

DRAFT Chapter 3: Transitional Kindergarten Through Grade Three

Health Education Framework

November 2018 Revision

This document includes some of the feedback submitted to the California Department of Education during the first 60-day public review period. All revisions in this document were approved by the Health Subject Matter Committee and the Instructional Quality Commission. The new additions are highlighted in yellow and Interdisciplinary connections are highlighted in blue.

The following abbreviations are used throughout this document, in accordance with state and federal accessibility guidelines:

- <byh> = yellow highlighted text begins
- <eyh> = yellow highlighted text ends
- <bbh> = blue highlighted text begins
- <ebh> = blue highlighted text ends

The second 60-day public review period will be held from November 1, 2018 through January 11, 2019. Public input can be submitted to the California Department of Education (CDE) via email or regular mail. Please visit the CDE website at <https://www.cde.ca.gov/ci/he/cf/> to download the public input template if you wish to submit public comment on the current, November 2018 version of the *California Health Education Framework*. The State Board of Education (SBE) will discuss and adopt the *2019 California Health Education Framework* during the May 2019 SBE meeting.

Introduction

Transitional kindergarten (TK) through third grade is typically a wonderful and exciting time in a child's scholastic life. Most students in TK, kindergarten, or first grade are embarking on the fascinating journey of student life for the first time in their young lives. Other students are continuing their education from prior years. As students progress in their pivotal primary education years, they are excited and ready to learn about the many aspects of health supported by the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve* (health education standards) (CDE 2008) and this framework. Teachers, other educators, school nurses, <byh>school counselors,<eyh> administrators, curriculum specialists, and district personnel are in a unique and important position to inspire, encourage, teach, mentor, support, and guide young students in adopting healthy practices and positive health behaviors that will lead to a lifetime of good health.

The relationship between healthy students, positive classroom behaviors, and academic achievement is well documented (Basch 2010, CDC 2017a, Michael et al. 2015). Healthy behaviors, including choosing nutritious foods and engaging in physical activity, can lower a student's risk for becoming obese and developing obesity-related illnesses later in life (CDC 2017a; Office of the Surgeon General, Healthy Fit Nation 2016). Obesity affects one in six children in the United States. Specific to California, 15 percent of children aged two through five are overweight or obese (Robert Wood Johnson Foundation 2014). Many factors contribute to childhood obesity, including unhealthy diets, issues with portion control or large portion sizes, and a lack of physical activity. Children who are obese are not only more likely to be obese as adults, they are more likely to be bullied or stigmatized (CDC 2016).

Healthy eating and physical activity are associated with reduced risk of many diseases including heart disease, cancer, and stroke (CDC 2017a). Healthy eating in childhood and adolescence is important for proper growth and development and can prevent obesity, type 2 diabetes, dental cavities, and many other health problems including both

under-nutrition and over-nutrition and related health problems associated with malnutrition. Proper nutrition is also important to maintain a healthy body and mind.

Accidents and injuries are also an important health topic due to high occurrence rates among TK through third grade students. The National Center for Injury Prevention and Control under the CDC (2017b) reports that unintentional injury is the leading cause of death among youth 0 to 19 years of age in the United States. Motor vehicle crash injuries, including those involving pedestrians, are the single leading cause of death for young people between the ages of 5 to 19. Approximately 80 percent of poisonings are unintentional (79.4 percent). Children 6 to 12 years old comprise 6 percent of the one million unintentional poison exposure cases that occur each year. Followed by cleaning and personal care products, pain medications rank second highest for poisoning incidences of children (American Association of Poison Control Centers 2015).

According to the CDC(c), an estimated 1.7 million children live in homes with a loaded and unlocked firearm. In 2016, 77 children in the U.S. died as a result of accidental gunshot wounds with the majority of those deaths being children around the age of three. In most cases (85 percent), the shooter involved in the accident is another child (CDC, 2017).

Research confirms that mental health conditions are increasing among youth with estimates that one in five-to-ten children have a serious mental health issue with only a third receiving treatment (National Institute of Mental Health 2016). Mental health conditions are considered by some as the most pervasive chronic disease effecting 20 percent of students each year. Over \$250 billion is spent annually in the United States on childhood mental health conditions including anxiety disorders, attention deficit hyperactivity disorder, autism spectrum disorders, bipolar disorder, borderline personality disorder, depression, eating disorders, and childhood-onset schizophrenia (National Research Council and Institute of Medicine 2009). Research conducted by the Collaborative for Academic, Social, and Emotional Learning (CASEL) (CASEL 2017) confirms that academic performance improves when a school's health curriculum includes teaching students how to manage their stress and emotions as well as the practices of empathy and caring behaviors. Teachers, other educators, school

counselors, administrators, and school nurses play an important role in navigating students to appropriate services and referrals within the school setting. Establishing a caring, respectful, inclusive, and compassionate classroom and school climate sets the foundation for many of the standards-based instructional strategies covered in this chapter.

It is critical for young learners to receive instruction about personal boundaries, healthy relationships with peers and adults, and respect for others as early as possible. This foundational learning can promote health and safety throughout the school years and beyond. Establishing and fostering a caring, respectful, affirmatively inclusive, and compassionate classroom and school climate with integrated resource and referral networks sets the foundation for instruction and learning. Due to the sensitive nature surrounding some of the health education content covered in the TK–3 chapter, it is especially critical that instructional activities are implemented in a safe, open, inclusive, affirmative, supportive, and judgment-free environment. People-first language should be used to ensure an inclusive classroom. For example, if a student has a disability, they are referred to as a student with a disability versus a disabled student.

Health Education Standards for Kindergarten Through Grade Three

All six of the content areas (Nutrition and Physical Activity; Growth and Development; Injury Prevention and Safety; Alcohol, Tobacco, and Other Drugs [ATOD]; Mental, Emotional, and Social Health; and Personal and Community Health) are covered when the kindergarten through third grade health education standards are combined. All eight overarching standards are addressed when the content areas in each grade level are taught. (See list below for the grade-level assignments for each of the content areas as recommended in the health education standards). The health education standards do not define grade-specific standards for TK. The TK section discusses learning progressions that bridge from the [California Preschool Learning Foundations](#) to the health education standards for kindergarten. Students learn essential skills for injury and violence prevention; strategies for optimal mental, social,

and personal health; and responsible decision-making for a variety of content areas in support of the health education standards.

It should be noted that while the content areas are presented in the same order as the standards, educators may want to consider teaching content areas such as ATOD; Mental, Emotional, and Social Health; and Growth and Development after the other content areas to foster skill development and scaffolding of more complex health issues and to ensure the development of a safe environment necessary for learning. The health education standards represent **minimum** requirements for comprehensive health education. Teachers are encouraged to incorporate content areas that are not included for their grade level as appropriate to the needs and interests of their students. Students in TK through third grade will need instructional support, guidance, and resources to apply the new skills and health behaviors learned in the eight overarching standards. The list below indicates the grade levels and grade spans at which there are standards for each content area in TK through third grade.

- Nutrition and Physical Activity: K and 2
- Growth and Development: K, 1, and 3
- Injury Prevention and Safety: K and 1
- Alcohol, Tobacco, and Other Drugs: K and 2
- Mental, Emotional and Social Health: K, 2, and 3
- Personal and Community Health: K, 1, and 3

Transitional Kindergarten

Four- and five-year-old children in transitional kindergarten (TK) are curious about themselves and others and the world around them. They are eager to learn and need a learning environment that both engages them and builds on the knowledge they bring to school. “Play is the primary context for learning” for TK children (California Department of Education [CDE] 2011, 5). When TK children are learning through play, they have opportunities to be creative, strengthen their social skills, and solve problems. As they explore, practice new skills and behaviors, and participate in dramatic play, they are also processing information and making connections between what they already know and what they have just learned or are in the process of learning.

A healthy lifestyle has its roots in early childhood; the health-enhancing skills and behaviors children learn in TK can be first steps toward a healthy life. Health education in TK focuses on the preschool learning foundations in nutrition, safety, and health habits (Health Domain) and self, social interaction, and relationships (Social Emotional Domain) and the kindergarten health education standards aligned to those learning foundations. There are two reasons for this particular focus. First, there are no state-adopted health education standards for TK. More importantly, statute clearly states that curriculum for TK is intended to be aligned to the preschool learning foundations (California *Education Code* [EC] Section 48000[f]). The preschool learning foundations are research-based and describe the knowledge and skills that children who are about 60 months old achieve when provided with the kinds of interactions, instruction, and environments shown by research to promote early learning and development. The content area headings in this chapter are taken from the preschool learning foundations to support that intent but are presented in the same order as the kindergarten health education content areas are organized.

Information on the alignment of preschool learning foundations to the health education standards for kindergarten can be found in *The Alignment of the California Preschool Learning Foundations with Key Early Education Resources* (CDE 2012).

Nutrition

In TK, children learn to make healthy food choices, to eat a variety of foods, and that their bodies need different kinds of foods to grow. In kindergarten, they will build on those skills and knowledge to select healthy foods in a variety of settings, ask for healthy foods, and plan a nutritious breakfast. The nutrition standards in kindergarten are under the content area of nutrition and physical activity.

According to data obtained from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (2014) 14.5 percent of California's children ages two through four are obese. Over nine percent of children ages two through five were considered obese in 2013–2014, according to the Centers for Disease Control and Prevention (Centers for Disease Control and Prevention [CDC] 2016b). Children who are obese are more likely to have a number of health problems, such as asthma, high blood pressure, and type 2 diabetes; may be victims of bullying; and may experience low self-esteem (CDC 2016a). Many factors contribute to obesity in children including marketing of unhealthy or <byh>highly processed<eyh> food, limited access to healthy or <byh>whole<eyh> foods, inadequate physical activity, increased portion sizes, <byh>over consumption of processed foods<eyh>, and increased consumption of high-sugar beverages. Obesity and undernourishment are both a result of malnutrition, which is defined as deficiencies, excesses, or imbalances in an individual's intake of energy or nutrients (World Health Organization 2017a). It is common to find obesity and undernourishment within the same communities or individuals.

<byh>To help children understand the importance of good nutrition, it is important to explain that there is more than one way to eat healthfully and everyone has their own eating style. Healthy eating patterns encompass all food and beverage choices over time, providing an adaptable, personalized framework tailored to individual preferences, culture, traditions, and budget. Explain the importance of choosing a variety of nutrient-rich foods from all food groups – dairy, fruits, vegetables, grains, and protein foods to help children build strong healthy bodies. The Dairy Council of California (2018) defines variety as a diverse assortment of foods and beverages across and within all food

groups – dairy, fruits, vegetables, grains, and protein foods (Dietary Guidelines of Americans; USDA 2018). Read-aloud books, songs, and videos that are age-appropriate and use humor help TK children understand their body's need for a varied, nutrition-rich diet. Teachers can work with the teacher librarian to identify and obtain these resources.

Transitional kindergarten children may already have strong food preferences based on the foods served to them, eaten for special occasions, or advertised in media. Some may eat a variety of healthy, whole, nutritious foods, and some may eat high-sugar, over processed, high-fat foods. When discussing food choices with children, it is important to be respectful of the food choices made in their homes and other places they eat, including traditional and cultural foods and food choices families make for ethical or health reasons. Teachers should also be aware of the limited food choices some households may face due to their lack of income, lack of knowledge, or the lack of access to healthy foods. Teachers and school site administrators should learn about local food choices in the school's neighborhood, including sources of healthy, nutritious foods, and be prepared to share that information with parents, guardians, and caretakers if asked.

There are many ways to introduce children to a wider range of healthy foods. Teachers can look for alphabet and counting books with illustrations of fruits and vegetables to read to the children. Reading alphabet and counting books aloud to and with children helps them to develop early reading and mathematics skills, as well as supporting language development and recognizing numerals. As the books are read, teachers ask the children if they know the names of the fruits and vegetables pictured and if they have eaten them. Children can draw pictures of the fruits and vegetables they like or would like to try. Play fruits and vegetables can be made available in a dramatic play area, such as a grocery store or kitchen, so that children can explore these foods further through imagination.

The best way for children to learn about fruits and vegetables is through direct experience with real-life fruits and vegetables. Teachers can connect health education

to science through a school or class garden in which children can grow fruits and vegetables, even if it is a small windowsill garden. <byh>In a garden, children explore healthy foods using their senses. They look for plants in various colors, smell fragrant leaves, listen for buzzing insects, and winds in the leaves, and taste fresh fruits and vegetables. As young children they will learn that fruits and vegetables come from plants.<eyh> Not only will children learn where food comes from, they will also learn that plants need food and water to grow, just like they do. This also provides students with an opportunity to learn how people depend on nature for food <bbh>(California Environmental Principles and Concepts [CA EP&Cs], Principle I).<ebh> If growing a garden is not feasible in your school, teachers might consider <byh>going to the cafeteria for a food tasting, exploring where food comes from,<eyh> creating a dramatic play garden center with child-safe gardening tools, pretend foods to “plant” and pick from a tub of paper shredded to look like soil, and baskets for collecting the food children harvest. <byh>The California Department of Health Service has a Harvest of the Month resource.<eyh> When weather permits, teachers could set up an outdoor dramatic play garden center and provide tubs of dirt, gardening tools, watering cans, and pretend seeds to plant and food to pick. Reading books and showing videos to the children on how food grows can introduce or reinforce lessons in both science and health education and support early literacy and language development.

Children can practice choosing healthy, <byh>whole<eyh> foods in a dramatic play restaurant with pretend food for children to order and serve healthy foods. With teacher assistance, the children draw or “write” menus. As the children play, teachers can ask them how their food choices will help them grow and be strong and healthy. In addition to nutrition education resources that may be available through federal nutrition programs in which the school participates, resources are available from the United States Department of Agriculture (USDA) and community-based organizations.

Partnering with your school: Collaborate with the teacher librarian to identify books, videos, and other age-appropriate resources to share with your children on how a variety of nutritious foods help the body grow and keep them healthy. Work with your school nutrition staff to arrange food tastings that correspond to the letter of the week or

show children how food is prepared in their cafeteria. Be aware of and follow district and school policies on preparing or serving food in the classroom when planning activities.

Work with school personnel to ensure that drinking water is easily available for all students and that water and milk <byh>(or plant-based alternative beverages, such as soy or almond)<eyh> are promoted over sugary beverages. <byh>The importance of water consumption and drinking water quality can be highlighted.<eyh> Investigate if your school is eligible for funding under the California Fresh Fruit and Vegetable Program, which provides fresh fruit and vegetable snacks to children. <byh>The U.S. Department of Agriculture's (USDA) National School Lunch and School Breakfast Program are nutritious resources for students. Partner with nutrition experts such as the School District's Food Service Department and the school cafeteria for information.<eyh> Information about these programs is available through the CDE Nutrition Division Web site. Invite students from a higher grade level or school administrators for <byh>a healthy food tasting to model healthy food choices<eyh> or to read books aloud to the children, such as *The Very, Hungry Caterpillar*, by Eric Carle and *Gregory, the Terrible Eater*, by Mitchell Sharmat,<byh>*The Vegetables We Eat* by Gail Gibbons, *Zora's Zucchini* by Katherine Pryor.<eyh>

Partnering with your community: Invite local food growers to bring in food with its roots or leaves still attached and talk about foods that are grown locally. If there is a farmers' market or community garden near your school, consider taking children there on a walking field trip. Local chefs who specialize in healthy foods could also be invited as guest speakers.

Partnering with the family: Encourage children to ask their family members' about their childhood experiences with gardening or traditional family foods. Send home a newsletter about healthy foods drawn and written, with adult assistance, by the children. Suggest as a family activity that children will try one healthy food (such as a vegetable or fruit) or dish (made in or outside their home) that they do not usually eat—and ask parents, guardians, and caretakers, with the help of their children, to report on their child's experience. <byh>Invite family members to visit class to help prepare healthy snacks for students, highlighting various foods from different cultures and traditions.<eyh>

Host a family cooking class or event for parents/guardians/caregivers. Consult the school's policy for food preparation and allergies.<eyh>

Safety

According to the CDC, injury is the leading cause of death among children, with being a passenger in motor vehicle crashes the most frequent cause of injury-related deaths (CDC 2008). Pedestrian and bicycle accidents are other common causes of injury-related deaths for children. Transitional kindergarten children learn the rules for being safe in a vehicle or when walking, but frequently lack the impulse control to remember to follow the rules. They may dart into traffic to greet a friend or when being picked up after school. For this reason, TK children need to repeatedly hear, recite, and practice, through role play, rules for safe behaviors.

The kindergarten health education standards for injury prevention and safety cover more topics than the preschool learning foundations, but both emphasize the importance of knowing and following safety rules at school, safety when traveling to and from school, and identifying trusted adults. Instruction and learning on injury prevention in TK focuses on safety at school and traveling to and from school. An important aspect of safety at school is learning to follow the school's emergency procedures. If the school has more than one emergency procedure, such as different procedures for fires than earthquakes, children should learn them one at a time. Many TK children will have little or no experience with emergency procedures, but most will have heard the siren or seen the flashing lights on a fire truck or ambulance. Asking children if they have ever heard a siren or seen flashing lights and relating those experiences to the school's warning signals (sounds or lights) builds on children's prior knowledge. Once children recognize the warning or emergency signals, they are ready to learn how to respond. The skills children already have for forming lines and waiting for instructions from the teacher before they begin moving can be the foundation for teaching emergency procedures.

Games such as Red Light/Green Light and Simon Says can reinforce children's learning to listen to and follow instructions by providing opportunities to practice their skills for

listening and following directions. Teachers can hang posters on the walls that illustrate the emergency procedure in a few simple steps and periodically prompt children to talk about the posters. Children can create drawings about the emergency procedures to help them remember the steps. Instruction should include practicing emergency procedures at different times throughout the school year and provide sufficient practice so that the children develop a routine for the procedure. Children should learn and practice the safety procedures for different places in the school (in the classroom, on the playground, in the school library) and what to do if the usual escape route is not available (e.g., fire or an intruder is blocking an exit). Children should also be introduced to and have opportunities to interact with other adults at the school who give directions during emergencies, such as the school principal, other teachers, school staff (e.g., noon duty supervisors, classroom aides, administrative assistants). Children should also learn that police officers and firefighters come to the school for some emergencies and it is important to listen to and to follow their directions. Inviting police officers and firefighters to the classroom provides an opportunity to see these individuals as trusted adults who are helpers in the community.

Teachers need to be aware of the medical needs of the children in their classroom. If a child in the class has a food allergy to peanuts, for example, or other potentially life-threatening condition (e.g., asthma, diabetes, seizures, bee-sting allergy), work with the school or district nurse and the child's parent, guardian, or caretaker to establish emergency response procedures. Once the policy is approved and in place, the teacher or school nurse can explain to the children not everyone can eat the same foods and teach the appropriate response to the food-allergy emergency or emergency caused by other life-threatening conditions. Care must be taken ensure the confidentiality of the child with the condition and that the child is not stigmatized. As needed, teachers can seek advice from school or district credentialed school nurses, mental health staff, or social workers or the child's parents, guardians, or caretakers for stigma-free ways to explain what might happen in a food-allergy emergency or other type of physical emergency without frightening the children.

To get to and from school safely, TK children need to know and follow a number of safe practices for crossing the street and riding in a car or school bus. Limiting the number of safety practices (rules) children must learn and keeping them simple are an age-appropriate approach. After teaching the children the safety practices and showing what following them looks like, teachers provide multiple opportunities for children to practice with an emphasis on practice through play. Teachers can set up traffic signs and signals that children can move to different places in an outdoor play area and then practice safety rules while riding a tricycle or other riding toy. Children can pretend to be crossing guards when “crosswalks” are drawn on the play area. Posters, books, videos, and songs reinforce learning about traffic safety. If children are using scooters or bicycles to travel to and from school, teachers can make it a point to praise them if they arrive at school wearing a safety helmet and pads and remind them to put their helmet on before they leave school. Field trips, whether children walk or ride on a bus, are an ideal time to review safety practices.

