-being. Early childhood education is an essential part of environment for those children who receive nonparental care. Those who are teachers need to be aware of all of the environmental factors. The ecological point of view allows teachers to work with the child, the family, and the community to help provide the best environment possible. Children are best
supported and understood when all of these contexts are looked at in the holistic perspective. Bronfenbrenner (1979, 2005) uses the term “bioecological model” to describe how to study the development of the whole child. This is similar to the Holistic Ecological Approach shown in Figure 1-1.

**The Physical Environment**

For a child, the physical environment begins in the mother’s womb. A child born to a mother who had regular prenatal checkups and proper nutrition during pregnancy is less likely to have physical complications at birth and more likely to experience good health later in life than a child born to a mother who had no prenatal care (USDHHS, 2000). A child whose mother had no prenatal care is more likely to be born at a low birth weight and is far more likely to have physical problems at birth and health difficulties later in life.

Beyond genetics and the health of the mother, the physical environment encompasses a number of things. The child’s temperament, physical health, and attributes are genetic in nature but can be affected by environment. Environmental factors include the family, home, school, neighborhood, and greater community. Children who are raised in poor
circumstances are more vulnerable to inadequate nutrition, family violence, and exposure to environmental toxins and are likely to have diminished physical health (Zenah et al., 2005). Children who live in neighborhoods where they are protected from harm and are carefully watched are less likely to become injured or victims of violence than children who live in unsafe neighborhoods (Lynch & Cicchetti, 1998). This is significant because in recent years violence, poverty, physical illness, and family stress have increased in the United States.

Another factor in the physical environment is heredity. Heredity plays a key role in the health and nutrition of children. In addition to body type and temperament, the propensity for certain diseases may be inherited. The disease may show up at birth or appear later in life.

An example of a disease that shows up at birth is phenylketonuria (PKU). It causes an inability in the child to metabolize one type of protein in the normal manner. Left untreated, this condition can cause brain damage and mental retardation. These harmful effects can be prevented if PKU is diagnosed in early infancy and if the proper diet is followed. Hospitals in many states routinely test for PKU at birth. Providing the proper environment through correct diet measures can eliminate the risk.

Diabetes, cancer, obesity, and heart disease are inherited family factors that may appear later in life. These conditions may be prevented or their effects may be reduced through proper diet and exercise throughout life. By managing the environmental factors, the associated risks can be diminished and possibly eliminated.

Children enter early childhood education programs from many different physical home environments. Some children have had good physical environments and are healthy and protected from harm. Other children come from at-risk physical environments. Families may not provide good health practices, or children may have an inherited condition or disease. Some children may be at risk for safety due to abuse or neighborhood violence. Children from at-risk home environments who have access to quality early childhood education greatly increase the likelihood that they will grow up without problem behaviors and will contribute to society rather than becoming violent teens or adults (Newman et al., 2000). Children who attend a good early childhood education environment are more likely to develop properly even if they are considered to be at risk in their own home environments (Foster et al., 2005).

Andrea was ten months old when she was diagnosed with diabetes. Her family struggled to control the disease through diet and insulin. Even though several members of the extended family had the disease, none had been as young as Andrea at its onset. At age two and a half, her disease was finally managed with insulin in the morning and careful diet control. When Andrea was three, her mother went back to work part-time, and she put Andrea in a family child care home. Andrea’s teacher worked closely with her mother to make sure Andrea’s diet was closely monitored. Today, Andrea is a healthy seventeen-year-old high school senior. The cooperation of her early childhood education teacher contributed to maintaining a positive environment for Andrea so that she could be healthy and grow.
A good early childhood education environment using the holistic approach screens for health difficulties, provides good health and safety practices, and promotes proper nutrition. Teachers integrate health, safety, and nutrition into the curriculum and value them as highly as social skills, language, or any other aspects of curriculum. This means that teachers include all of these areas in the program every day. By providing this instruction to children in care, a good quality early childhood education environment can provide the foundation for good health and well-being in adulthood. Early childhood education may offer many children a better chance for an improved physical environment for at least part of the day.

**The Social and Emotional Environment**

The social and emotional environment of a child begins with the parent-child relationship. As the child grows, this environment expands to include the family, neighbors, teachers, peers, and other members of the community. Children's mental health and sense of well-being are very important factors in overall health. A family that provides a stable environment and creates the opportunity for a secure attachment for a child is more likely to raise a happy, cheerful child. A family that exposes a child to a high-risk situation and fails to form a secure attachment is more likely to produce a child who is at risk for many social and emotional problems (Shonkoff & Meisels, 2000; Sullivan, 2001). Children raised in healthy, functional families are more likely to retain good mental health and be well.
adjusted than those raised in dysfunctional, violent households (Bowlby, 1988; Osofsky, 1999).

The consistency of caregiving and emotional investment on the part of a teacher has a direct relationship to the healthy development of children (Young Children, 2001; AAP, 2005; Zenah et al., 2005). Quality care contributes to children's sense of well-being. A good early childhood education environment is one in which there are good one-on-one relationships between teachers and children in care. Larger early childhood education situations may have to provide a primary caregiver for each child to accomplish this optimal type of relationship (USDHHS, 2003). The teacher who relates to the children in care is more likely to be alert and observant. A teacher who has noticed any social or emotional effects of nonparental care can help the child adjust (Shonkoff & Meisels, 2000; Currie, 2000; Zenah et al., 2005). The teacher can also work with families to offer them strategies for providing a home environment that makes a child feel more secure and mentally healthy.