Many children travel to and from school in a car or bus. For children who ride the bus, teachers and the bus driver need to work together to ensure that children are learning one set of rules. A bus driver or other school district transportation personnel can be a guest speaker and take the lead on establishing and communicating to the teachers and children the bus safety rules. Teachers reinforce bus safety by having all children, not just the children who take the bus to/from school, learn and practice bus safety. Children can build “buses” in the classroom, using boxes, big blocks, or chairs, to play and practice bus safety. Teachers can use the time when children are waiting for the bus to remind them of the bus rules, such as staying in their seat, and ask them to recite and explain why the rules are important. At this age, children are interested in helping others be safe and being a role model can motivate children to practice safe behaviors. For example, a child can model waiting for the bus driver to signal that it is okay to get on the bus before entering the bus. Look for resources from the National Highway Traffic Safety Administration.

Passenger injuries may be avoided or less serious if children are using seatbelts and car seats properly while riding in a car. Teachers can help children develop this healthy

habit by providing opportunities for them to practice proper buckling of seatbelts and safety straps. Songs about buckling up that involve motions are one way to help children remember to always fasten their seatbelts and safety straps. Play-house strollers and play cars with car seats, seatbelts or safety straps that children can buckle around dolls, puppets, and stuffed animals provide practice and remind children that car seats, seatbelts, and safety straps are ways to keep people safe—practicing buckling up also helps develop their fine motor skills.

Partnering with your school: Collaborate with other teachers, school staff, expanded learning staff, and children in higher elementary grades to host a safety rodeo during which children ride tricycles or other riding toys and walk paths on the school playground lined with traffic signals. This activity provides practice for TK children and a service learning opportunity for the older children who are learning about schoolwide and community health promotion. Participate in the school safety committee to ensure that policies and procedures are appropriate for TK children.

Partnering with your community: Identify local agencies and organizations that focus on injury prevention, creating safer walking spaces, and emergency response. TK children enjoy meeting firefighters and other emergency personnel in uniform. Invite guest speakers to your class.

Partnering with the family: As children learn school emergency procedures, inform parents, guardians, or caretakers about what the children are learning. Send home information about safe travel or how to develop a home/family plan for emergencies. Invite them to a school-wide carnival, bike rodeo, or car seat demonstration and safety check. Provide this information in the languages used in the children's homes. Encourage children to sing at home the safety songs they have learned. The school nurse can educate families regarding when to keep their child home due to illness and when their child is well enough to attend school.

Health Habits

In its *2016 California Children's Report Card (Children's Report Card)*, Children Now reported that only 35 percent of children ages birth to six have seen a dentist for a preventative visit. The report also noted that the most common chronic illness among children is tooth decay (Children Now 2016). Like other chronic health conditions, it contributes to children missing school. Keeping children in school every day at the TK level not only supports children's learning, it establishes a pattern of school attendance. As noted in the *Children's Report Card*, chronic absenteeism in pre-school and kindergarten increases a child's risk of repeating a grade.

In TK, learning in this strand is focused on the habits, knowledge, and skills that help children stay healthy. The topics under health habits in the preschool learning foundations are basic hygiene, oral health, knowledge of wellness, and sun safety. In the kindergarten health education content standards, these topics are addressed in two content areas: Growth and Development and Personal and Community Health.

Handwashing and other health habits that prevent transmission of infectious diseases are skills that children can practice every day in TK, leading to the need for fewer reminders from teachers as the school year progresses. Children learn to cough or sneeze into their elbow sleeves, use and then discard tissues when sneezing or wiping their nose, and wash their hands after using the bathroom, before eating, after sneezing or wiping their nose, and after playing with messy materials. These health habits are demonstrated by the teacher and reinforced through books, silly songs, posters by the sinks, and the availability of and easy access to soap, age-appropriate sinks, warm water, and tissues. Children can demonstrate their skills as they act out songs or role play a short skit when asked to show what to do when they sneeze or cough.

If the classroom environment supports <byh>tooth<eyh> brushing during the school day, teachers can take advantage of the opportunity to help children learn to brush their teeth in a manner that helps prevent tooth decay. A local chapter of a dental association or a local dentist may be able to provide instruction in the classroom on the proper teeth cleaning techniques and supply <byh>toothbrushes, toothpaste, and dental floss.<eyh> Some communities have mobile dental units supported by local health organizations

that come to school sites to provide dental health services and education. The local public health department or school nurse may be able to identify community dental services <byh>or service providers.<eyh> Even without opportunities to brush their teeth in class, children can learn about the importance of cleaning their teeth and visiting the dentist. A dramatic play area with oversized models of teeth that children can brush with oversize toothbrushes provides opportunities for skills practice in an engaging way. Small <byh>toothbrushes<eyh> for children to use to brush the teeth of dolls and stuffed animals, books about brushing teeth and going to the dentist, and books about how animals use their teeth all support learning and promote healthy behaviors. Visual pedagogy such as posters placed near sinks and help students remember the steps of handwashing and tooth brushing and may be particularly effective for students with autism or other special needs.

In TK, children learn about internal body parts and their functions, the people who help them stay healthy, and how to tell an adult when they are not feeling well. In kindergarten, children will build on their knowledge of major body parts and their functions and continue to practice communication skills. Learning about internal (lungs, heart, brain, stomach, muscles, bones) and external (eyes, ears, skin) body parts and their functions connects to learning about eating a variety of foods and exercise. For example, TK children learn that Vitamin D from the sun and calcium from chick peas, tofu, white beans, <byh>leafy greens,<eyh> and dairy products make the bones that support their bodies stronger and the vitamins in carrots are good for their eyes. They learn that getting enough sleep and physical activity help their bodies grow and keep them healthy. Learning about their body parts and functions also connects to learning about safety and how to protect their bodies by following safety rules at school and at home, such as wearing a helmet when riding a scooter to protect their brain. Knowing the names for body parts also helps children communicate discomfort when they do not feel well. Read-aloud books, pop-up books, videos, and diagrams on body parts and their functions help children “see inside their bodies.” Songs such as “Head, Shoulders, Knees, and Toes” and games in which children touch or point to their own external body

parts (eyes, ears, knees, elbow) make learning fun and help develop children's vocabulary.

Children are introduced to the many kinds of health care providers through books and videos and guest speakers, including the school nurse. They learn that all of these people play important roles in keeping children healthy and taking care of them when they are ill. Teachers should encourage children to talk about their experiences with health care providers and provide props and clothing (stethoscopes, lab coats) and a place for children to role play visits to dentists, doctors, nurses, or eye doctors. As children pretend to care for themselves or others—or dolls, puppets, or stuffed animals—teachers prompt children to practice communicating about how they or others are feeling physically.

Sun safety is another area of learning in TK. Learning about the sun and the weather connects health education to science instruction. Children may be surprised to learn that even on cloudy days the sun rays can be harmful. With prompting from the teachers, children tell about their experiences being outside or looking out a window on a sunny day. Some children may talk about how the sun hurt their eyes, feeling hot or thirsty, or getting a sunburn. Teachers follow up this conversation by asking children about ways they can protect themselves from overexposure to the sun. The children can make paper sun visors to use during dramatic play time. Children locate shady places to play at school as they explore the school grounds beyond their classroom. If school rules permit, children can bring sun-protective hats, sunscreen, and sunglasses to school. Instruction and skills practice can help children develop a routine of wearing them when they go outside. Because staying hydrated is an important part of sun safety, teachers should remind children to drink water throughout the day, especially before and after dramatic play. It is important to ensure clean drinking water is accessible and children can get a drink on their own. A song with motions that can be sung before recess or physical education instruction encourages children to drink water.

Partnering with your school: Work with school and district administration to ensure that there are shady places for children to play, working drinking fountains which are

age-appropriate throughout the school, and bathroom facilities that are the appropriate height to support handwashing. Take a walking “field trip” with the children to show them where shade and water are available at the school. Later in the school year, ask children to point out these things.

Partnering with your community: Invite guest speakers from local dental, health, and vision care organizations and other healthcare providers to speak with the children. Identify community resources such as children’s immunization clinics and places to get flu shots at low or no cost. If your community has health fairs, hang posters for the events at school and send home information about the fairs. Identify and invite to the school mobile health services, such as vision-testing vans.

Partnering with the family: Share with families what their children are learning. Children can draw pictures or write with assistance about washing their hands, drinking sufficient water, and seeking shade on hot days and talk to their family about the health habits they practice at school. With adult assistance, they can draw and create their own sun safety booklet to take home. Provide a chart for students to use at home to record the days they brush their teeth. Share community resources such as vaccination information with parents.

Social-Emotional Development

Social-emotional development is a separate domain in the preschool learning foundations and encompasses three strands: self, social interaction, and relationships. In kindergarten, these topics are in the mental, emotional, and social health content area. The importance of social-emotional development in TK cannot be over emphasized.

School readiness consists of social-emotional competencies as well as other cognitive and motivational competencies required for success in school. (CDE 2008, 1)

Appropriately, much of TK instruction and learning experiences are centered on providing children with opportunities to develop their social-emotional skills. Play and

student-initiated activities are the primary ways for children to learn to express their thoughts and feelings, respond to others, cooperate and problem solve with classmates, become more responsible, interact with adults, and develop friendships with peers.

Central to children's social-emotional development are caring relationships at school, as well as at home. Children must feel welcome and safe at school in order to learn. A welcoming and safe school environment starts with the teacher but extends to every adult on the school site (e.g., principal, administrative assistant, noon duty supervisors, custodians, family, and community volunteers). Respecting children, valuing the knowledge they bring to school, and celebrating their diversity and uniqueness create a learning environment in which children can grow and thrive. Warmly greeting children (and their families, guardians, and caretakers) each day, hanging children's art on the walls, adding student-made books to the reading area, actively using a range of culturally relevant and sustaining literature and other resources, and listening to and following children's suggestions for problem solving and learning activities can also foster a positive learning environment.

It requires careful planning to create an environment in which children learn through play-based and inquiry-based activities that reflect their interests and curiosity. Children learn when the classroom supports open-ended creativity and dramatic play, using a variety of learning spaces and interest areas such as areas for blocks and manipulatives, science, art, dramatic play, outside climbing, drawing and writing, and sand-and-water activity. The classroom needs to provide spaces for large and small group learning, quiet reading places, and outdoor play. There need to be sufficient materials (puppets, puzzles, blocks, toy cars) for children to share and supplies for drawing, writing, and creating art (CDE 2010b). Outdoor play areas should also support exploration and play. Providing outdoor play equipment they can safely master helps children build their confidence and develop their motor skills. Areas to run, jump, and spin offer movement options to help children stay focused during large group instruction. Dramatic play areas promote cooperative play and let children's imaginations soar. A cozy, quiet place can be a respite for children who feel overstimulated and are seeking a place to calm themselves and lower their stress.

In a learning environment that promotes children's social-emotional development, teachers model behavioral expectations in their interactions with other adults and children. Teachers recognize and praise children when they demonstrate cooperation and consideration by describing specific behaviors. They also recognize cultural and religious holidays and festivals with stories, songs, posters, and art activities and encourage families to share music, fabrics, crafts, customs, or language (e.g., greetings, ways of thanking) that reflects their home culture. When children see their home culture and language reflected and valued in the TK setting, it nurtures a positive sense of self and supports cultural and linguistic sustainment. Teachers should frequently invite children to share things from their home cultures and primary languages, such as a song, a story, an artifact, or special foods. This strengthens the child's cultural identity, while also helping the other children to understand cultural experiences that are different from their own. Some children of recently arrived immigrant families, particularly those who are at the Emerging level of English language proficiency, may need special support in sharing their experiences due to their emerging familiarity with English. Teachers can work with school and district language specialists, as well as with families and community members, to ensure that all children have an equitable opportunity to have their culture and language valued and for sharing their home experiences with their peers.

Teachers and other adults in the classroom should be careful to respond to children's inappropriate behavior in a calm manner and offer suggestions for other ways to behave or solve a problem. Children can be taught strategies to express feelings and resolve conflicts. Teachers can create a classroom culture of helpfulness and problem-solving through puppets, conversations, songs, poems/raps, posters and books. Teachers help children learn to express in words their feelings and thoughts by teaching problem solving techniques and the vocabulary they need to communicate using classroom conversations, books, songs, chants, poems, and videos. By reading aloud to and with children a variety of books that reflect the diversity of the children including books about how to problem solve, communicate feelings, share, and cooperate, teachers provide the children age-appropriate models. Culturally and linguistically relevant songs,

including songs in the primary languages and home dialects (e.g., African American English) of the children promote healthy relationships and a positive sense of self and of one's community.

Observing children at play and working in groups provides insights into their social-emotional development. For example, a child whose interactions with other children appear impatient may need more practice with self-regulation. Children practice self-regulation playing games that require taking turns or waiting for directions, such as Simon Says. Careful observation of children also provides opportunities for instruction and learning. Teachers ask children questions that can help them learn to problem solve, persevere, and be more considerate of others, such as: *Is there another way you can try to do this? Why do you think that happened? Do you think Jerome or Tuyet would like to play, too?*

Partnering with your school: The physical school site and all the adults at the site contribute to TK children's sense of wellbeing. Acquaint children with school personnel through walks around the school to the principal's office, the "big kids" playground, the school nurse's office, and the cafeteria, including the kitchen or other sections that children do not usually have access to. Make frequent visits to the school library/media center. Invite the principal, teacher librarian, school nurse, school administrative assistant, cafeteria staff, noon duty supervisor, expanded learning teachers and directors, and other adults at the school to the TK classroom to read a story, teach a song, or watch children tell a story, sing, or perform a skit.

Partnering with your community: In addition to inviting guest speakers from community health and safety organizations, help children connect their school to their neighborhood. After a short walk around the school, children draw maps or pictures of the neighborhood housing and other buildings, play spaces, and the people they see and then tell about what they have drawn. During this conversation, prompt children to talk about the people they see on their way to and from school and ask questions to draw out children's ideas about where in the neighborhood people may be going.

Partnering with the family: Cultivate the connection between each TK child's family, guardian, or caretaker and the school. Greet the children's adult family members when they drop off and pick up their child. Make a point of telling family members about their child's successes and growth, not just their behavioral issues. Focus on the child's strengths. Find out what the parent's, guardian's, or caretaker's educational goals are for their child. Call or otherwise contact parents, guardians, or caretakers to share good news, such as when their child displays appropriate problem-solving skills, helps a classmate, or makes academic progress. Invite them to volunteer in the classroom, if their schedule permits. Ask adult family members to be a guest story teller or reader for the day to share a favorite or traditional food or tell a story in their language from their childhood or culture. Encourage adult family members to read and sing with their child every day and to talk with their child about what happens at school. Produce a TK class newsletter with photos of children (with parent, guardian, or caretaker permission) and their drawings, to keep them informed about what their child is learning or create a Web page that parents, guardians, and caretakers can access.

Kindergarten

Kindergarten is an important year of change for most children, especially those who are starting school for the first time; they are adjusting to either a partial or full day of school every day of the week. Most five- and six-year olds are very curious about their new environments. As kindergartners enter the formal school setting, they are typically interacting with more adults and peers and developing the skills needed to make friends, helping them to develop a greater perspective of the world around them. They are generally able to concentrate over longer periods of time than in prior years. Physically, kindergartners are becoming more graceful and coordinated but are still developing their gross and fine motor skills. Emotionally, many kindergartners are becoming more aware of what causes their feelings, how to manage their emotions, and behave appropriately. Kindergartners learn best by active, hands-on learning. They typically enjoy exploring and discovering and asking additional questions as they learn more about their world (Morotz 2015, Parent Tool Kit 2017, Wood 2007).

The knowledge and skills students acquire in kindergarten lay the foundation for developing health literacy, healthy habits, and healthy relationships throughout their lifetime. Students in kindergarten are usually excited to learn about their bodies and how to keep them healthy. Kindergarten students learn about various ways to take care of their bodies and themselves, including eating healthy foods and being physically active, following safety rules, and practicing good hygiene. They also learn about healthy relationships with peers, their role in the family, and how to identify and communicate with trusted adults.

The health education standards were designed to be age and developmentally appropriate. In kindergarten; there are essential health concepts standards in all six content areas. All eight overarching standards are addressed in kindergarten when all six content areas are taught. When appropriate for students' needs and interests, teachers are encouraged to incorporate content areas for which there are no standards in kindergarten.

Nutrition and Physical Activity (N)

Through programs, policies, and learning opportunities, schools play a key role in establishing positive environments that promote and support healthy practices and behaviors such as regular physical activity and good nutrition (CDC 2017a).

Kindergarten is an opportune time for students to learn how to eat a healthy diet and make physical activity part of their daily lives.

A healthy diet includes a variety of foods including traditional and cultural foods to meet the nutritional needs of a growing body and limited consumption of foods that are high in calories but provide few, if any, nutrients (Academy of Nutrition and Dietetics 2017, CDC 2017).

The Dairy Council of California (2018) defines variety as a diverse assortment of foods and beverages across and within all food groups – dairy, fruits, vegetables, grains, and protein foods (Dietary Guidelines of Americans; USDA

2018). Search the United States Department of Agriculture (USDA) and other reliable, medically accurate resources for current food groups and recommended

portion sizes. There is more than one way to eat healthfully and everyone has their own eating style. Healthy eating patterns encompass all food and beverage choices over time, providing an adaptable, personalized framework tailored to one's preferences, culture, tradition and budget. Choosing a variety of nutrient-rich foods from all food groups – dairy, fruits, vegetables, grains, and protein foods for a healthy eating pattern.

In kindergarten, students focus on eating a variety of foods, eating healthy snacks, and eating a healthy breakfast. Kindergarten students learn what makes food healthy, which includes a general understanding of the nutritional needs for their bodies and the concept of nutritional value (K.1.1.–3.N, Essential Health Concepts). For example, students learn they need calcium for strong bones, and they learn about different foods that are calcium-rich. Students are introduced to a variety of foods through books such as *Eating the Alphabet: Fruits and Vegetables from A to Z* by Lois Ehlert (1989) and *The Vegetables We Eat* by Gail Gibbons (2008).

Students can be encouraged to try new foods and add more variety to their diets in a number of ways. One way is to ask students to identify and discuss one new food they

may have tried recently at the school cafeteria, at home, at a friend’s or family member’s house, or out to eat. In schools that have committed resources to helping students eat a variety of healthy foods, students may be able to try new foods in the cafeteria, from the school garden, or at food-testing events. A “passport” or certificate that can be stamped for each food a student tries is a fun way to encourage adding new foods into the diet. Read-aloud books, such as *I Will Never, Not Ever Eat a Tomato (Charlie and Lola Series)* by Lauren Child (2003), *Gregory, the Terrible Eater* by Mitchell Shamet (1990) and *Tales for Very Picky Eaters* by Josh Schneider (2011), provide a humorous approach to encouraging students to eat a variety of healthy foods.

Instruction in kindergarten helps students learn to analyze what influences their food choices (K.2.1.N, Analyzing Influences) and how to ask for healthy foods (K.4.1.N, Interpersonal Communication). They practice selecting healthy foods for snacks and in a variety of settings (K.7.1.–3.N, Practicing Health-Enhancing Behaviors). Marketing food to children is a multi-billion dollar industry, with many advertisements for fast food and breakfast cereals that influence students’ food choices. Toys, pictures of popular cartoon characters, and catchy songs are used to promote food products to children. In kindergarten, students learn that not all of the products they see at the store or in advertisements are good for them (K.2.1.N, Analyzing Influences). In the following classroom example, students apply their knowledge of what is healthy for them as they analyze how their food choices are influenced by advertising.

Classroom Example: Breakfast Cereal Advertisements

Purpose of Lesson: Students are targeted in advertisements for breakfast foods, particularly cereals. Companies use different tactics. The advertisements often make the foods look “fun” because a character proclaims the food tastes good and is good for you. Children then put pressure on parents, guardians, and caretakers to buy these foods. The goal of this activity is for students to understand the purpose of advertising—to pressure them into a purchase—and that the food advertised may not be a healthy food choice.

Standard:

- K.2.1.N Recognize that not all products advertised or sold are good for them (Analyzing Influences).

The students in Ms. V's kindergarten class have been learning how to participate in collaborative conversations and to follow the class rules for discussion, such as taking turns and listening to others. The students like to share and are comfortable asking and answering questions. They still occasionally need a reminder about keeping on topic.

Ms. V's students have been learning about the importance of eating a varied diet, the nutritional needs of their growing bodies, and how to choose healthy foods for breakfast. They have a rudimentary understanding of how nutrients from foods are processed by their bodies. Ms. V thinks her students are ready to begin learning about how outside influences affect their food choices and how to determine if a food may be a nutritious choice.

Ms. V begins the lesson by asking her students if they know what an advertisement is and if they have ever seen one. While most students have seen advertisements on television or online, they may not have heard the word *advertisement*. Ms. V is prepared to tell about some advertisements from current television programs or online videos that her students may have watched. After students have responded to the question and share information about advertisements they have seen, Ms. V asks students if they know what the purpose of advertisements is. Not many students answer the question, so she asks students to discuss it with a buddy sitting next to them and then share with the group what they think the purpose is. Once she is certain that students understand the purpose of advertisements is to get them to buy something, she knows the students are ready to move to the next part of the lesson. Because the students are having trouble focusing, Ms. V decides that this a good time for the students to sing one of the songs with movement that they have learned.

As the song ends, Ms. V asks the students to sit in small groups with the three or four people next to them. Ms. V shows the students cut-out front panels from the boxes of several popular cereals, ones that are likely to have been advertised. She gives each group a box panel and asks the students to look closely at the pictures on the box

panel. Ms. V then asks each group of students to discuss what they like about the box panel and if they have seen an advertisement about the cereal. After a few minutes, Ms. V asks each group to report out their discussion on the two questions. She prompts the students by restating the questions. After all the groups have reported, Ms. V asks the students to show by raising their hands if they would like to buy the cereal because they liked the pictures on the box panel or the advertisement about the cereal they have seen. Ms. V counts the hands and tells the class how many students want to buy the cereal because they like the advertisement. She makes the point that this is the purpose of advertisements—to make them want to buy something.

Now, Ms. V asks her students to raise their hands if they think the cereal is a healthy choice. She counts the raised hands and records the responses on a chart for the students to see. Then, she asks the students who do not think the cereal is a healthy choice to raise their hands, and she counts the raised hands. Finally, she asks the students who do not know if the cereal is a healthy choice to raise their hands and counts those hands. She reports to the students how many raised their hand for each question. Some students raise their hands twice and some not at all.

Because many students were not sure if the cereal is a healthy choice, Ms. V asks the students to tell her how they could find out if the cereal is a healthy choice or not. Students' responses include asking their parents, guardians, caretakers, other family members, a teacher, a doctor, or a cafeteria worker. Ms. V compliments her students on naming trusted adults to help them decide if food is a healthy choice. Students then practice how to ask a family member, guardian, or caretaker if their cereal is healthy and nutritious. Ms. V concludes the lesson by asking students if they think the advertisement is the best place to find out if a cereal is a healthy choice. Her students respond with an enthusiastic "No."

To reinforce their learning, Ms. V asks her students to identify healthy foods from free advertisement flyers she has brought to class and then draw a picture of a healthy food that will make their friends want to try the food—just like an advertisement. She displays the pictures in the room.

Additional learning activities can be found at the end of this section and at the California Department of Education Healthy Eating and Nutrition Education Web page. The *Nutrition Education Resource Guide for California Public Schools, Kindergarten Through Grade Twelve* (CDE 2016) serves as a resource to plan, implement, and evaluate instructional strategies for a comprehensive nutritional education program and is available on the Web site.

Physical activity is a key component of a healthy lifestyle and a habit that is important for children to adopt early and continue into adulthood. The Physical Activity Guidelines for Americans recommends that children participate in 60 minutes a day of physical activity (U.S. Department of Health and Human Services 2016). Physical activity does more than keep the body healthy; 60 minutes of daily physical activity provides academic benefits, too. Research shows that being physically active 60 minutes a day helps enhance students' academic performance, increase their ability to concentrate, and improve school attendance and classroom behavior. Physical activity also decreases excessive screen time (e.g., cellphone, computer, tablet, television) (American Academy of Pediatrics 2017).

Moderate Aerobic Activity	Muscle Strengthening	Bone Strengthening
60 minutes a day	60 minutes a day 3 times per week	60 minutes a day 3 times per week
Examples: running, cycling, non-electric scooter, skateboarding, wheelchair basketball	Examples: Climbing on a jungle gym, gymnastics, wheel chair bean bag toss	Examples: running, jumping rope, seated volleyball using a beach ball

Source: United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion 2008 Physical Activity Guidelines, Active Children and Adolescents.

In kindergarten, students describe the benefits of being physically active. They learn that being physically active has many benefits, including enhancing overall health and fitness. They learn that being active builds their muscles, strengthens their bones, and helps them concentrate at school (K.1.3.N, Essential Concepts). Many children face barriers to physical activity, such as a lack of safe places to play or the resources to participate in organized sports, or prefer more sedentary activities, such as playing video games and watching television. Learning about different ways to be physically active can help kindergarten students become more active and reinforce the joyfulness of moving—jumping, running, dancing, climbing.

Students in kindergarten need guidance to participate in a variety of physical activities that are fun and age appropriate. In kindergarten, skill instruction focuses on helping students increase the amount of time they spend in dramatic play. Students are then able to describe ways to participate regularly in dramatic play and enjoyable physical activities (K.5.1.N, Decision Making).

In the classroom example below, both the teacher and the students demonstrate active play and differentiate it from sedentary activities. Additional learning activities can be found following the classroom example and the *Physical Education Framework for California Public Schools: Kindergarten Through Grade Twelve* available on the CDE Curriculum Framework Web page.

Classroom Example: Choosing Active Play Options

Purpose of Lesson: Physical activity is an important part of being healthy. Children need to learn about a variety of active play options that are good for their health and well-being. This lesson helps students describe ways to participate regularly in active play and enjoyable physical activities.

Standard:

- K. 5.1.N Describe ways to participate regularly in active play and enjoyable physical activities (Decision Making).

Mr. J knows that many students in his kindergarten class do not participate in enough active play or physical activities to meet the recommended 60 minutes a day. The school has an effective physical education program that the students enjoy, but does not provide all the active play time his students need to be healthy and do well in school. Some of the students in Mr. J's class do not have access to parks or other recreation areas or costly equipment for playing. As part of health education instruction, Mr. J plans to help his students think of a variety of ways to be physically active that do not require many resources.

Because playing can mean many things to his students, including sedentary activities such as playing video games or board games, Mr. J first focuses on helping his students identify active play. Before taking the students to an outdoor play space near the kindergarten classroom, Mr. J reviews the expectations for behavior during physical activity including reminding the students to respect other people's space and to spread out so they are not touching anyone.

He directs the students to demonstrate each activity as he calls it out. After the students demonstrate the activity, he asks them to give him a thumbs up if the activity is active play or a thumbs down if it is not. By using the thumbs up/thumbs down method, Mr. J knows immediately if his students can recognize active play and can help them correct any misunderstanding.

Mr. J calls out the following activities for the students to demonstrate and asks for a thumbs up/thumbs down after each one:

- Walk fast (thumbs up)
- Run in a circle (thumbs up)
- Play video games (thumbs down)
- Skip to the other side of the play space (thumbs up)
- Play cards (thumbs down)
- Dance (thumbs up)
- Play hopscotch (thumbs up)
- Practice yoga (thumbs up)
- Ride a bike (thumbs up)
- Watch television (thumbs down)
- Do Karate, Tae Kwon Do, Tai Chi, or other martial arts (thumbs up)
- Pretend to be an airplane flying high in the sky (thumbs up)
- Walk like an elephant (thumbs up)
- Roll in a wheelchair like a racecar (thumbs up)
- Play seated volleyball or catch/throw (thumbs up)

Mr. J's students enjoy all the movement. Mr. J asks students to give examples of how they make decisions to go out and play. As Mr. J ends the activity by thanking his students for moving around the play space without bumping into each other, he tells them that for the next lesson each student will suggest an activity for the class to do and decide if it is active play.

At the end of the day as his students leave the classroom, he reminds them of all the fun they had doing active play that day and suggests they do some sort of active play after school because it is so much fun and a healthy choice.

Students describe the benefits of being physically active (K.1.3.N, Essential Concepts) by first visiting the library and being read books that involve physical activity and movement, such as *You Are a Lion! And Other Fun Yoga Poses* by Taeun Yoo (2012); *Stretch* by Doreen Cronin and Scott Menchin (2009); or *Tae Kwon Do!* by Terry Pierce and Todd Bonita (2006). Students are then asked to describe how these physical activities help students in being healthy (become stronger, more flexible, able to sleep better, and good for their heart and bones).

Essential Concepts: K.1.1.N Name a variety of healthy foods and explain why they are necessary for good health.

Food Group Fun

Students name a variety of healthy foods by sorting healthy food examples (photo cards of food, plastic toy foods, or felt cut outs of various foods) and by placing them in the correct area of a giant plate marked as a divided circle on the classroom floor or carpet. Students can also color and cut sample healthy food items and glue them on a paper plate. <byh>Students can also prepare snacks including all of the food groups, such as whole grain tortilla wraps with bean dip and diced vegetables inside. Consult the school's policy on preparing and serving food in the classroom and check for nut and other food allergies.<eyh> Students are encouraged to share and identify the healthy foods they ate this week. <byh>Teachers are encouraged to recognize that legumes and vegetables are high in lean protein when referencing the protein group.<eyh> See the USDA MyPlate Web site for free resources.

Essential Concepts: K.1.2.N Identify a variety of healthy snacks.

Healthy Snacks—Yum

During snack time, students identify and discuss a variety healthy snacks they like such as carrots and bananas. Pictures of healthy snacks can be shared with students. Students are asked to point to their teeth, eyes, and skin as they learn that calcium-rich foods such as <byh>milk, cheese, almonds, tofu, and collard greens<eyh>are important for strong bones and teeth and that vegetables give us good eye sight, help us see in the dark like superheroes, and help heal cuts and scratches. Proteins such as chicken, beans, <byh>peas, soy products, nuts, seeds, and<eyh> peanut butter help us to be strong by building muscles. Students enjoy flexing their biceps to show off their muscles.

Essential Concepts: K.1.2.N Identify a variety of healthy snacks.

Practicing Health Enhancing Behaviors: K.7.1.N Select nutritious snacks.

Healthy Colors of the Rainbow Snacks

Students identify and select a variety of health snacks by using the colors of the rainbow as a guide. Students sort a variety of food pictures including pictures of candies or brightly colored cereals and healthy snacks such as fruits and veggies that match the colors of the rainbow into colors. They then select healthy choices from each group.

Students then select a healthy snack they would like to eat. <byh>In a school garden, student can plant a rainbow of fruits and vegetables, such as a bed with red tomatoes, orange carrots, yellow bell peppers, green spinach, and blue borage flowers. They can harvest rainbow snacks from their garden and read aloud *Rainbow Stew* by Cathryn Falwell (2014).<eyh>

Practicing Health-Enhancing Behaviors: K.7.2.N Plan a nutritious breakfast.

Breakfast Display

Students plan a nutritious breakfast. Various healthy breakfast food samples and pictures are displayed in class each month. Creative healthy foods such as smoothies, breakfast burritos, quesadillas, nut or seed butter, vegetable soup with rice noodles, low-fat cheese sandwiches, or trail mix can be considered. Students select a breakfast item and explain their choice. The breakfast plan can be copied for students to take home and share with others. Check with parents, guardians, or caretakers regarding any food allergies. Consult your school's policy on preparing and serving food in the classroom and for nut and other food allergies. For additional food allergy resources, consult your school or district credentialed school nurses, county wellness coordinator, and California Department of Education's Policy on the CDE School Nutrition Web page.

Essential Concepts: K.1.4.N Recognize the importance of a healthy breakfast.

Practicing Health-Enhancing Behaviors: K.7.2.N Plan a nutritious breakfast.

Breakfast Around the World—Breakfast in My World!

The importance of a healthy breakfast is reinforced by reading the book *Breakfast Around the World* by Ye-shi Kim (2016) or discussing pictures of breakfast items from various cultural groups in the United States. Students give examples of items they eat for breakfast when asked, “What are some breakfast foods we eat in our families? Have you had any foods we discussed in our book (or pictures)?” Suggestions for a healthy breakfast are provided along with information on how breakfast makes us feel good and have energy to do well in school and other activities. Families may want to participate and share foods from their home or heritage countries for class to share or for family/parent meetings.

Interpersonal Communication: K.4.1.N Explain how to ask family members for healthy food options.

Bread and Jam for Frances or Pinkalicious

Students explain how to ask family members for health food options after enjoying the book *Bread and Jam for Frances* by Russell Hobban (2008) or *Pinkalicious* by Victoria and Elizabeth Kann (2006). Students discover what happens when Frances’ mom serves bread and jam for every meal or Pinkalicious eats so many pink cupcakes that her hair and skin turn pink! Exploratory questions are asked such as: *Was Frances or Pinkalicious eating healthy foods from all five food groups?* Students learn that bread, flour, and whole grain flour are in the grains food group but jam and frosting are not in a food group. *How would you feel if you ate the same food at every meal?* At the end of the books, Frances and Pinkalicious are both eating a variety of healthy foods and vegetables. Students share with a partner how Frances or Pinkalicious should ask her mom for healthier foods and snacks. Students identify ways they can choose healthier and a wider variety of foods and snacks. Students then draw a picture of Frances or Pinkalicious eating healthy food.

Essential Concepts: K.1.2.N Identify a variety of healthy snacks.

Practicing Health-Enhancing Behaviors: K.7.1.N Select nutritious snacks.

Friendship Pocket

Students identify a variety of healthy foods and select a nutritious snack by enjoying a healthy pita snack, a *Friendship Pocket*. They choose their own ingredients from each of the five food groups to place in the pita pocket. Students discuss what other foods may go in the friendship pocket or what fruits may be nice to include with the pocket.

<byh>Students growing fruits or vegetables in a school garden harvest and include items from the garden.<eyh> Place the recipe idea in the student's take home folder to share with their parents, guardians, or caregivers. Recipe ideas are available on the USDA MyPlate Web site. Teachers work with their cafeteria manager for food storage, preparation, and donation of food items.

Essential Concepts: K.1.1.N Name a variety of healthy foods and explain why they are necessary for good health.

A is for Apple, Square is for Sandwich

Students name a variety of healthy foods as they draw pictures of as many healthy foods as they can identify that correspond to each letter of the alphabet. Students enjoy dry low-sugar or unsweetened alphabet cereal and recognize letters as they think of associated foods. Students can also use rulers and shape stencils to draw pictures of various healthy food and snack items in the corresponding shapes. For example, students <byh>draw an orange or a tomato as a circle, a triangle for cheese<eyh> or square for sandwich. Stencils can be alphabetized and made into a book shared by the class.

Essential Concepts: K.1.1.N Name a variety of healthy foods and explain why they are necessary for good health.

Fruit and Vegetable Explorers

Fresh fruits and vegetables are donated by a parent volunteer or local farmers' market or obtained from the school garden or cafeteria. Students enjoy eating foods that they help prepare. Using a spoon/fork and paper plates, students wash, prepare, and taste fruits such as apples, pears, strawberries, oranges, kiwis, melons and bananas; and vegetables such as cucumbers, broccoli, avocados, or tomatoes. As a group, students then name the fruits and vegetables and discuss: *What colors were today's fruits and vegetables? What are some different ways to prepare fruits and vegetables? Today we mashed avocado and banana, were there any new foods you tried today? Do you know that eating fruits and vegetables everyday can keep you from becoming sick?*

Practicing Health-Enhancing Behaviors: K.7.3.N Choose healthy foods in a variety of settings.

Dramatic Play

Students practice choosing healthy foods in a variety of settings as they engage in dramatic play by pretending to work at a grocery store or being their parent, guardian, or caregiver buying healthy foods at the grocery store or preparing healthy foods at home.

Practicing Health-Enhancing Behaviors: K.7.3.N Choose healthy foods in a variety of settings.

Gardening for Health

By planting a garden or garden boxes in the classroom to enjoy seeing items grow, learning where vegetables come from, and tasting the healthy vegetables, students choose healthy foods they may not have tasted before. <byh> Students discuss what plants need to thrive and then tend to the growing vegetables over time by adding compost to the soil, placing their plants in the sunlight, weeding, watering, and caring for their plants. They listen to stories about the journey of food from seed to table, such as

What's This? by Caroline Mockford (2000), Tops and Bottoms by Janet Stevens (1995), or Ten Seeds by Ruth Brown (2010). They count, measure, observe, and diagram how their plants change over time. Finally, they harvest, wash, prepare and taste the produce they grew. Consult the school's policy on preparing and serving food in the classroom and any potential food allergies.<eyh>

Source: Some items adopted from Telljohann 2015, USDA MyPlate 2017

Partnering with your school: Students visit the school cafeteria to see where healthy breakfasts and lunches are made. The school cafeteria manager can come speak to the students in class about healthy and tasty foods offered at school (K.1.1.N, K.1.3-4.N, Essential Concepts).

Partnering with your community: When young students are asked where vegetables come from, they often reply a package or the grocery store. Students visit a local farm, farmers market, or community garden to see where healthy food comes from (K.1.2.N, Essential Concepts). Students identify and share places they visit in the community such as the park, where they go for physical activity (K.5.1.N, Decision Making).

Partnering with the family: Parents, guardians, and caretakers enjoy simple healthy recipes created by the students with the assistance of the teacher. Students and parents, guardians, and caretakers also actively contribute and support healthy options by sharing cultural family recipes and foods served at celebrations such as traditional holidays, birthdays, or other special days (K.4.1.N, Interpersonal Communication; K.7.3.N, Practicing Health-Enhancing Behaviors). Parent, guardian, and caretaker volunteers with a background in fitness are welcomed to lead an age-appropriate physical activity if school or district policy allows.

Growth and Development (G)

Kindergarten students are very curious about how living things grow and mature (K.1.1.G, Essential Concepts). Most are ready to describe their own physical characteristics including their own body parts and functions as well as the five senses

(K.1.2.G, K.1.6.G, Essential Concepts). Becoming more aware of their surroundings, students describe ways people are different or the same (K.1.3.G, Essential Concepts) and identify trusted adults who promote healthy growth and development (K.1.4.G, Essential Concepts). Read-aloud books, such as *Let's Meet a Doctor* or *Let's Meet a Dentist* by Bridget Heos (2013), *Going to the Doctor* by Anne Civardi (2006), *The Berenstain Bears Visit the Dentist* by Stan Berenstain (1983), *What to Expect When You Go to the Dentist* by Heidi Murkoff (2009), *I Need Glasses: My Visit to the Optometrist* by Virginia Dooley (2002), *Arlo Needs Glasses* by Barney Saltzberg (2012), and *I Really Absolutely Must Have Glasses* by Lauren Child (2009), provide an introduction to healthcare professionals who promote growth and development (K.1.4.G, Essential Concepts). Students share stories of their visits to health care professionals. They engage in dramatic play, exploring toy stethoscopes, eye glasses, reading eye charts; trying on white coats; or playing with an oversized toothbrush and oversized model of teeth to introduce them to healthcare helpers who promote healthy growth and development.

In science, kindergarten students learn that plants and animals—including humans—need certain things like water, food, and sunshine to grow and survive <bbh>(California Next General Science Standards [CA NGSS] K-LS1-1)<ebh> and they discover how people can affect the survival of plants and animals <bbh>(California Environmental Principles and Concepts [CA EP&Cs], Principle III).<ebh> In health, students learn that living things grow and mature (K.1.1.G, Essential Concepts). These connections to growth and development provide opportunities to apply knowledge in science to health education as students compare how humans grow and mature to other animal and plant life cycles. Students discover how living things grow and mature by interacting and caring for class pets such as fish, hermit crabs, guinea pigs, hamsters, rabbits, bearded dragons, or other lizards. Students can be empowered to choose which pets the classroom adopts by voting and collectively naming and caring for the pet. Teachers should check with parents, guardians, and caretakers for any allergies in addition to the school and district's allergy and animal policy. Plants also provide a care-taking opportunity for children. Seeds can be planted in containers and grown under grow

lights or near bright windows. School gardens also provide an opportunity to demonstrate this concept (see the Nutrition and Physical Activity section).

Kindergartners learn water is essential to all life forms and some living things, such as plants, use energy from the sun to make their own food.