The quality of peer relationships may be a good indicator of a child's mental and emotional health status. A child's ability to cope with new situations, her sense of self-esteem, and her level of confidence affect how a child deals with her peers. The observant teacher will notice these things. A child's sense of self affects how he grows and develops into a member of the greater community as an adult. It is widely recognized that early intervention by a teacher provides a more secure environment for children who are at risk for adjustment difficulties (Zero to Three, 2002; American Public Health Association & American Academy of Pediatrics, 2002).

The Economic Environment

A child’s economic environment is established in the home and is influenced by the parents’ work history, the economic health of the neighborhood, the community, and the nation. Low income is the primary factor for the majority of childhood health and nutritional risks in this country (Children's Defense Fund [CDF], 2004). Many children who are economically at risk are in child care situations.

Forty percent of the homeless are families. Children in homeless families are at high risk for mental health difficulties (National Mental Health Association, 2005). More children than ever before who are economically at risk are now in early childhood education situations, due to the welfare policy shift that encourages mothers to work outside the home (Loeb et al., 2004, Foster, et al., 2005). One in every six young children in the United States lives below the poverty level. More than three out of four poor children live in a home where one family member was employed at least part of the time. One in three poor children lives in a family where at least one parent is employed full-time, year-round (CDF, 2004). The impact of financial stress on the home environment can affect children’s emotions and behavior (Zenah et al., 2005). Financial limitations can also affect children’s health. Lack of good medical care, poor nutrition, and an environment in which parental attention is limited can affect children’s well-being. Another effect of low income may be the inability to afford quality early childhood education. Poor children are more...
How can an at-risk environment where parental attention is limited negatively affect a child’s well-being?

The child’s cultural environment includes the framework of beliefs, perspectives, and practices of the family, the neighborhood, and the greater community. It has been estimated that by the year 2030, less than one-half of the U.S. population of children will be of European ancestry (Shonkoff & Meisels, 2000). The United States has become a multiethnic society. With so many cultural traditions, practices, and values present, there may be value conflicts among different cultures. There may be bicultural conflict within families that represents several generations of values. One outcome of these conflicts may be the reinforcement of cultural values within families.
Practices for maintaining traditional cultural values in daily life, such as food choices and child care practices, are seen as meaningful declarations of family heritage. For example, the cultural perspective of a family could have an impact on the type of early education that is chosen for a child (Johnson et al., 2004). It is important that the professional early childhood education teacher support the family cultural values of the children in care (Shonkoff & Phillips, 2000; California Association for the Education of Young Children [CAEYC] 2005). In instances where these cultural values put children at risk, cultural differences and legal practices will need to be addressed.

Characteristics of family health attitudes may relate directly to culture. For example, Latin American families appear to have lower expectations for children's health and therefore may be less likely to use preventive services (Carballo & Nerukar, 2001). The combined impact of social problems due to culture and economic hardship may cause harm to children. Children from these environments are more likely to experience social, emotional, and behavioral problems and to suffer from poor mental health (Duarte & Rafanello, 2001).

It is important for the teacher to be aware of the diversity of the children and families in care (Obegi & Ritblatt, 2005). In 2000, this diversity of children was apparent. Sixteen percent of the population of children were Hispanic, 15 percent were African American, four percent were Asian/Pacific Islander, and one percent was Native American (America's Children, 2001). These numbers are expected to increase in the next three decades, especially in the Hispanic and Asian/Pacific Islander categories. As teachers, we need to go beyond cultural sensitivity or awareness, which calls for responsiveness but go no further. We need to practice cultural competence in our interactions with the children in care and their parents so that our relationships are mutually beneficial, even though we may have diverse cultural heritages and practices (Obegi & Ritblatt, 2005). This competence will allow us to better understand ways to communicate information on issues concerning safety, nutrition, and health.

The National Association for the Education of Young Children (NAEYC) makes specific recommendations to address cultural competency in early education. For children, teachers should (1) recognize the connection children have to the culture of their language and of their home, (2) be aware that children demonstrate their capabilities in many ways, and (3) realize that learning a second language is not easy. For families, teachers should (1) actively involve families in the early education program, (2) provide support and encouragement for the learning of another language while at the same time valuing the home or first language, and (3) try to honor and support the culture of the children, including the values and norms present in the home (CAEYC, 2005).

Pause for Reflection

Consider your own childhood environment. What was the physical environment? What was the social and emotional environment? What was the economic environment? What was the cultural environment? What factors of these influences from your childhood led you to want to work with children? What positive factors from your childhood influences will you have to contribute to the children you work with?
An ecological perspective allows one to view the environment of a child. A risk factor in the health and well-being of children can come from any area of the environment. The physical, social and emotional, economic, and cultural environments all influence children’s growth and development. Negative conditions from any part of a child’s environment may place that child at risk. Poor physical and mental health, injury, or an impaired sense of well-being and self-esteem may prevent the maximum growth potential and development of a child. Using an ecological perspective, the teacher can approach the safety, nutrition, and health of children considering their total environment.