Singing songs and reciting poems about bones and body parts is a fun and engaging way students learn more about their bodies. Students sing the “Skeleton Dance” song while pointing along to their corresponding body parts. “The toe bones connected to the foot bone. The foot bone’s connected to the ankle bone. The ankle bone’s connected to the shin bone...” Students also enjoy singing and dancing to the “Hokey Pokey” or the familiar “Head, Shoulders, Knees, and Toes.” Additional books and song books include *Inside Your Outside: All About the Human Body* by Tish Rabe (2003) and *My BodyWorks: Songs About Your Bones, Muscles, Heart and More!* by Jane and Steven Schoenberg (2014). Students also learn about select body parts such as the heart which pumps to circulate our blood. They place their hand over their heart to feel their heart beating. They learn that the brain is located inside our heads and helps us think, memorize, and learn (K.1.5.G, Essential Concepts). In the example below, students name and describe the five senses (K.1.6.G, Essential Concepts). One of the five senses can be explored each day.

Classroom Example: My Five Senses

Purpose of the Lesson: Students explore various activities to name and describe the five senses.

Standards:

- K.1.6.G Name and describe the five senses (Essential Concepts).
- K.1.5.G Name body parts and their functions (Essential Concepts).

Supplies:

Sample foods for tasting salty, sweet, bitter, and sour.

Braille books

Plastic glasses, safety goggles, eye patch, sun glasses

Sample instruments or an electronic device to play instruments

Cotton balls

Flavor extracts

Sample items for the touch activity that have different textures: nail file, marshmallow, a cotton ball, rubber spider, a piece of satin

Students in Ms. C's kindergarten class are very curious about every subject and excited to learn more about how their body functions. This week the students will learn about their five senses: taste, sight, hearing, smell, and touch.

Ms. C first reads aloud the books *My Five Senses* (1989, 2015) by Alike and *Look, Listen, Taste, Touch, Smell* by Pamela Hill Nettleton (2004).

Monday. Taste: Students learn that they are going to taste different items to see which ones are salty, sweet, sour, or bitter. Students learn that their tongue has little things on it called taste buds that help taste food. Students first wash their hands or use hand sanitizer. Ms. C's students discover salty foods by tasting a cracker, sweet with a raisin, sour by tasting a lemon slice, and bitter with unsweetened chocolate on a plate.

Children enjoy talking to one another about what they taste and discover with each new experience.

Tuesday. Sight: Ms. C's students then learn that our eyes are important for seeing. Sight is explored by students identifying what letters they can see with both eyes open and then covering their left or right eye with a seeing-eye chart that is printed from an online resource. Braille books Ms. C checked out from a local library are then explored and felt by the students as she explains that some people are unable to see (blindness), or have very poor vision, even with glasses (severe visual impairment). Braille books allow blind people to feel words for reading, rather than see them. The students then enjoy

exploring a pair of plastic eye glasses and trying on sunglasses, safety goggles, and pirate eye patches, noting the difference in their eyesight.

Wednesday. Hearing: Students discover that there are many sounds all around us and that their ears are used for hearing. Ms. C plays sounds on an electronic device and by playing various instruments and bells while the student's eyes are covered. Each student takes turns playing an instrument or sound for their peers while the other students guess which sound they hear. Students learn that just like with vision, some students have hearing loss or cannot hear at all (deafness). These students may wear hearing aids in order to hear well. Students also learn about hearing protection and safety practices such as not listening to loud music with or without headphones.

Thursday. Smell: The kindergarten students learn that smell is an important sense and the nose is also an important sensory organ for breathing, smell, taste, and even keeping them safe and healthy. Students smell various extracts such as lemon, cinnamon, or mint on a cotton ball and identify the mystery scent. Students also learn that smelling can inform us of an emergency occurring such as smelling smoke, fire, or a gas leak.

Friday. Touch: Ms. C explains that feeling occurs from different special things called nerves that we have in our hands, muscles, and skin. Students enjoy discovering different touch senses by feeling different textured objects in a box and describing the feel of the different objects including a nail file, marshmallow, a cotton ball, rubber spider, and a piece of satin.

Ms. C tells the students that keeping their senses healthy by going to the doctor, eye doctor, and dentist is important for their health and wellbeing. Students share that they enjoyed the activity and ask which body part they are going to learn about next.

Students describe their own physical characteristics and name ways in which people are similar and ways in which they are different (K.1.2.–3.G, Essential Concepts) as they create self-portraits. Each student is provided a pre-made (prepared by the teacher in advance) life-size "I Am Me" cut out to decorate and personalize with what they like to

do. For example, students who love to dance or play soccer may decorate their cutout with ballet shoes or a soccer ball. Students discover they have many qualities in common as well as other qualities that make them unique when they tell about their “I Am Me” in class. The message that we all have special qualities is emphasized by the teacher in a supportive, inclusive tone. The life-size student self-portraits, which may be stuffed with newspaper or paper filling, are fastened together as if holding hands in a display of unity in the classroom or the school. See the Mental, Emotional, and Social Health (M) section for additional teaching strategies that cover these two standards (K.1.2.–3.G, Essential Concepts).

Students also learn about individual differences, including gender, from a very early age. Gender socialization begins before children start school—students may believe that different norms are associated with people of particular genders by the time they enter kindergarten. While this understanding may be limited, students can still begin to challenge gender stereotypes in a way that is age appropriate. While students may not fully understand the concepts of gender expression and identity, some children in kindergarten and even younger have identified as transgender or understand they have a gender identity that is different from their sex assigned at birth. This may present itself in different ways including dress, activity preferences, experimenting with dramatic play, and feeling uncomfortable self-identifying with their sex assigned at birth. However, gender non-conformity does not necessarily indicate that an individual is transgender, and all forms of gender expression should be respected. *My Princess Boy* by Cheryl Kilodavis is an age-appropriate book that can be used to demonstrate gender differences and inclusion. (See the Access and Equity chapter for additional information about inclusive instruction.)

Dispelling myths about gender expectations in kindergarten can lay the groundwork for acceptance, inclusiveness, and an anti-bullying environment in schools. Gender non-conformity and physical characteristics are often at the root of many forms of bullying. As students learn to accept differences and unique characteristics of others, they also learn about the characteristics of bullying and how to avoid being a bully (K.1.3.G, K.1.6.–7.S, Essential Concepts; K.7.2.M, Practicing Health-Enhancing Behaviors).

Discuss gender with kindergarteners by exploring gender stereotypes and asking open-ended questions, such as what are preferred colors, toys, and activities for boys/girls, and then challenging stereotypes if presented. Throughout this discussion, show images of children around the same age who do not conform to typical gender stereotypes. Examples do not have to be exaggerated or overt. Simple differences, such as colors or toy preferences, can demonstrate acceptance of gender non-conformity.

Partnering with your school: Students host a classroom open house for other grades to come visit the class pets or plants and classroom and hear the kindergarten students talk about the life cycle (K.1.1.G, Essential Concepts). In classrooms that do not have pets, student drawings or photo collages of different pets can be displayed. Teachers should check with parents, guardians, or caretakers for any pet allergies in addition to the school and district's allergy and animal policy.

Partnering with your community: Members of the community who defy traditional stereotypes (e.g., women firefighters, male nurses, and <byh>stay-at-home fathers/guardians/caretakers)<eyh> could be invited as guest speakers to share about their jobs and to serve as role models and myth busters. Be sure to include individuals of all genders, including people who are transgender. Students write and illustrate a collective letter requesting a healthcare professional to speak to the class. Dental providers may offer free dental health checks <byh>and identify students in need of care. Dental providers may also offer other preventive services such as fluoride treatments (with parental consent).<eyh> School nurses can provide mandated vision and hearing assessments for all kindergarteners. As a part of this process, school nurses may provide referrals for follow-up with community vision, hearing<byh>, and dental<eyh> services providers. In addition, students, families, teachers and staff may reach out to their school nurse as a health resource at any time (K.1.4.G, Essential Concepts).

Partnering with the family: Parents, guardians, and caretakers help reinforce that every child has similarities but is also unique and special. Families are encouraged to share their own experiences with growth and development with their child and read

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books such as *All Families Are Special* by Norma Simon and Teresa Flavin (2003) together at home (K.1.3.G, Essential Concepts).

Injury Prevention and Safety (S)

Prevention skills established in kindergarten provide a foundation for safety practices a child can incorporate into time spent at school, home, and in the community (K.1.1.S, Essential Concepts).

Pedestrian safety is an important skill introduced in kindergarten and grade one that is ideally reinforced throughout the entire school year as well as in higher grade levels. Students explain ways to stay safe when riding a bus or vehicle, crossing the street, riding a bicycle, or playing (K.1.3.S, K.1.8.S, Essential Concepts; K.7.2.S, Practicing Health-Enhancing Behaviors). At this age, it is important to emphasize that ideally students should never walk near traffic without an adult present. Comprehensive pedestrian safety curriculum and materials for kindergartners are available online from the California Department of Public Health PedSafe Program, the National Highway Traffic Safety Administration's Walking Safely Near Traffic, National Center for Safe Routes to School's Kindergarten Pedestrian Safety Lessons from the Maryland Pedestrian and Bicycle Safety Education Program, and the Colorado Department of Transportation's Pedestrian Safety Lesson Plans: Kindergarten through Third Grade. After students are shown various street safety signs and the light signals for "walk/don't walk," the teachers asks if they have seen the signs or signals before and then explain their meanings. Students also learn what green light, red light, and yellow light mean. Reinforcement of key safety skills is emphasized in both song and reenactments of looking left, right, and then left again before crossing the street and fastening your seat belt while riding in your car seat, vehicle, or bus. Crossing guards can assist with practice sessions on school grounds.

For learning appropriate bus safety skills, a mock bus can be made with chairs, big blocks, or cardboard boxes that students paint. Seatbelts can be donated or child seats are borrowed for practicing vehicle safety skills. Students learn they should never stand or walk close to a bus or never run into the street or chase a ball into the street while waiting for the bus. They also learn not to approach the bus door until it opens and the importance of staying seated while riding in the bus. Concepts mastered in the

classroom are then applied outside in controlled settings such as the playground using cones, mock signs, and chalked lane designations. Depending on resources and with administrator and parent permission, teachers may use the school's parked bus in the school parking lot to demonstrate the concepts learned. Students make reflective orange vests with construction paper and carry yellow signs displaying "slow children crossing" and practice walking in an intersection while holding an adult's hand. Students learn why it is important to be visible to traffic (K.1.3.S, K.1.8.S, Essential Concepts; K.7.2.S, Practicing Health-Enhancing Behaviors).

A bike rodeo can be implemented in a controlled setting. Large classes can be split into two or more smaller groups with a teacher's aide or parent volunteers. Students are required to wear their bicycle helmets and ride only in designated areas to practice safety regulations when riding one's bike. The local police department, bicycling club, or children's organization may have existing bike rodeo programs or be able to provide bicycles and other equipment for the event (K.1.3.S, K.1.8.S, Essential Concepts; K.7.2.S, Practicing Health-Enhancing Behaviors).

Kindergartners enjoy learning through dramatic play. Using play phones, students act out various scenarios and learn they should not engage in conversations with strangers or share personal information with strangers on the phone. Such information includes whether or not they are alone at home or any personal information such as their name or address (K.4.2.S, Interpersonal Communication). Students are encouraged to discuss the rules for safe phone use with their family. Students learn how to respond appropriately if approached by strangers by first identifying who strangers are (anyone you do not know) then reading aloud *The Berenstain Bears Learn About Strangers* (1985) by Stan Berenstain. Students then role play various scenarios and learn if a stranger approaches them at home, in a car, or on the street to walk away quickly and find a trusted adult to inform of the situation. Role playing should also address strangers who may use treats or animals, such as candy or puppies, to lure students. Students may struggle with ignoring or defying adults as they are being socialized to follow rules and respect authority figures; they will need practice to be comfortable protecting their personal boundaries. Students further learn if they are home alone or their parent,

guardian, or caretaker is busy they should not open the door to strangers. Students learn they should be aware of strangers on the school campus (if going to office or bathroom) and practice assertive skills such as saying "Get away!" or "This is not my parent!" loudly and quickly going back to class or the school office to tell a trusted adult. (K.5.2.S, Decision Making).

Classroom Example: Recognizing an Emergency

Purpose of Lesson: Students identify emergency situations and how to respond and request help should an emergency occur.

Standards:

- K.1.2.S, Identify emergency situations (Essential Concepts).
- K.4.1.S Demonstrate how to ask a trusted adult for help or call 9-1-1 (Interpersonal Communications)
- K.5.1.S, Identify situations when it is necessary to seek adult help or call 9-1-1 (Decision Making).

Supplies:

Photo printouts of emergency personnel

Large paper displaying three circles

To introduce the topic of how to handle emergency situations, Ms. L first asks if anyone has heard of or experienced an emergency. Examples such as someone was hurt and had to go to the hospital or someone was lost are shared. Students are then asked if they know anyone who is a doctor, nurse, police officer, or firefighter. Students learn that these people are all examples of emergency personnel. Students are shown photos or drawings from books of various examples of emergency personnel. Three circles, each labeled with an emergency situation, are drawn on large paper. Following a brief overview describing emergency scenarios for each, students choose which person should be called in various situations. Ms. L prompts the students to point to the

emergency personnel that can help if they see smoke coming from a house on their street. Emergency situations such as an earthquake can be role played; or fire safety can be practiced with stop, drop, and roll or crawl on your knees to safety. Ms. L invites a guest speaker from the fire department and local emergency management services to provide education on emergency protocol, <byh>including introducing students to an automated external defibrillator (AED) as an important emergency rescue device. Mr. L's school does have an AED. The location and how students can assist in showing emergency personnel in locating the AED is shared.<eyh> Students draw or color pictures of various emergency responders such as firefighters, police officers, and emergency services personnel. Students practice calling 9-1-1 with phone models or toys. They enjoy singing (to the tune of Bingo! *There is a number you can call when you need someone's help. You call 9-1-1. You call 9-1-1. You call 9-1-1, And someone will help you!*). Students learn the importance of always calling 9-1-1 first in an emergency and to call others only after 9-1-1 has been called. Students further learn that 9-1-1 should only be called in a true emergency such as someone being unconscious; if they, a family member, or friend are in danger; an earthquake has occurred; or there is a fire. Students practice reciting their address and phone number to a 9-1-1 dispatcher. Students then use stuffed animals dressed in various emergency responder outfits or emergency response toy vehicles for play and to establish familiarity with emergency personnel. Special consideration should be made for inclusion of students with disabilities or limited abilities and emergency plans should include safety procedures appropriate to their specific needs. A large paper replicating a giant phone pad is provided to students who enjoy jumping on or pressing their hands on corresponding numbers and identifying numbers such as 9-1-1. Ms. L shares read-alouds and picture books for further resources for learning such as *Emergency!* by Margaret Mayo (2015), *I Can Be Safe* by Pat Thomas (2012), *Time to call 9-1-1* by Ron Berry (2013), *Impatient Pamela Calls 9-1-1* by Mary Koski (2004), and *Ambulances* (2007) by Gary M. Amoroso. Ms. L is pleased to discover the CDC offers free *Color Me Safe* coloring books for printing in English and Spanish that can be integrated with curricula and shared with students' families.

Read alouds and age-appropriate videos help students understand and explain the dangers of weapons and the importance of telling a trusted adult if they see or hear about someone having a weapon (K.1.12.–13.S, Essential Concepts). Students engage in dramatic play to show how to tell a trusted adult when they, or a friend, find a weapon (K.8.1.S, Health Promotion). Students are first asked to identify what types of community helpers have to carry a gun for their job by circling the correct community helpers on their activity sheet. (Search Virginia Board of Education's [VBE] Elementary School Gun Safety Guidelines and Curriculum.) Students identify a police officer and someone in the military. Students then hear the story of *The Bushes* (VBE) about four young friends playing in the park near their home when they find a gun in the bushes. Through group discussion, students respond to what they would do for various safety scenarios chosen from topics covered in this content area. From the story, students learn to: 1) leave the gun alone, 2) leave the area, and 3) tell a trusted adult immediately. For an example of gun safety in a home setting, please refer to the first grade Injury Prevention and Safety section.

While discussing the danger of stranger interaction is important for young children, it is equally important to discuss their safety with anyone, including people that may be identified as trusted adults or family. It is critical to teach students about the concept of a "trusted" adult, a safe person with whom they can share information when they feel uncomfortable. All familiar adults are not necessarily "trusted" or safe. Child sexual abuse is most often perpetrated by a person that the child knows and trusts (American Psychological Association, 2011). Kindergarten children may not understand appropriate and inappropriate touch, especially if their learning is limited to "stranger danger" and "no-touch zones" on the body, usually indicating areas that are covered by swimsuits or underwear. Beyond the "swimsuit" description of private body parts, students should be empowered to recognize any touching that makes them uncomfortable as inappropriate. In the context of child sexual abuse, *grooming* is a process in which a perpetrator establishes a connection with the child victim, gains their trust, and escalates from appropriate to inappropriate touching while normalizing the physical contact. Perpetrators may also shower the child with attention, gifts, and

affection; isolate them from friends and family; and use secrecy, guilt, and/or threats to deter the child from seeking help (The National Center for Victims of Crime, 2012).

Students must learn that they have the right to determine who gets to touch their bodies and when, even if someone is considered a safe or trusted adult—this includes parents, guardians, or caretakers (K.1.5.S, Essential Concepts). It is important to model respecting and setting boundaries with students in kindergarten. Rather than only teaching children that there are appropriate and inappropriate places for touch on the body (public and private parts), teach children that “good” and “bad” touch also has to do with a person’s level of comfort and discomfort (K.1.4.S, Essential Concepts). Many kindergarteners may not be aware of concepts of personal space and boundaries. Explain to students that inappropriate or bad touch could be anywhere on the body if it makes them scared or uncomfortable: “If someone wants to give you a hug and it makes you feel bad in your head or your heart, or you get a bad feeling in your tummy, then you can tell someone you trust like a parent or teacher.”

Often times, young children are taught early on to reciprocate physical affection when it comes to family and family friends. However, it is never too early to empower children to set boundaries, express comfort and discomfort in various situations, and use their personal power to say “no” to unwanted touch—even if that touch is typically considered “safe” (K.1.4.–5.S, Essential Concepts). For example, a parent may request that a child hug an aunt or grandparent. If the child seems uncomfortable or says “no,” their discomfort should be recognized and their voice heard, rather than forcing the child to follow through on this request. This teaches children that it is okay to say “no” to unwanted touch, which can help prime young learners for more advanced discussions about boundaries and consent in later years (K.1.5.S, Essential Concepts).

Some children may experience abuse by a parent, guardian, or caretaker, so it is important to help children identify multiple trusted adults and think critically about what makes an adult “trusted” (K.1.4.G, K.1.3.M, Essential Concepts; K.3.1.M, Accessing Valid Information). Ask students how they know if someone is safe, and guide children in discussing examples of situations that require the help of a trusted adult and have

children practice telling a trusted adult (K.1.11.S, Essential Concepts). Children should also understand that inappropriate touch by an adult could be considered an emergency situation, in which a child may need to tell a safe and trusted adult immediately or call 9-1-1 (K.3.1.S, Accessing Valid Information; K.4.1.S, Interpersonal Communication; K.5.1.S, Decision Making).

Students will need to practice these protective skills frequently, including opportunities outside of the classroom and at home. Partnering with the family is critical to reinforce learning and to support students in exercising their personal power and setting boundaries. Hold a meeting to inform parents, guardians, or caretakers about the topic, increase awareness and understanding of its importance, and create buy-in for parents, guardians, or caretakers to reinforce skills practice at home. Invite a local agency that specializes in educational trainings on consent and sexual assault to provide relevant information to parents, guardians, and caretakers and further explain the need for early protective skills and empowerment.

Another example of how to introduce the concept of personal boundaries and consent is to use live and even stuffed animals. For example, invite a special guest to bring in a dog that has been specially trained to work with students in a classroom setting. Often times, students will be eager to pet the furry friend. Begin a discussion about the need to ask the dog's owner for permission before petting the dog. If the owner gives permission, students are taught to allow the dog to sniff the back of the student's hand before proceeding. Explain that the dog has boundaries and can sometimes feel unsafe. Ask students what a dog might do if it feels unsafe or does not want to be touched. Students may say "growl," "bark," or "hide." Ask students if dogs actually say "no" or if they can just tell by the way a dog is acting. Explain that the same can be true for humans too—that sometimes friends and classmates might not say "no," but that does not mean "yes." Reference a feelings chart to talk about what facial expressions might indicate that a person does not want a hug or other physical contact (K.1.1.M, Essential Concepts). If students would like to pet the dog, have them practice asking the owner's permission one at a time. After students get the owner's permission, students are instructed to ask the dog "Can I pet you?" while allowing the dog to smell the back of

their hand. Remind students to pay attention to the dog's behavior for indicators of affirmative consent. For students who have pet allergies or do not wish to pet the dog, ask if they would like to practice with a stuffed animal.

Students can also practice asking permission to hug or high-five friends and teachers. Teachers model this as well and do not hug or high-five students without permission. Teachers also remind students to ask permission if they notice that a student starts to hug them or another student without asking. A simple question such as, "Can I give you a hug?" can begin to set the foundation for a lifetime of respecting boundaries and understanding consent. These concepts are also important to consider when implementing group activities, such as holding hands in a circle or holding hands while on a field trip. Rather than having children hold hands to stay connected and safe, try using a rope that all students can hold. Forcing children to hold hands in any situation contradicts teaching boundaries and consent. Teaching students that their "no" matters and respecting their boundaries is critical in creating a sense of personal power and teaching children to similarly respect the boundaries of others (K.7.2.M, Practice Health-Enhancing Behaviors). Teachers and parents, guardians, and caretakers must work collaboratively to teach and support children while they learn and practice these skills.

Partnering with your school: Peer education can be a powerful tool for delivering health education content. Invite students in the upper elementary grades to visit the class to discuss ways they stay safe when crossing streets, riding a bicycle, or playing (1.1.8.S, Essential Concepts).

Partnering with your community: Students take a field trip to visit a fire or police station to see how and where community helpers such as emergency personnel work (K.3.1.S, Accessing Valid Information; K.4.1.S, Interpersonal Communication; K.5.1.S, Decision Making).

Partnering with the family: Sending a note home to parents, guardians, and caretakers encouraging them to introduce and reinforce the concepts learned in this unit in a calm, reassuring, gentle but serious manner. Families are encouraged to have an

emergency preparedness plan in place and a sign or poster in an accessible location on when to call 9-1-1.

Alcohol, Tobacco, and Other Drugs (A)

Children under six comprise nearly half (48 percent) of all unintentional poison exposures with over a million cases of poisoning occurring each year. Followed by cleaning and personal care products, cleaning substances and pain medications rank second highest for poisoning incidences of those six and under (American Association of Poison Control Centers 2015). Establishing safe and healthy behaviors for medicine usage, household products, and exposure to secondhand, and even <byh>third-hand smoke<eyh> (residual nicotine and other chemicals left on indoor surfaces by tobacco smoke) is important for a lifetime of healthy practices and accident prevention beyond kindergarten.

After exploring various reasons for using medicines such as being sick, students learn that medicines can be helpful or harmful. They learn that doctors recommend medicines for people when they are sick or to help them feel better. Parents, guardians and caregivers can also buy some medicines at stores without a doctor's prescription like cough syrup or vitamins. Students discover that medicines and vitamins, which can be pills and liquids, are used to make us healthy when we are sick or prevent an illness from occurring (K.1.1–2.A, Essential Concepts). Empty bottles or pictures of over-the-counter medicines can be shown as examples. Students learn that the reason medicines and vitamins, even their gummy or edible vitamins, are kept in a medicine cabinet up high in the bathroom is to keep them away from children. The teacher and students discuss that some medicines, including gummy vitamins, are flavored like cherry or strawberry to taste good to both children and adults but should never be eaten like candy. Students learn that medicines and vitamins should only be given to them by a parent or trusted adult as they can be poisonous (cause us to become very sick or even die) if taken improperly (K.1.3.A, K.1.9.S Essential Concepts). Various scenarios can be explored with students role playing or practicing saying, "No. I need to ask my mom, dad, or caregiver" and notifying a trusted adult. Students use a decision-making

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model to consider how to respond to various scenarios. The image below illustrates a
decision-making model for use with students up to grade two.

Four-Step Decision Making Process for Pre-Kindergarten through Grade 2



Long description of Four-Step Decision Making Process for Pre-Kindergarten through Grade 2 is available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link1>.

Source: The Colorado Education Initiative (2015)

Some scenarios may be:

- You are at a friend's house playing but start to feel sick. Your friend's mom offers you some medicine to make you feel better. What do you do?
- You find an open medicine bottle with pills or gummy vitamins that look like candy lying on a table. What do you do?
- Your mom gives you some cough medicine that tastes good, like grape candy. You are not feeling sick anymore but want to taste the medicine again. What do you do?
- You see your little two-year old brother playing with a bottle of pills. What do you do?
- Your best friend likes that both of you do the same things. You are using your asthma inhaler and she also wants to use your asthma inhaler. What do you do?

- You are at the babysitter's home and you see a container of a cleaning product in the bathroom and want to help clean. Should you touch it?
- Your grandparent makes crafts out of wood. You see a bottle of something used to paint the wood. The bottle is open. Should you smell or touch it?

Students conclude by drawing two trusted adults who can give them medicine (K.1.3.A). Free publications in English and Spanish of *Medicine Is Not Candy* by Heather Brogan and the Poison Control Center (2008) can be downloaded by searching the Children's Hospital of Philadelphia. *Poison Alert! My Tips to Avoid Danger Zones at Home* by Gina Bellasario and Holli Conger (2014) can also be read to students.

Students explore why secondhand smoke is bad for them and should be avoided (K.1.5.A, Essential Concepts). Students read aloud and then color the free poem, *Daddy Bull Puffed Cigars That Provoked* by the American Heart Association (2008). Cigars can be replaced with the word cigarettes if students are not familiar with cigars. Students are then asked, *How does Daddy Bull's family feel about his smoking?* Students share they dislike it very much. Points are made that even though Daddy Bull is the one who is smoking, his family also smells and breathes his cigar or cigarette smoke. We call the smoke from Daddy Bull, "secondhand smoke" as it is not from you smoking but from Daddy Bull. Students share if they ever smelled secondhand smoke and what they thought of the experience. Students play the game *Smokes and Ladders*, a version of the popular children's game, *Chutes and Ladders*, which is downloadable for free from the Smoking Isn't Cool Toolkit from the Ontario Canada Health Department. The game also provides an opportunity to engage in a discussion on secondhand smoke. For example, when a player lands on someone who is smoking in the car that player must move back spaces. Students learn that secondhand smoke is not healthy for them and can cause diseases such as asthma, allergies, and cancer. They also learn that in the state of California, smoking in a car with a child is illegal. Students become acquainted with Maddie who has allergies from her grandfather smoking in the house from the book, *Smoking Stinks!!* by Kim Gosselin (2002). When this book is read aloud, students learn that Maddie's lack of sleep from her grandfather's coughing and smoking is causing her to lose focus in school. Students are empowered to learn it is best to move

away from the smoke or open a window for ventilation. <byh>See California Department of Education's (CDE's) Tobacco-Use Prevention Education Funding (TUPE) for further age appropriate educational resources.<eyh>

Partnering with your school: The school or district's nurse visits the class to discuss medicine safety with the children and what occurs when a student needs to take medicine while at school. Partner with the school's teacher librarian to develop health content reading lists and resources. Students create posters about the dangers of secondhand and third-hand smoke that are placed around the school campus (K.1.1.–3.A, K.1.5, Essential Concepts).

Partnering with your community: Guest speakers from the American Cancer Society, American Lung Association, or American Heart Association can serve as informative guests who can speak to students on the dangers of secondhand smoke. The local Poison Control Center may also provide presentations to children on safety. Ask these and other agencies for health education materials in languages other than English (K.1.4.–5.A, Essential Concepts).

Partnering with the family: Health education brochures on the content covered in this section are shared with family members by providing them to students as take-home materials (K.1.1.–5.A, Essential Concepts).

Mental, Emotional, and Social Health (M)

Children this young may have a difficult time expressing how they are feeling. They may know they are mad or sad but may not yet have the self-awareness to recognize more complex feelings such as embarrassment, shame, or disappointment (Collaborative for Academic, Social, and Emotional Learning [CASEL] 2017). According to the five competencies of CASEL (2017), with respect to *social awareness*, kindergartners are learning how to interact with others and how to recognize their feelings and needs, although empathy is not yet fully established. At this young age, children are developing their *relationship skills* through interactions with others. *Responsible decision-making* for kindergartners provides students with opportunities to make many decisions throughout

the day at school as compared to prior years when parents, guardians, or caretakers may have made most of the decisions for the child. Kindergartners need guidance, direction, instruction, and tools for developing *self-management* (*self-awareness* and the ability to recognize one's own feelings), some of which are the instructional tools provided in this section and chapter (Parent Toolkit 2017).

Students explore what makes them unique (K.1.4.M, Essential Concepts) and what they have in common by identifying others in the class who have similar traits such as hair or eye color. Students offer their own personal definitions when asked to define what the word "unique" means to them while the teacher records their responses so the students can see them. A popular cartoon character can be referenced, asking students what makes this character unique. Students are informed physical characteristics are one aspect that make people unique, but things we cannot see, that are inside of us, are also important. Another way that students discover their similarities is by standing up and forming a circle. A list of items is read by the teacher such as, *I like school*, *Saturdays are fun*, *I like to swim*, and *I like to play outside*. Students go into the middle of the circle when a statement is read that pertains to them and return back to the outside as each new statement is read. Students discover they have many commonalities. Students also make a name portrait of unique traits they have that begin with each letter of their name. *The Little White Owl* (2013) by Tracey Corderoy, a story about an owl who is unique, can also be read aloud (K.1.3.–4.M, Essential Concepts).

Who are trusted adults? Students learn that their parents, guardians, caretakers, older family members, teachers, religious or community leaders, **school** **counselors**, or the principal can all be trusted adults. On a large piece of paper, students draw three circles, labeled *school*, *home*, *community* with teacher assistance. Students draw pictures, glue cutouts, or write names of trusted adults in the appropriate circle. At the top of the paper are the words, *Trusted Adults* (K.1.3.M, Essential Concepts; K.3.1.M, Accessing Valid Information).

Daily check-ins with students to have them identify their emotions from a list of happy, sad, worried, and other faces can be used to see how each student is feeling. Students

learn that in one day they can experience various emotions. Students provide examples of when they feel happy, frustrated, or sad. To begin the conversation, a washable plush animal that serves as the class mascot can be asked how he is feeling. Each day the class mascot shares a new emotion and why he is feeling that way. Students are then asked if they ever have similar feelings. The book *When Sophie Gets Angry—Really, Really Angry* by Molly Bang (2004) is read aloud (K.1.1.M, Essential Concepts).

Kindergarten is an important time for students to learn to approach and talk to trusted adults at home or school if they need help or are feeling bad, sad, mad, or confused (K.3.1.M, Accessing Valid Information).

Teachers may create (areas within or near the classroom) specific to supporting students' mental health that contain music, songs, dance, and quieter instruments such as shakers. A fish tank may even be located near this special station for its calming effect. Additional ideas include stations with stress balls; exercise activities or a yoga mat; age-appropriate mind puzzles with texture; picture print outs or magazine cutouts of soothing beaches, oceans, sunny skies, mountains, or rivers; a comfortable chair; a washable stuffed toy that is available for hugs throughout the day; or a bonsai tree or plant. Positive conflict resolution posters are displayed in the classroom, discussed, and reinforced. Posters displaying a graphic of a bug stating, *When something is bugging me, I can... or If someone is annoying you, try this...* listing various options are used (K.4.1.M, Interpersonal Communication; K.7.1.M, Practicing Health-Enhancing Behaviors).

Read-aloud books that support mental health could include books such as *Angry Octopus: An Anger Management Story* introducing Active Progressive Muscular Relaxation and Deep Breathing or *Affirmation Weaver: A Believe in Yourself Story, Designed to Help Children Boost Self-Esteem While Decreasing Stress and Anxiety* (and corresponding coloring books) by Lori Lite (2011). Following the read alouds, students are asked to identify a variety of emotions they may feel in response to scenarios. Scenarios may be: you are feeling frustrated because your toy is not working properly. *How do you feel?* or *You believe you are not receiving attention while you do something cool on your scooter. How do you feel?* The teacher reinforces that emotions

are normal and should be discussed with a trusted adult (K.1.1.M, Essential Concepts; K.7.1.M, Practicing Health-Enhancing Behaviors).

Students learn through dramatic play that words such as *please*, *thank you*, and *excuse me* show appreciation and respect for others (K.1.5.M, Essential Concepts). Students are asked to provide examples of situations when they use these words. Through discussion, students learn that one should say *thank you* when they receive a gift, compliment, or someone does something nice for them; to say *please* when they ask someone for something or to do something for them; to not be afraid to say *I'm sorry* when they make a mistake or have hurt someone. Students role play different scenarios such as receiving a gift, receiving a compliment from a friend, accidentally spilling someone's milk at lunch, seeing someone trip in class, or needing help with homework. Stickers acknowledging when a student uses please, thank you, excuse me, or I'm sorry throughout the day and week are used as a motivator.

Students respond to the questions: What does it mean to share? Is it important to share? Why do you think so? How do you feel when someone shares with you? How do you feel when someone won't share? Students learn there are times when it is important to share, for example when someone leaves their book or school supplies at home (K.4.2.M, Interpersonal Communication; K.7.2.M, Practicing Health-Enhancing Behaviors). *It's Mine!* (1996) by Leo Lionni about three young frogs who learn the value of sharing when faced with a bad storm or *Share and Take Turns* by Cheri J. Miners (2003) is read aloud. Students answer questions related to the story. To explore this concept further, students receive a sheet of paper and one color marker or crayon. They are then asked to draw a rainbow with many colors. Students quickly learn the art of sharing by exchanging and borrowing colors from one another. For further reflection, students share how their rainbow would look without many colors, reinforcing the point that sharing often makes things better. Another instructional strategy that promotes sharing is to create a class quilt. Students receive one half of a heart and work with another student with the other half of the heart to glue the hearts together and decorate their shared hearts with art supplies. The hearts are collectively displayed as a class quilt. Students may also draw and color a scenario when sharing is needed.

After reading the book, *The Great Big Book of Families* by Mary Hoffman (2010) or *Families Are Different* by Nina Pellergrini (1991), students learn that there are different family structures in our society and that all family structures are valid. For example, there are immigrant families; families with lesbian, gay, bisexual, or transgender parents, guardians, or caretakers and children; families of various race and ethnicities; step- and blended families; families headed by single parents, guardians or caretakers; extended families; multi-generational families; families with members with disabilities; families from different religious traditions; foster families; and adoptive families. Some students live with grandparents or other adult relatives, a guardian, or caretaker. By seeing and hearing examples of different family structures, students identify themselves and their own families. In this activity, teachers should not assume a student lives in any particular family structure and should ask questions in a way that will easily include children from diverse family backgrounds ensuring sensitivity to family diversity and privacy. Teachers must respect and protect the wishes of students and parents, guardians, or caretakers who prefer not to participate. After learning about many kinds of families, students draw a picture of their family. Around the picture of their family is a border of why their family is special. Border items may be a heart for love, smiley face for happiness, or an apple for nutrition. Students may also draw something their family does together that they enjoy, celebrates their culture, or promotes their health. Students share their picture with the class and describe why their family is special (K. 1.2.M, Essential Concepts).

Culturally sustaining literature is particularly important for young children. Teachers can frequently read aloud engaging and high quality literature that is reflective of the ethnic and cultural diversity of their students and that addresses social issues that are critical to the well-being of students of color. Books like *Last Stop on Market Street* by Matt de la Peña (2015), *Mango, Abuela, and Me*, by Meg Medina (2017), and *Yo Soy Muslim: A Father's Letter to His Daughter*, by Mark Gonzales (2017), address universal themes that appeal to young children, such as caring and the value of diversity, promote early language and literacy development, and support the development of a healthy sense of self for young children of color.

Is There Really a Human Race? by Jamie Lee Curtis (2006), a humorous look at the importance of making good life decisions (take your time, speak up for those who cannot speak for themselves, lend a helping hand), is read aloud with students. This book has a free accompanying teacher's guide for lesson plans and ideas. Note for any of the read aloud books highlighted in this chapter, students can be encouraged to first act out or discuss how they think the book will end for application of critical thinking. Older students may enjoy reading a book aloud to kindergarten students or listening kindergarten students read to them.

Partnering with your school: Invite the principal or school counselor or social worker to share how to identify trusted adults at home and at school who can help with mental and emotional health concerns. Implement a day or week of kindness during which students are reminded to consciously display—and encourage others to display—safe behaviors and kindness while on the playground, in the cafeteria, and in class. At the end of the day, students “shout out” who was safe and kind. School personnel can give out stickers or other tokens of appreciation when they observe students being kind (K.1.1.M: Essential Concepts).

Partnering with your community: Part of discovering and developing one's own emotions, even at a young age, is to provide service to others. Students make cards for seniors in their community, decorate placemats for Meals on Wheels recipients, create art works to donate to a local children's hospital, participate in a food drive for a population in need, or donate old toys and books to a shelter (K.7.2.M, Practicing Health-Enhancing Behaviors).

Partnering with the family: Working with their family, students create a handmade book using pictures (photographs or drawings) and writing to describe the characteristics of their family (K.1.2.M, Essential Concepts) and the ways the family promotes wellbeing and care and consideration of others (K.2.1.M, Analyzing Influences). Encourage inclusion of cultural health practices and traditional cultural celebrations or symbols. The handmade books are displayed in class and shared with the principal, teacher librarian, and other visitors to the classroom.

Personal and Community Health (P)

Most kindergartners are curious about their bodies and what makes them grow and be healthy. Setting a foundation for proper health practices can lead to a lifetime of good health outcomes. Teachers and administrators play an important role and have responsibility for the promotion of personal, community, and environmental health of their students. Adults can help students practice how to ask for assistance with health-related problems and help them learn about their local environment and how their actions can affect it.

Guest speakers such as a dental hygienist and a pediatric or general dentist can provide students with essential skills and knowledge on dental hygiene practices. Students receive dental health kits. Students practice brushing and flossing on egg cartons that are cut and taped together to make teeth. The book *Dr. De Soto* by William Steig (2010) is read aloud and placed in a classroom reading area (K.1.1.P, Essential Concepts; K.7.1.P, Practicing Health-Enhancing Behaviors).

Students are encouraged to keep a sun safety kit in the classroom that contains sun protection factor (SPF) 30 or higher sunscreen, sunglasses, SPF lip balm, and a sun hat for protection against ultraviolet (UV) rays (if allowed by school and district policy). Students describe that shade is cool when the days are particularly hot and offers some protection from the sun. They learn it is best to stay in the shade whenever possible and to limit sun exposure during the peak intensity hours, between 10:00 a.m. and 4:00 p.m., when UV rays are most intense. Students describe ways to be sun safe by creating a booklet to share with their families, guardians, and caretakers with drawings of people wearing sun-protective clothing, hats, and sunglasses; playing in the shade; and drinking water. They can also practice sun safety by dressing dolls or stuffed animals in sun-protective clothing and sun hats in a sun-safety station in the classroom. Students may enjoy creating sun visors to use in a dramatic play area (K.1.2.P, Essential Concepts).

Students learn that germs can cause us to become sick. Students are asked for examples, such as someone with a cold giving another person a cold (virus germ).

Students see how germs are spread using online images or pictures obtained from reliable and medically accurate sites that show germs traveling from person to person. Students learn more about the importance of hand-washing to prevent germs from being spread through a visual activity in which students spread glitter or washable paint on their hands and then proceed to wash their hands as they normally do—but with the lights off. Based on sink availability, this activity may require students to use school restrooms, with a teacher and other adults, possibly volunteers, supervising. Following their normal hand washing procedure, the lights are turned back on. Students can see how many “germs” are still on their hands by the display of the glitter or washable paint. Following the activity, students discuss the importance of washing their hands for the length of time it takes to sing the “Row, Row, Row Your Boat” or “ABC” songs and why using warm water and soap to avoid spreading diseases and illness is important. Students also practice sneezing and coughing into their elbows after learning that these are other ways that diseases can spread. The book, *Germs Are Not for Sharing* by Elizabeth Verdick (2006), available in English and Spanish, is read aloud to students <bbh>(K.1.1.P, Essential Concepts; K.7.2.P, Practicing Health-Enhancing Behaviors).<ebh>

Students recognize that decisions they make about activities like saving water and energy can affect the health of the natural world <bbh>(CA EP&Cs, Principle V)<ebh> as well as their local communities. They identify ways that people can affect the environment <bbh>(CA EP&Cs, Principle II)<ebh> and practices that can be good for the environment, such as turning off lights and water, recycling, and picking up trash (K.1.5.P, Essential Concepts), by first sharing what they know about recycling. They learn that recycling means using something again or turning a product into something that can be used again. Examples of items that can be recycled are glass, plastic water bottles, aluminum cans, cereal boxes, paper, magazines, and yogurt cups. Students are wowed to discover that if all the plastic water bottles consumed in the world in one year were placed in a line, the bottles would circle the entire world 190 times. Placing different recycle bins labeled paper, plastic, and cans in the classroom or a designate location on the school grounds offers students an opportunity to practice recycling. As a

starting point, various examples of items are distributed to the students to practice placing them in the designated bins. The following week students discover the concept of “reuse.” Students share examples of when they have given toys to a younger sibling or friend, when a parent or caretaker may have bought something used, or when they may have donated their old clothes to charity. Using “I Spy” magnifying glasses or a similar item to signify the students are being detectives, items are identified in the classroom that can be reused (books, lunch bags, or toys). Students then learn that reducing waste by recycling and reusing and not littering are ways to be a good citizen—someone that does good things for their community. They learn to chant, “Reuse. Reduce, or Recycle,” when they see or engage in one of the options. Students are shown one large bag of popcorn and several small bags of popcorn (or one large juice box versus many small juice boxes) and asked which option produces the most trash. Students learn that the large items use the least amount of waste for the same amount of food and then enjoy the snack (Adapted from PBS Parents Lesson Plans - Recycling: Reduce, Recycle, Reuse).

Partnering with your school: Students celebrate Earth Day by making a creative poster showing how they will help make Earth a better place. Posters are displayed in class or on school grounds. Students can also host and participate in a *Clean Up Day* during which students in different grade levels take part in tasks to make their playground or greater school community clean (K.1.5.M, Essential Concepts).

Partnering with your community: A doctor, dentist, optometrist, or school nurse visits the class to share good health practices and what students can expect when they visit a healthcare provider. A field trip to a local doctor or dentist’s office also offers an interesting outing to learn more about the occupations and how to prepare for a visit or check-up. A virtual field trip can also provide students a learning experience (K.1.1.P, Essential Concepts; K.3.1.P, Accessing Valid Information; K.7.1.P, Practicing Health-Enhancing Behaviors).

Partnering with the family: Provide information on free and sliding scale dental and healthcare clinics to parents, guardians, and caretakers, from your county public health department. A sense of community may be strengthened with a *School Improvement*

Day. An example may be a Saturday when the school is closed, parents, guardians, and caretakers use donated plants or supplies to start a garden or paint a mural illustrating healthy personal and community practices. Childcare can be provided as well as a snack or meal to thank the volunteers (K.1.1.P, Essential Concepts; K.3.1.P, Accessing Valid Information; K.7.1.P, Practicing Health-Enhancing Behaviors).

Grade One

First grade marks an important transition for students who are entering elementary school for the first time. Students tend to welcome eating with their friends in the cafeteria and typically enjoy recess without the supervision of their own teacher, fostering their growing sense of independence. Early elementary is an opportune time to support students in making healthy choices and promoting positive health behaviors for a lifetime of good health. At this grade level, students are applying their social skills in more mature ways than they had in kindergarten. Children this age continue to learn by doing. Making mistakes is critical to that learning, thus making encouragement, praise, and excitement important elements of teaching (Morotz 2015, Wood 2007). First grade students are ready to learn about the human body; ways to take care of themselves; personal injury prevention; and how diseases are transmitted.

Three of the six content areas are covered in the first grade health education standards: Growth and Development, Injury Prevention and Safety, and Personal and Community Health. All eight overarching standards are addressed in first grade when instruction includes all three content areas. When appropriate for students' needs and interests, teachers are encouraged to incorporate content areas for which there are no standards in grade one.

Growth and Development (G)

First grade students are very curious about many subjects and enjoy exploring, observing, and experimenting. They are interested in how living things grow and mature (1.1.1.G, Essential Concepts). Students this age are becoming more coordinated and enjoy physical activity but are still developing their gross and fine motor skills. Their interest in their own bodies motivates them to learn the anatomical names and functions of major internal and external body parts (1.1.2.G, Essential Health Concepts). Ideally, first grade students were introduced to a variety of health topics in kindergarten and are now ready to explore additional behaviors that promote healthy growth and development such as sleep and rest (1.1.3.G, Essential Health Concepts; 1.2.1.G, Analyzing Health Influences). As they become more aware of their roles and the greater

world around them, they are able to describe the various roles, responsibilities, and needs of family members (1.1.4.G, Essential Health Concepts). They recognize parents, guardians, caretakers, and other trusted adults as resources for information on growth and development (1.3.1.G, Accessing Valid Information).

Students enjoy creating personalized anatomy flipbooks that display various internal and external organs. Cover art is created by the students. Pictures of each body part are provided for students to cutout, color, and label with adult help. Teachers can download *Preschool Human Body Printables* at *Living Life and Learning*. Despite the word preschool in the title, the resource is appropriate for first graders as all major body parts are labeled with the correct anatomical names. For example, the small and large intestines, kidneys, and heart are included. Students study and share their flipbook with family and friends. Students create flash cards of the anatomical names of major body parts. Teachers should refrain from using euphemisms for body parts because it may create discomfort and can create negative attributes toward students' bodies. Fun facts can be included with the names, such as the skin/dermis is the largest organ or the average human head is comprised of the skull/cranium and brain and weighs 10–11 pounds. Students are first asked, “What is something you do all day and need to survive but usually don’t even think about?” The students learn that breathing clean air is essential for all humans and animals to live (California Environmental Principles and Concepts [CA EP&Cs], Principle I). They feel their lungs working by placing their hands on their chest and inhaling deeply. Students learn they have two lungs that take up most of their chest area. Lungs feel like sponges (a sponge can be passed around the room). They are comprised of tubes and stems that become smaller like tree branches. Bronchus, bronchioles, and alveoli are sketched onto two paper lunch bags. Lungs are simulated by blowing air into each bag and then tying a rubber band around the top of each bag. Reading aloud and making available introductory children’s anatomy books such as *First Human Body Encyclopedia* (2005) and *Human Body: A Visual Encyclopedia* (2012) both by DK, along with *The Magic School Bus: A Journey into the Human Body Kit* by The Young Scientists Club, which contains many fascinating photos and illustrations, can provide opportunities to integrate health education

instruction with English language arts/English language development and science instruction (1.1.2.G; Essential Concepts).

In kindergarten, some students learned that living things grow and mature (See K. 1.1.G). This concept develops further in first grade as students develop more understanding of *how* living things grow and mature (1.1.1.G, Essential Concepts). Students compare how humans grow and mature to other animal and plant life cycles, connecting science with health instruction. <bbh>(This instruction supports the California Next General Science Standards [CA NGSS] [CA NGSS 1-LS1].<ebh> Students discover how living things grow and mature by placing printed images of a human and various animals in order of their growth, from birth to maturity and then old age. An example may be an egg followed by a hatched chickling, then a walking furry chick. Another example is a human newborn, baby, and toddler. Students also label the age of each developmental milestone featured. Plants, which also demonstrate how living things grow and mature, provide a care-taking opportunity for children. Seeds can be planted in cardboard egg containers and grown under grow lights or bright windows. School gardens also provide an opportunity to demonstrate this concept.

Students identify a variety of behaviors that promote healthy growth and development (1.1.3.G, Essential Concepts) and explain why sleep and rest are important for proper growth and good health (1.2.1.G, Analyzing Influences). A large construction paper quilt is created as children decorate panels with healthy behaviors students engage in to promote healthy growth and development. Panels can be pre-cut shapes such as apples or hearts, as well as two-dimensional shapes students are working with in mathematics (e.g., rectangles, triangles, half circles. <bbh>(This activity supports the California Common Core State Standards for Mathematics [CA CCSS] 1.G.1–3.)<ebh> Panel pieces are glued or taped to the quilt, and it is displayed in the classroom as a reminder of healthy behaviors. The book *I See the Animals Sleeping: A Bedtime Story* by Thomas Heffron (2011) is read aloud. Prior to the story, students share what they think the story will be about. After the story, students discuss why it is important to their health that they get plenty of sleep and rest each night. They learn that sleep helps them perform better in school, sports and activities and makes them feel good. Sleep

helps their brain function better and their bodies grow and healthy. Students then write about their sleep routine providing a numbered sequence of what they do to get ready for bed, to go to bed, and when and how they wake up. As a closing activity, students create a four-sentence poem for one of the animals featured in the book using the word “sleep” in at least two of the sentences.

Partnering with your school: For a Healthy Apple Campaign, student create and decorate red apple cut-outs that are placed around the school identifying a variety of behaviors that promote healthy growth and development (1.1.3.G, Essential Concepts). Apples are displayed in designated areas identified by the students such as the in cafeteria, near water fountains, or where physical activity occurs.

Partnering with your community: Students go on a field trip to a local farm, zoo, or aquarium to see how living things grow and mature. Some communities may have access to groups with mobile vans who can visit the school to provide presentations. Virtual field trips that explore a museum, zoo, or aquarium’s Web site and streaming videos may also be considered (1.1.1.G, Essential Concepts).

Partnering with the family: At this young age, it is important for students to recognize parents, guardians, caretakers, and other trusted adults as resources for information on growth and development (1.3.1.G, Accessing Valid Information). Setting a foundation for dialogue at this early age can establish a comfortable rapport between students and their parents, guardians, or caretakers as they encounter more complex subjects related to growth and development. Parents, guardians, or caretakers receive a handout with suggestions on how to initiate a conversation on growth and development with their child. Books such as *It’s Not the Stork! A Book About Girls, Boys, Babies, Bodies, Families and Friends* by Robie H. Harris (2008) or *Who Are You?: The Kids Guide to Gender Identity* by Brook Pessin–Whedbee (2017) can be shared together.

Injury Prevention and Safety (S)

Injury prevention skills built on those established in kindergarten provide safety practices and protocols for time spent at home, in school, and in the community (1.1.5.S, Essential Concepts).

In science, first grade students learn how to use materials to design a solution to a human problem by mimicking how plants or animals use their external parts to help them survive, grow, and meet their needs. They learn that human problems that can be solved by mimicking plant or animal solutions such as designing equipment to protect bicyclists by mimicking turtle shells <bbh>(CA NGSS 1-LS1-1).<ebh> For health education, students analyze why wearing a helmet when biking, skateboarding, riding a scooter, or in-line skating increases safety and can explain appropriate gear and equipment (1.5.4.S, Decision Making; 1.7.3.S, Practicing Health-Enhancing Behaviors). These connections to injury prevention and safety provide opportunities to apply knowledge in science to health education as students analyze how they can protect themselves compared to how other animals protect themselves. Through books, videos, photos, and discussion, students learn that turtles and snails have shells that protect their bodies from getting injured. Students are asked to provide other examples of animals that have protective external surfaces. Students are then asked if they have ever used or are using a bicycle helmet, what might encourage them to wear a helmet, and how a bicycle helmet protects their head. A bicycle helmet, or photos of children wearing helmets, is then shown. Students learn that it is the law in California to wear a protective helmet, like a turtle shell, to protect their brain while riding a bicycle, skateboard, or scooter or skating. In the classroom example below, students learn about fire safety

Classroom Example: Fire Safety Smarts

Purpose of Lesson: Students learn the importance of preventing fires, fire safety, how to call 9-1-1 if a fire emergency occurs, and then develop a fire safety plan at home.

Standards:

- 1.1.4.S Identify safety hazards in the home, at school, and in the community (Essential Concepts).
- 1.5.1.S Analyze steps to take in emergency or potentially dangerous situations (Decision Making).
- 1.7.2.S Practice emergency, fire, and safety plans at home and at school (Practicing Health-Enhancing Behaviors).
- 1.1.9.P Identify emergency situations (e.g., injuries, abductions, fires, floods, earthquakes) (Essential Concepts).

Supplies:

Photo printouts of the causes of fires and the ways fires do and do not occur in the home or public places such as parks or in buildings.

Throughout the school year, Ms. H's students have participated in fire and earthquake drills. She now wants to ensure her students learn how to identify emergencies involving fires, to understand the ways fires commonly occur, how to call 9-1-1 should a fire occur, and how to develop a fire safety plan at home.

Ms. H asks students to share examples of emergencies. "Earthquakes!" "When someone's house is on fire!" "Floods?" "When someone gets hurt in a car accident." "When someone has a heart attack and can't breathe" are examples the students excitedly share. Ms. H confirms that, yes, these are all examples of emergencies. She informs the students that today they will specifically focus on the emergency of fires. Students learn that most fires occur at home. Ms. H then asks her students to identify ways fires can occur at home by identifying various pictures with objects such as matches, lighters, flames from stoves or ovens, candles, barbeques, furnaces, fireplaces, fireworks, lit cigarettes, electrical wires or appliances, or electrical devices

like hover boards/mobile phones/tablets that are combined with other pictures of objects that do not cause fires. The students learn that both flames and smoke are dangerous. Students learn they should never run if they or their clothes are on fire. They practice stop, drop, and roll in instances when their clothes are on fire. Students learn to never go back into a house or building that is on fire but to exit quickly, never running.

Various ways to prevent fires are discussed with the students such as never playing with matches, lighters, and fireworks. Using different scenarios, students practice calling 9-1-1 with one another in case of a fire. They learn to ensure they are not in a building that is on fire and are not in danger before calling 9-1-1. Students learn that they need to provide their name and location, and describe the emergency to the dispatcher who is the community helper who answers the emergency phone line. They also learn to stay on the phone until the dispatcher says it is okay to end the call.

For homework, Ms. H asks the students to develop a fire safety and escape plan with their parent, guardian, or caretaker's assistance. Students are provided with a handout in English and Spanish with a link to the National Fire Protection Association's Web site for home fire safety templates and resources to share with their parents, guardians, or caretakers.

The school principal can lead a discussion on safety hazards at school and ways to reduce injuries at school (1.1.4.–5.S, Essential Concepts). Working in pairs, students match printouts of safety signs with pictures of their respective backgrounds. For example, a *Don't Walk* signal is glued to a street corner. A railroad crossing sign is glued to a railroad crossing. Students also match the safety sign with the respective word meaning. Various sign images can be downloaded. Students learn that the color red is often used to communicate warning or alert for safety signs. Streetlights and semaphores are always in the same order for people who are colorblind. They learn that signs keep drivers, pedestrians, and children in the community safe. A game of safety sign bingo with signs for each space can be played to reinforce learning. Students create posters illustrating ways to stay safe on the playground by drawing and coloring a safe scenario and writing a short paragraph to describe it.

With an estimated 1.7 million children living in homes with a loaded and unlocked firearm (CDCb 2017), it is important for students to learn how to respond if they see a weapon. Consider using age-appropriate books and videos to address the dangers of weapons and the importance of telling a trusted adult if they see or hear about someone having a weapon (1.1.9.S, Essential Concepts). Through discussion and storytelling, students learn that some people have jobs that require the use of guns to keep us safe, including individuals who serve in the military or work as police officers, sheriffs, security guards, or park rangers. Students will need considerable support to be able to assess reasons for reporting weapons possessions (1.5.3.S, Decision Making). Students then learn that some people use guns and knives to intentionally hurt others or sometimes a gun is found by someone who is not supposed to have the weapon. They learn that a gun should always be considered to be loaded with bullets so should never be pointed at another person. The story, *The Box*, is read aloud or individually. It describes three young friends riding their bikes. In the story, one friend opens his backpack to show the others he has a gun and bullets. Through group discussion, students respond to questions about what they would do in this situation. From the story, students learn to: 1) leave the gun alone; 2) leave the area; and 3) tell a trusted adult immediately. (Search Virginia Board of Education's Elementary School Gun Safety Guidelines and Curriculum for teaching resources mentioned above.)

From previous school or home instruction, students in first grade are ready to build upon prior learning. It is important to maintain momentum in teaching children about healthy relationships, gender, personal safety, and boundaries. The early years of elementary school lay the foundation for a lifetime of health-enhancing behaviors and self-protective skills. Encourage students to respect individual differences, including different backgrounds, cultures, and abilities in order to promote healthy peer relationships. Unhealthy relationships, physical and sexual abuse, and bullying can have serious health consequences (physical, mental, and emotional) that can impact students' ability to learn.

First grade students are aware of the basic concepts of boundaries and consent. Students have practiced asking for permission before giving classmates hugs or high-

fives, and it is important to encourage this practice throughout their education. To further demonstrate setting and respecting boundaries, have students actively participate in asking for consent. Divide students into two groups. Students in one group will partner with a student from the other group and practice asking for a high-five, a hug, or a handshake. Remind students that everyone has the right to say “no” and that the students asking must respect the other students’ responses. Provide an example so students understand what is meant. “If Maria asks Julia for a hug, and Julia says ‘no, thank you’ – what should Maria do?” Students may offer a response such as “Say ‘ok’,” or “Ask for a high-five instead.” Some students may not feel comfortable or want to ask others for a high-five, hug, or handshake. Let students know that they may alternatively wave, fist bump, or give a thumbs-up if they do not want to initiate physical contact.

This activity can also generate discussion to help students distinguish between appropriate and inappropriate touching (1.1.7.S, Essential Concepts). It is important for students to understand that there are appropriate and inappropriate places for touch on the body (public and private parts). It is also important to explain that appropriate and inappropriate touching has to do with how someone feels—whether the touch feels comfortable or uncomfortable. A high-five, handshake, or even hugs can be appropriate if desired by the student. However, sometimes what is generally considered appropriate touch might not feel good. First graders can identify if certain types of touch make them feel uncomfortable or scared, which is an example of inappropriate touch. Inappropriate touch may also have to do with certain areas on the body that are considered private. Students should be aware that sometimes trusted adults such as doctors might need to touch more private areas, but those adults should explain the reason for any kind of touching and still ask for permission. First grade students should feel empowered to say “no” or express when they are uncomfortable. Similarly to the previous activity, students can work in pairs to practice refusal skills (1.1.13.S, Essential Concepts). First graders can practice a variety of “no” statements, some which may include politely declining a request and others that may consist of a more clear and firm “no.”

Some students may practice refusal skills and statements in other settings. If a student does not want to complete an activity, for example, rather than forcing the student to

change their mind, demonstrate empathy and try to understand the reason. Respect the student's boundaries and talk with them. Students who feel heard and respected are more likely to participate and communicate. They also are more likely to see this teacher as a safe and trusted adult with whom they can share any discomfort or potentially abusive experiences. Empowering young learners to use their voice and express their needs in an appropriate way can be effective in promoting respecting boundaries and resolving conflict (1.1.12.S, Essential Concepts).

When students feel that their personal boundaries and their bodies are respected, they may also be more likely to use refusal skills or tell a trusted adult if a boundary is crossed. This includes if a student feels unsafe, is being bullied or abused, or sees someone else being bullied or otherwise in danger (1.1.6.S, Essential Concepts). Help students identify safe and trusted adults and practice how to report dangerous situations, including inappropriate touching (1.4.1.–2.S, Interpersonal Communication). First graders are reminded that inappropriate touching is considered a dangerous situation and know that they should get to safety, tell a trusted adult immediately, and even call 9-1-1 in emergency situations (1.1.9.P, Essential Concepts). Students may need assistance in identifying and listing trusted adults who they can ask for help if feeling unsafe or threatened (1.3.1.S, Accessing Valid Information; 1.4.1.–2.P, Personal Communication). Explain that all adults are not necessarily safe or “trusted” adults, and help students think critically about how they can determine who is a trusted adult. Introduce school support staff and invite them into the classroom. Identify school support staff by name, law enforcement, and family members, guardians, and caretakers as potential safe and trusted adults. Teachers should also identify themselves as trusted adults. It is important to remember that children who experience abuse are most often victimized by adults that are known and trusted (American Psychological Association, 2011). Students may feel safe disclosing abuse if there are other identified trusted adults. If a student discloses abuse or there is reason to suspect child abuse, teachers must follow mandated reporting laws. After filing the mandated report, teachers should follow the school and district policies for next steps. (See the section on mandated reporting in the Introduction chapter for additional information.)

Pay attention to physical signs of abuse as well behavioral indicators that may also require a report.

Because perpetrators of child sexual abuse often groom their victims prior to the actual abuse, it is important to help students develop their protective skills, which also include trusting one's instincts. In the context of child sexual abuse, *grooming* is a process in which a perpetrator establishes a connection with the child victim, gains their trust, and escalates from appropriate to inappropriate touching while normalizing the physical contact. Perpetrators may also shower the child with attention, gifts, and affection; isolate them from friends and family; and use secrecy, guilt, and/or threats to deter the child from seeking help (The National Center for Victims of Crime, 2012).

Explain to students that sometimes adults may pretend to be safe or friendly, and students should trust their instinct if something feels wrong. Ask students what "instinct" means. Explore this further by identifying related concepts and feelings. Students may be able to identify what happens to their bodies and how they feel when they get scared or feel uncomfortable. An activity to illustrate this is the "Where I Feel Things in My Body" coloring exercise. A worksheet with an outline of a body (similar to a gingerbread person) is given to the student. Ask the students to name different feelings and colors that go along with each feeling. For example, red is mad, blue is sad, yellow is scared. Then ask students, "When you are scared, where do you feel this in your body?" "When you are sad, where do you feel this in your body?" Students can use the color associated with the feeling to indicate on the body where and what they are feeling. Once completed, students learn that everyone feels emotions in different places in their body. Have students work in pairs to practice verbalizing what they are feeling. Students can use sentence frames such as: "When I am _____ (sad/scared/confused), I feel it in my (chest/stomach/head)." They can now better identify what they are feeling and are able to express this to a trusted adult, if necessary. Explain that the feelings they experience and what happens when something is scary or uncomfortable is their body's way of telling them that something is unsafe (1.1.1.S, Essential Concepts; 1.5.1.S, Decision Making; 1.7.1.S, Practicing Health-Enhancing Behaviors).

Partnering with your school: Invite older students who have learned proper lifting and carrying techniques to assist first grade students with properly adjusting backpack straps. Invite students or teachers who are part of the school's restorative justice program to speak to the first grade class about conflict resolution techniques. Working in pairs, students go on a fire safety scavenger hunt at school to locate items such as fire alarms, fire sprinklers, fire extinguishers, smoke detectors, and emergency exit signs. <byh>If the school has an automated external defibrillator (AED), show students where it is located and how it can be retrieved and accessed for a person who is having sudden cardiac arrest and is not breathing (1.3.1.P. Recognizing individuals who can assist with health related issues and potentially life-threatening health conditions).<eyh>

Partnering with your community: Take a walk in the neighborhood around the school and ask students to point out safety signs. Invite guest speakers from community organizations working to create safe walking or bike riding routes to school to talk about safety traveling to and from school and around the neighborhood. Guest speakers from the local fire department, emergency management services, and police officers or sheriffs provide resources and teach the importance of practicing emergency, fire, and safety plans at home and at school (1.7.1.–2.S, Practicing Health-Enhancing Behaviors). Materials are shared with families.

Partnering with the family: Families are encouraged to have an emergency preparedness plan in place and to hang a sign or poster in an accessible location on when to call 9-1-1. Families that share they have an emergency plan in place are given a certificate of appreciation.

Personal and Community Health (P)

First graders continue to learn new facts about their bodies and what makes them grow and be healthy. They are forming their personal health habits that will shape their future health and wellbeing. Students are also developing a deeper understanding of their greater community and the role of community helpers. Setting a foundation for proper health practices can lead to a lifetime of positive health outcomes. Teachers and administrators play an important mentorship role in the promotion of personal, community, and environmental health.

<byh>Skin cancer is the most common form of cancer in the United States (CDC, 2018).<eyh> California has one of the highest skin cancer rates in the nation. One in five children in the United States (close to one in four in California) will be diagnosed with skin cancer as adults (American Cancer Society 2017). Early protection skills are essential in establishing sun safety behaviors. Students identify the importance of sun safety (1.1.2.P, Essential Concepts); demonstrate proper ways of protecting oneself from the sun, and ways to select and apply sunscreen (1.7.3.P, Practicing Health-Enhancing Behaviors) by exploring sun-safe items. Ideally students learned about sun safety and created a sun-safety kit in kindergarten (see K.1.2.P). Students first respond to the questions *What items do we put on that keep us safe from the sun? Who has heard of or has used sun-safe items such as sunscreen, rash guards, sunglasses, sun hats, umbrellas, or lip balm? Why do some people use or not use these items?* Sun-protective items placed in a beach bag are then shared with students to touch, feel, and share such as broad-spectrum sun protection factor (SPF) 30 sunscreen, rash guard or long-sleeved shirt, sunglasses, a wide-brimmed sun hat, a sun umbrella, and SPF lip balm. Students learn that broad-spectrum sunscreen of SPF 30 or higher should be applied all over their exposed body areas anytime they are <byh>outside in the sun including on cloudy days.<eyh> If students have brought their own sunscreen from home, students may practice putting on the sunscreen and are reminded not to miss their entire ears and noses. <byh>Approximately one ounce (30 ml) of sunscreen is recommended to cover the entire body. It should be applied 15 minutes before going outdoors and reapplied every two hours.<eyh>

Ideally students have access to a mirror to ensure they are properly applying the sunscreen. This activity is reinforced when students are reminded to apply sunscreen

before recess. Sun-protective items are displayed in the classroom to promote sun safety during *Don't Fry Day* the Friday before Memorial Day <byh>in May which is national Skin Cancer Awareness Month or Melanoma Monday (the first Monday in May)<eyh> campaign. Students are encouraged to have a sun-safety kit of their own with the same items for school. Teachers are encouraged to check with their school or district's policy on sun safety in preparing a take-home list of recommended items. Search the National Council on Skin Cancer Prevention for instructional resources and materials.

Reading aloud *My Tooth Is About to Fall Out* by Grace MacCarone (1995) or *Loose Tooth* by Lola Schaefer (2005) begins the discussion on dental health and positive dental health practices (1.1.1.P, Essential Concepts). Students share what it feels like to lose a tooth when asked if anyone has lost a tooth. Key words are captured on the white board or giant poster paper cut into the shape of a tooth. Students learn that most children have 20 baby teeth that are important to keep clean and healthy by brushing twice a day with a toothpaste <byh>containing fluoride<eyh> and flossing twice a day. <byh>Children should begin to learn to floss as soon as two of the teeth touch each other to remove dental plaque and food where a toothbrush can't reach.<eyh> Brushing and flossing twice a day removes germs that can cause disease and cavities. The cleaner their baby or "primary" teeth are, the stronger their permanent ("big kid") teeth will be when they come in. Students share fun experiences they have had or anticipate having with the tooth fairy or other culturally appropriate figures such as Ratocinto Perez, Raton Perez, Perez Mouse, or El Raton de los Dientes in Spanish-speaking cultures. On individual tooth-shaped papers, students write about their experience with going to the dentist and how they plan to keep their teeth healthy. The pages are bound together to make a tooth health book. Students can think of a creative title such as *Fighting Sugar Bugs* or *My Healthy Teeth*. Students make a dental health plan for morning and nightly brushing and flossing by taking home a brushing checklist from Sesame Street Brushy Brush chart, a print out of links to free brushing timer apps, or other free Web sites (1.6.1.P, Goal Setting). <bbh>(The writing activity connects to the

In kindergarten, students learned that germs can cause us to become sick. To further learning in this area, students discuss the importance of preventing the transmission of germs (1.1.3.P, 1.1.4.P, Essential Concepts) by first reading the book, *Germs! Germs! Germs!* by Bobbie Katz (1996) or *Germ Stories* by Arthur Kornberg (2007). Students share what they learned from the book. They learn that germs are microscopic, meaning they cannot be seen with the human eye—without a microscope. They learn that germs are bacteria and viruses that can make us sick. Students visually see an example of germs being spread by applying lotion to the hands of three student volunteers and then placing glitter on the hands of one student. The student who has the glitter high fives one student volunteer’s hand and shakes the other student volunteer’s hand. The three volunteers hold up their hands to show their classmates how the germs represented by glitter are easily spread. The activity is then tried by the entire class in groups of three. Different colored glitter can be used to further emphasize how different germs can be spread among groups as students shake or high five students’ hands in other groups. Teachers should be aware of school and district policy related to using lotion as well as students with allergies to ingredients in lotions.

Students share some ways germs can be prevented. Students learn it is important to avoid spreading germs by 1) frequently washing their hands with warm water and soap for at least 20 seconds or long enough to sing the ABC or Row, Row, Row Your Boat song; 2) using hand sanitizers when washing their hands is not an option; and 3) not sharing drinks, food, chewed gum, or lip balm by politely saying, “no thank you” to avoid the spread of germs. Students role play sneezing and coughing into a tissue or their upper sleeve—and then washing their hands—to avoid spreading germs such as those that cause the common cold or viruses. Students explain during the role play that by doing so they can avoid spreading germs that cause others to become sick. Students learn if they are sick, it is best to stay at home and rest until healthy again to not infect others. Referring back to the books above (*Germs! Germs! Germs!* by Bobbie Katz (1996) or *Germ Stories* by Arthur Kornberg (2007)), students respond to the question,

Do germs have eyes, noses, or ears? They learn that germs do not, but they are powerful and can survive in our bodies and on surfaces like cups, food, toys, desks, door handles, and cell phones (1.1.3–4.P, Essential Concepts; 1.7.2.P, Practicing Health-Enhancing Behaviors). Search Germ Lessons and Activities on the Alliance for Consumer Education’s Web site for additional germ activities including a germ cutout for students to decorate and color, germ pledge form, mazes, word games, and other free resources.

As an extension of the activity above, students compare and contrast communicable (also known as infectious) and noncommunicable (also known as chronic) diseases (1.1.6.P, Essential Concepts). By seeing a demonstration of a spray bottle spraying water into the air, students learn that when someone sneezes or coughs, millions of germs such as bacteria or viruses are spread everywhere, sometimes leading to infections in others. Students are asked to provide examples of an infectious disease or something that one can “catch” from another person. They learn through sharing responses or teacher-led prompts that the common cold is one example of an infectious disease; influenza or “the flu” is another one. They learn that for some infectious diseases such as chickenpox, measles, and pertussis there are vaccines to keep people from getting the disease. Many of these diseases would make us very sick if we did not have vaccines. Lyme disease, which is caused by an infected tick bite, is another example of an infectious disease. Ticks usually bite dogs and deer, but if an infected tick bites a human, the person may develop Lyme disease. Students learn that a healthy immune system works to keep us healthy and fight germs. Eating nutritious food high in vitamins and minerals keeps our immune system strong. A healthy immune system is physically demonstrated when students form a circle by standing next to each other, with one student in the center acting as the healthy person. The circle is the healthy immune system. Two students are asked to volunteer to be germs trying to invade the circle to get to the healthy person located in the center of the ring. Students are assigned roles to the healthy immune system. Students are informed that the germs must not use force or physicality to penetrate the immune system and reach the healthy person in the center. Students learn the importance of preventing the transmission of

germs and are able to identify ways to prevent the transmission of communicable diseases. Researching a reliable Web site with adult supervision, students write one way they plan to stay healthy from an infectious disease such as daily bathing, washing hair, wearing clean clothes, brushing/flossing teeth, getting plenty of sleep, and eating a healthy diet (1.1.3.–4.P, Essential Concepts). <bbh>(This activity supports CA CCSS for ELA/Literacy W.1.6.)<ebh>

Students further their understanding of the differences between communicable (infectious) diseases and noncommunicable (chronic) diseases (1.1.6.P, Essential Concepts) by sharing if they have known or know someone with a chronic disease—a condition that is not transmitted from one person to another but that someone develops and has for a long time. The names of the diseases the students identify are record on a large piece of paper or other means at the front of the classroom. Students learn initial symptoms associated with each chronic disease. Diseases such as heart disease (an unhealthy heart), cancer (growth of abnormal cells in one’s body that can damage or destroy healthy body tissue), asthma (difficult to breathe), allergies (sneezing or watery eyes from outside allergens or allergies to pets or foods), diabetes (body is not able to properly use glucose [a form of sugar] and make energy from food you eat), and epilepsy (a condition where someone has seizures) are shared by either the students or teacher and recorded on the paper (1.1.5.P, Essential Concepts). It is vital for teachers to be sensitive to and respectful of any students who may have these conditions. Students learn that being respectful to those who are experiencing a chronic disease is important for that person’s wellness. First graders learn that if they know of someone with a chronic disease they can ask if there is anything they can do to help or do something nice for the person such as coloring a picture or giving the person a card to be supportive. Doing something nice and caring for others in need show *empathy* for others.

By role-playing, students demonstrate effective skills when asking for assistance with health-related problems they may experience such as not feeling well or an emergency situation such as another student being seriously injured by a car. Students learn to immediately contact a trusted adult such as their teacher while at school or their parent,

guardian, or caretaker if at home to inform them of the situation (1.1.9.P, Essential Concepts; 1.4.1–2.P, Interpersonal Communication; 1.7.4.P, Practicing Health-Enhancing Behaviors). Students learn to telephone their trusted adult and to dial 9-1-1 if there is not a trusted adult close by to help in an emergency situation. Examples of when to call 9-1-1 include if they or another person is hurt or in danger or if there is an earthquake, fire, or accident. Responses to emergency situations such as an earthquake can be role played, and fire safety can be practiced with stop, drop, and roll or crawl on your knees to safety. Guest speakers from the fire department or local emergency management services provide education on emergency protocol. Special consideration should be made for inclusion of students with disabilities or limited abilities for all discussions and activities including planning and practicing for evacuation of wheelchairs or students with other assistive devices. The cover of the book *Fire! Fire!* by Gail Gibbons (1987) is shared with students who work in groups to complete a KWL (*What do I know? What do I want to find out? What did I learn?*) chart of what they know about firefighters or fire. The book is then read aloud. Students learn that firefighters are community helpers who protect and help them stay safe when fires occur. The teachers asks guiding questions such as *What is the main topic of the book? How were each of the communities in the book alike and different? Is it easy or difficult to be a firefighter? What other community helpers assist the firefighters?* Additional learning activities can be found below.

Personal and Community Health Learning Activities

Essential Concepts: 1.1.2.P Identify the importance of sun safety.

Practicing Health-Enhancing Behaviors: 1.7.3.P Demonstrate proper ways of protecting oneself from the sun and ways to select and apply sunscreen.

DIY Sunglasses

Students are able to identify the importance of sun safety and demonstrate proper ways of protecting themselves from the sun by making their own pretend sunglasses. They trace and cut out sunglass frames on card stock paper and making lenses using colored

tissue paper. Stencils for the sunglasses can be found online. The play sunglasses are worn for a group picture to celebrate Don't Fry Day. The photo is posted to the school's Web site or displayed in the classroom.

Essential Concepts: 1.1.2.P Identify the importance of sun safety.

Practicing Health-Enhancing Behaviors: 1.7.3.P Demonstrate proper ways of protecting oneself from the sun and ways to select and apply sunscreen.

Animals Need Protection from the Sun, Too!

Students are able to identify the importance of sun safety and demonstrate proper ways of protecting themselves from the sun. Integrating science <bbh>(CA NGSS 1-LS1-1)<ebh> with health, students learn through books or videos that some animals have natural protection from the sun in the form of fur, feathers, wool, and shells. They draw a picture of an animal and write a sentence about how the animal is protected. Students also learn that, like humans who have to use sunscreen and clothing to protect them from the sun, some animals have behaviors that make them sun safe like koalas who are nocturnal or elephants who place dirt on their backs. This activity can be downloaded from the National Council on Skin Cancer Prevention Web site.

Essential Concepts: 1.1.2.P Identify the importance of sun safety.

Practicing Health-Enhancing Behaviors: 1.7.3.P Demonstrate proper ways of protecting oneself from the sun and ways to select and apply sunscreen.

George the Sun Safe Superstar!

Students download or are provided their own free copy of the book, *George the Sun Safe Superstar!* by Kathryn Clifford (2012) to read and take home. Students identify the importance of sun safety by writing a book report. Search the Karen Clifford Skin Cancer Charity (skcin) Web site for the free booklet. <bbh>(This activity connects to CA CCSS for ELA/Literacy W.1.1.)<ebh>

Essential Concepts: 1.1.2.P Identify the importance of sun safety.

Tree Planting

Students identify the importance of sun safety by writing a letter or email to a local agency that promotes planting trees to donate a tree to provide additional shade areas on the playground. In the letter, students explain that trees provide shade, which is important for sun protection. Students can help care for the tree and learn the benefits of trees (they provide more oxygen, shade).

Accessing Valid Information: 1.3.1.P Discuss the importance of preventing the transmission of germs.

Dental Health

Students identify individuals in the community who promote health through presentations by guest speakers such as a dental hygienist or a pediatric or general dentist. The dental health professional can provide students with essential skills and knowledge on dental hygiene practices. Students receive dental health kits and demonstrate proper tooth brushing and flossing techniques with the dentist or hygienist.

Essential Concepts: 1.1.7.P Discuss how individual behavior affects the environment and community.

Essential Concepts: 1.1.8.P Identify materials that can be reduced, reused, or recycled.

EP&C V: Decisions affecting resources and natural systems are based on a wide range of considerations and decision-making processes.

Earth Day: Reduce, Reuse, Recycle

Students discuss how individual behavior affects the environment and community and identify materials that can be reduced, reused, or recycled by brainstorming ways to reduce waste. One example may be to reduce plastic bottle consumption by drinking from a reusable BPA-free water bottle while at school. Students write one strategy they will commit to. Students discover the concept of “reuse” by participating in a used books or toys drive or by creating art from recycled materials for local charities. Placing different recycle bins labeled paper, plastic, and aluminum in the classroom or by using a relay-race-style activity in which they sort recyclable items offers students an opportunity to practice recycling.

Partnering with your school: Educate peers, other teachers, members of parent groups, administrators, and students’ families to protect against skin damage from the sun (1.8.1.P, Health Promotion) by inviting a dermatologist or representative from a cancer prevention organization to give an after-school presentation on ways to protect one’s skin.

Partnering with your community: Invite a firefighter, emergency services dispatcher, paramedic, emergency room nurse or doctor, police officer, or sheriff to talk to the class about their job. Take a field trip to the local fire station to see the equipment and where these helpers live while on duty (1.3.1.P, Accessing Valid Information).

Partnering with the family: Encourage students to talk with their parents, guardians, and caretakers about having an emergency plan at home, as well as smoke alarms, carbon monoxide detectors, and fire extinguishers (1.7.4.P, Practicing Health-Enhancing Behaviors).

Grade Two

Second grade is an important year for most children as they establish personal wellness practices, health behaviors, and life skills such as study habits. At this grade level, students are typically now more adjusted to the rigorous learning environment established in first grade. Most students are becoming more competent in reading, writing, and mathematics. Students are often introduced to group projects and presentations in second grade. Technology generally plays a more important role in the classroom as students use it for reading, writing, and researching content (Ackerman 2017, Morotz 2015, Wood 2007).

Second graders typically enjoy conversing and spending time with friends and seek their approval. They may use language to express their feelings; like to tell jokes; find pleasure in writing stories, letters, and e-mail; and express themselves fluently and in elaborate detail (Morotz 2015). Second grade students continue to learn about the importance of nutrition and physical activity; the benefits and importance of mental, emotional, and social health; and strategies for positive health practices related to alcohol, tobacco, and other drugs (ATOD).

Three of the six content areas are covered in the second grade health education standards: Nutrition and Physical Activity; Alcohol, Tobacco, and Other Drugs; and Mental, Emotional, and Social Health. All eight overarching standards are addressed in second grade when instruction includes all three content areas. When appropriate for students' needs and interests, teachers are encouraged to incorporate content areas for which there are no standards in grade two.

Nutrition and Physical Activity (N)

Through programs, policies, and learning opportunities, schools play a key role in establishing positive environments that promote and support healthy practices and behaviors such as regular physical activity and good nutrition (CDC Healthy Schools 2017). For second graders, proper nutrition and information on how to make healthy food choices is important for their growth, development, and overall health. To support

their growing body, children's diets should include fruits and vegetables, whole grains, lean protein, and low-fat calcium-rich foods each day. High-sugar and high-fat food and beverages should be "sometimes" foods (USDA 2017).

Building on their foundational knowledge from kindergarten, second grade students continue to focus on the recommended food groups and portion sizes (2.1.1–2.N, Essential Concepts). With teacher assistance, students search the United States Department of Agriculture (USDA) and other reliable, medically accurate resources for food groups and recommended portion sizes. Students further their learning competencies by listing and describing the benefits of healthy food and beverages (2.1.3.–4.N, Essential Concepts). Using a decision-making process, the students create and follow a plan for healthy eating, snacking, and beverage selection (2.5.1-2, Decision Making; 2.7.2.–3.N, Practicing Health-Enhancing Behaviors).

Through engaging activities such as "Rethink your drink!" students learn to make better food and beverage choices. Students compare and contrast healthy and less-healthy beverage choices and learn the sugar content of various beverages as they glue pictures of popular beverages to poster board. Working in small groups, students research online the number of teaspoons of sugar each beverage has. Students then measure the amount of sugar by placing the appropriate number of sugar packets or cubes to represent teaspoons into a plastic bag for each beverage and tape the bag under each beverage container. The beverage containers or images can be displayed from those with the least sugar content to the highest. Students are surprised to learn and to compare and contrast the sugar content of each product; they learn that beverages such as water, milk or <byh>whole fruit and vegetable smoothies mixed with water<eyh> contain no added sugar and are healthy choices. Through guided discussion, students learn that there are many commercials, media messages, and online images promoting soda, sweetened beverages such as sports drinks, high-sugar juice drinks and juices. Students select healthy beverage options and learn that just because they are featured in advertisements does not mean these products are good for them. Students learn that water, milk, chocolate milk, <byh>plant-based alternative beverages,<eyh> low-sodium soups, <byh>whole fruit and vegetable smoothies mixed

with water, and low-sugar or diluted juices, are the healthiest beverage choices because they keep them hydrated (which is essential for their brain and body systems to grow and function) and because they have no or small amounts of sugar and calories. The current recommended guidelines for water consumption are shared with students who then describe at least two benefits of drinking water consistent with current research guidelines. Students have the option to prepare and enjoy a healthy beverage together, such as a smoothie made with fresh fruits, low-sugar or diluted juice, and unsweetened yogurt. Consult the school's policy on preparing and serving food in the classroom and food allergies (2.1.5.N, Essential Concepts; 2.2.1.N, Analyzing Influences; 2.5.2.N, Decision Making; 2.7.3.N, Practicing Health-Enhancing Behaviors). In the classroom example below, students produce a calendar to remind themselves of their nutrition goals and to promote healthy eating at home. Remember that some students may experience physical and economic lack of access to safe and nutritious foods.

Classroom Example: Healthy Food Calendars

Purpose of the Lesson: Students learn about nutrition and how to choose healthy snack foods by creating a twelve month calendar of healthy nutrition tips. Students talk with their family, parents, guardians, or caretakers about the importance of healthy eating.

Standards:

- 2.6.1.N: Set a short-term goal to choose healthy foods for snacks and meals (Goal Setting).
- 2.8.1.N Practice making healthy eating choices with friends and family (Health Promotion).

Supplies:

Construction paper

Glue and scissors

Stapler and staples to assemble calendars

Printer to print photos or online pictures of healthy foods, beverages, fruits, and vegetables

The students in Ms. B's class are learning more about nutrition and physical activity. Students identify their favorite healthy snack foods by creating healthy snack twelve-month calendars to display healthy food, snack, and beverage options. They glue healthy snack and beverage photos of their favorite items on each page of their calendar month. Students write a healthy eating, beverage, or snack tip for each month as a goal they plan to implement. Students are encouraged to post their calendars in their kitchens at home and to practice making healthy eating choices when possible with friends, family, guardians, and caretakers.

A fun and engaging activity for students to learn about the food groups, the recommended number of food-group servings, and the benefits of eating a healthy breakfast is to ask students in pairs or in small groups to write and perform a song or skit on a chosen nutrition topic to share with the class (2.1.1.–3.N, Essential Concepts; 2.7.1.N, Practicing Health-Enhancing Behaviors).

Students use a decision-making process to select healthy foods (2.5.1.N, Decision Making), compare and contrast healthy and less healthy food choices for a variety of settings (2.5.2.N, Decision Making), and practice making healthy eating choices with friends and family (2.8.1.N, Health Promotion) using printed menus available online from their favorite restaurants. With the assistance of the teacher, students identify and circle the healthy options on the menus that they have selected. In small groups, students role play being at a restaurant and ordering their identified healthy items or asking their parents, guardians, or caretakers to order the healthy food item for them. Students take their menus home to reference the next time they are at their favorite restaurants. <byh>Students may also read “Don’t Yuck My Yum” by Amy Pleimling (2014) to learn the importance of being polite when trying new foods. They discuss

ways to politely express when they do not like a new food, such as by saying, *This isn't my favorite, or I think my taste buds need more time to get used to this one.*" A Healthy Food Passport activity can be created where students record their new taste adventures. Finally, they practice trying new healthy foods together. They participate in comparative tastings with fresh fruits and vegetables, or other healthy foods. When they try something new, they rate it on a scale of *Tried It; Liked It; Loved it!* and use adjectives to describe the smell, flavor, and textures of each new food. For each new fresh fruit or vegetable or other healthy food they try, they add a sticker or stamp to their Healthy Food Passport with the goal of tasting as many new, healthy foods as possible over time. Consult the school's policy on preparing and serving food in the classroom and possible food allergies. <eyh>

Students learn that half their plate should be filled with mostly vegetables and some fruit. They begin to consider how to add for vegetables and fruit to their diet by answering discussion prompts such as: *What is your favorite vegetable and fruit? How do you feel about trying new fruits and vegetables? What could make eating vegetables easier?*

The students discuss the following tips with each other in small groups and then in a larger group with the teacher:

- Choose fresh, frozen, or dried fruits and vegetables. (*Which do you prefer?*)
- Eat red, orange, and dark green vegetables, such as carrots, sweet potatoes, spinach and broccoli, as main and side dishes. (*What are some examples of dishes you like that include these foods?*)
- Eat fruit as snacks, in salads, or for dessert. (*Why is fruit a good dessert choice?*)
- Keep raw, cut-up vegetables handy for quick snacks. (*List some veggies you could use for this.*)
- Choose whole or cut-up fruits more often than fruit juice. (*Why is this a good idea?*)

- Check juice labels to ensure that they are 100% juice.
- <byh>Have a fruit or vegetable at every meal. (*List some veggies you would chose.*)
- Choose new fruits and vegetables to try when you're at the market.
- Try growing a fruit or vegetable at home. (*What are some you would like to try?*)
- Ask your parent/guardian/caretaker to keep chopped vegetables in the fridge for easy snacking. (*List some veggies you would chose.*)<eyh>

In small groups, using a timer and large paper, students participate in two-minute rounds during which they list as many vegetables, fruits, and healthy snacks they can think of; each round is characterized by a specific color. Any duplicates are crossed out. The group identifying the most items wins. If the school policy allows, the students then enjoy consuming a healthy snack together (2.1.1-2.N, Essential Concepts; 2.1.7.N, 2.7.4.N, Practicing Health-Enhancing Behaviors). Teachers need to be aware of food to avoid if students have known allergies or other health or cultural concerns about eating. These activities are adapted from ChooseMyPlate. Search *Crazy Colors* and *One of These Foods Doesn't Belong* at ChooseMyPlate for activity worksheets on protein, calcium-rich foods, and serving-size recommendation.

Students make a collective picture collage of healthy and nutritious breakfast items to display in the classroom. The school cafeteria manager can provide a presentation on the nutritional value of cafeteria breakfast items served to students and the importance of breakfast for academic performance, including increased concentration and alertness, and better performance in physical activity (2.1.3.N, Essential Concepts; 2.7.1.N; Practicing Health-Enhancing Behaviors).

More learning activities can be found in the California Department of Education's Healthy Eating and Nutrition Education Web site. The *Nutrition Education Resource Guide for California Public Schools, Kindergarten Through Grade Twelve* (CDE 2016) serves as a resource to plan, implement, and evaluate instructional strategies for a comprehensive nutritional education program and is available on the Web site.

Along with proper nutrition, physical activity is essential to good health and wellbeing and plays a key role in the prevention of disease and illness such as heart disease and certain cancers in adulthood (CDC 2016b). Second graders continue to enjoy physical activity opportunities and practices that were established in earlier grades. Providing physical activity opportunities for students can support a lifetime of healthy habits and lower a child's risk for becoming obese and developing obesity-related diseases in adulthood (Office of the Surgeon General 2016). Regular physical activity builds strength, coordination, self-sufficiency, and confidence; enhances overall health; and can improve academic performance and sleep. Physical activity also decreases excessive time spent on technology (e.g., mobile phone, computer, tablet, television) (American Academy of Pediatrics 2017).

The Physical Activity Guidelines for Americans (Office of Disease Prevention and Health Promotion 2008) state that children and adolescents (ages 6–17) should engage in 60 minutes (one hour) or more of physical activity a day. For more information and resources, search the President's Council on Fitness, Sports, & Nutrition with the U.S. Department of Health and Human Services; CDC Youth Physical Activity Guidelines; American College of Sports Medicine; or Physical Activity Guidelines for Americans with the Office of Disease Prevention and Health Promotion. In second grade, some students may be involved in organized sports or activities such as dance or martial arts. These are excellent activities, however, they should not be solely relied on as adequate physical activity. Specific sports and activities do not provide the necessary variety of movement required to promote physical development, and often do not provide as many minutes as perceived. However, some second-grade students may not be as active as others. Physical, social, economic, or mental barriers may hinder their engagement in activity. Some students may lack a safe environment for physical activity or prefer more sedentary activities such as entertainment media (video games, using the computer, or watching television). Students need teacher support to discover enjoyable physical activity options and analyze why physical activity is essential for a lifetime of good health practices. Teachers include students with special needs in the discussion by

ensuring activities such as wheelchair basketball, swimming, or seated volleyball are mentioned as physical activities.

Students identify and explore opportunities outside of school for regular participation in physical activity by researching ideas online (with the assistance of an adult when needed) and reviewing materials such as catalogs published by the local parks and recreation agency. In addition, no-cost ideas are explored such as walking to school instead of driving or taking the bus; nature walks; bike riding; walking their own pets or the pet of someone they know; dancing with friends; energetic playtime and indoor games; helping with chores around the house; swimming at a community, friend's or relative's pool; or going to the park to run and play. Students are encouraged to invite their parents, guardians, or caretakers to join them in the activities (2.1.8.N, Essential Concepts). Students create one physical activity goal they plan to implement and rate their success on a scale of one through five (five being the highest rating) at the end of the month. They then choose another goal to accomplish once their first goal is reached. Students track their progress toward their goal using a journal. A creative way to display students' progress toward meeting their goals is to collectively display the number of hours of physical activity in the form of a popular character progressing along a track or by showing a bicycle rider cycling down a road. A class goal may be 60 minutes per day multiplied by the number of selected days multiplied by the number of students. Students can challenge other second grade classes in a friendly competition. Students with physical or visual disabilities are included by creating partner events during competitions. An award and certificates are given to recognize everyone's accomplishment (2.5.3.N, Decision Making; 2.6.2.N, Goal Setting). Further teaching strategies and learning activities for physical activity can be found in the *Physical Education Framework for California Public Schools: Kindergarten Through Grade Twelve* on the CDE Physical Education Curriculum Framework Web page.

Partnering with your school: Host a screening for parents, guardians, and caretakers of the free movie, *The Weight of the Nation for Kids: Confronting America's Obesity Epidemic*, or a similar movie, followed by a Question and Answer (Q&A) session and discussion with vetted guest speakers, the school nurse, <byh>school counselor,<eyh>

or other school health personnel (2.1.4.N, 2.1.7.N, 2.1.9.N, Essential Concepts; 2.2.1.N, Analyzing Influences; 2.3.1.N, Accessing Valid Information). Consider starting a community garden or gardening area at your school to promote healthy, nutritious, and organic food options (2.1.4.N, 2.1.7.N, Essential Concepts).

Partnering with your community: Students write a letter to their favorite restaurant headquarters encouraging them to offer healthier menu options <byh>or to the restaurant manager requesting a food item served that could be modified to become healthier<eyh> (2.5.2.N, Decision Making). Students take a field trip to a local working farm, organic market, farmer’s market, <byh>organic or vegetarian restaurant.<eyh> Ask students to share information about an upcoming physical activity or nutrition event in their local community. Post nutrition and physical activity events and information on the classroom “community board” and add any events that students discover. Examples include notices about a family fun walk/run, an organized family bike ride, or cooking classes; fitness tips; and healthy recipes. Encourage students to enjoy the activities with family members, guardians, caretakers, and friends (2.1.8.N, Essential Concepts; 2.7.5.N, Practicing Health-Enhancing Behaviors).

Partnering with the family: Good health begins with the entire family. Ask family members, guardians, and caretakers to share their favorite healthy recipes, including recipes reflective of their cultural or family traditions, for a class-created cookbook displaying all the shared recipes. Students decorate and title the cookbook. Each family receives a copy of the healthy class cookbook (2.8.1-2.N, Health Promotion).

Alcohol, Tobacco, and Other Drugs (A)

Second graders have the cognitive ability to distinguish between helpful and harmful substances (including alcohol, tobacco, and other drugs) (2.1.1.A, Essential Concepts) and to identify refusal skills when confronted or pressured to use alcohol, tobacco, or other drugs (2.1.7.A, Essential Concepts). Establishing safe and healthy behaviors for the use of medicine and household products as well as in response to ATOD use is important for a lifetime of healthy practices and accident prevention.

After exploring various reasons for using medicines such as curing, halting, treating, or preventing illnesses, students are able to distinguish between helpful medicines and harmful substances (2.1.1.A, Essential Concepts). Students identify that a drug is a chemical that changes how the body and brain work (2.1.3.A, Essential Concepts) by labeling an anatomy diagram that shows the ingestion pathways of the substance (esophagus, stomach, and liver). Various scenarios can be explored with students role-playing or practicing saying “No,” walking away from the situation, changing the subject, and then notifying a parent, guardian, caregiver, or trusted adult (2.1.7.A, Essential Concepts; 2.4.1.–2.A, Interpersonal Communication). Non-verbal communication skills can be introduced and also practiced at this age.

Some scenarios may be:

- You are at a friend’s house playing when your friend shows you an opened bottle of wine. Your friend drinks the wine, and then asks if you want some. What do you do?
- You are at school, and your friend’s older sister is smoking with her friends in the bathroom. They offer you and your friend <byh>an electronic smoking device to try.<eyh> What do you do?
- You learn that your older brother is taking strange white pills from a prescription bottle with your mom’s name on it. When he takes the pills he acts tired and silly. He tells you not to tell your parents, guardians, or caretakers that he is taking the pills. What do you do?

- Your best friend brings gummy bears in her backpack that she said her cousin gave her. She informs you that the gummy bears are “edibles” and have marijuana, or pot, in them. She asks you if you want to try one. What do you do?
- You and your best friend share everything. He asks if you would like to try his medicine. What do you do?

The scenarios can be facilitated by a school or public health nurse or onsite health services provider that the students know and trust. The school nurse or principal visits the class to talk about the rules for taking medicine at school. Students are encouraged to talk with their parents, guardians, or caretakers about the rules for taking medicine at home (2.1.5.A, Essential Concepts). Students are reminded that they should only take medication administered by a parent, guardian, caretaker, healthcare professional, or trusted adult (2.1.6.A, Essential Concepts). Empty, cleaned prescription bottles or photos of prescription bottles are used as examples. The purpose of childproof safety lids is explained to reinforce that students should not take medicines on their own.

Students learn that some household products (e.g., bleach, paint, laundry detergent; most cleaning products, insecticides such as “bug spray”) and personal products that they commonly use (e.g., shampoo or sunscreen) are harmful when ingested or inhaled (2.1.2.A, Essential Concepts). Some products may also have ingredients that harm the environment. Students use technology to search online for pictures of household products and other potentially harmful substances. The pictures are placed on one of two posters labeled *safe* and *unsafe*; a photo is taken of the posters and then shared with parents, guardians, and caretakers. Students then make small red cautionary signs or stickers and ask their parents, guardians, or caretakers to place on the harmful products at home. The local poison control center may provide warning stickers in English and other languages. Teachers can contact the American Association of Poison Control Centers to locate a center near the school or obtain resources for instruction.

Partnering with your school: Students create an informative health education poster or mural to be displayed on campus to identify refusal skills when confronted or pressured to use ATOD (use a clear “no” statement, walk or run away, change the

subject) (2.1.7.A, Essential Concepts). Students in upper grades visit the class and provide an approved presentation avoiding ATOD use.

Partnering with your community: Guest speakers from the local Poison Control Center may provide presentations to children on the dangers of ingesting or inhaling household products. Speakers from anti-tobacco use organizations in the community can talk to students about the health consequences of smoking and secondhand smoke (2.1.2.A, Essential Concepts; 2.1.4.A, Interpersonal Communication).

Partnering with the family: Local governmental agencies or community organizations create brochures on the ATOD and safe use of medicine, often in a number of languages, that can be shared with family members, guardians, and caretakers (Standard 1: Essential Concepts). With the assistance of the school nurse, teachers can obtain copies to send home with the students.

Mental, Emotional, and Social Health (M)

Second graders are developing a greater sense of the world around them. They are more competent at identifying their feelings and what causes them, but still find it challenging to communicate what they are feeling (Macmillan n.d.). According to the five competencies of the Collaborative for Academic, Social, and Emotional Learning (CASEL) (2017), as students continue with their early elementary learning, their *self-awareness* is still limited. For example, students may understand they are mad or sad but may not understand the more complex emotions they are experiencing such as embarrassment or disappointment. As they interact more with friends and peers, second graders begin to develop *social awareness* and an introductory understanding of social and cultural norms and cues. Second grade is an opportune time for students to learn introductory goal-setting skills and how to control their emotions under the competency of *self-management*. As second graders develop their *relationship skills*, they are learning the art of communication and the importance of relationships such as making and keeping friends. As second grade students begin to make more of their own decisions independent of their parents, guardians, or caretakers, particularly in school and during their interactions with peers, *responsible decision-making* (a skill that is not

inherent) is introduced as the foundation of healthy behaviors and wellness practices that will be particularly useful in later grades.

Building on mental, emotional, and social health content ideally learned in kindergarten such as identifying and expressing emotions and showing cooperation and respect, students continue to apply standards-based competencies to build positive mental health practices. Students are also more aware of how to identify and manage emotions than in earlier grades. They learn that mental and emotional health is one component of overall health by referencing the wellness wheel (image below). Wellness wheels are printed for students to reference or can be used in activities to identify various components of wellness (2.1.1.–2.M. Essential Concepts; 2.2.1.M, Analyzing Influences). Students identify a variety of emotions by referencing emotions charts for children that display happy, sad, worried, and other facial expressions. Teachers provide periodic or daily check-ins during which students identify their emotions using the charts provided and write in their journals or logs about how they are feeling and why. New emotions can be introduced by sharing a short vignette of a second grader experiencing an emotion or reading a book that highlights a specific emotion such as stress (2.1.1.M, Essential Concepts).

Wellness Wheel



Long Description of Wellness Wheel available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link2>.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) 2016

In science, students learn that Earth events, for example, earthquakes or volcanoes can occur quickly or slowly (California Next General Science Standards <bbh>**[CA NGSS] CA NGSS 2-ESS1-1**<ebh> and that some changes caused by heating or cooling can be reversed (melting butter or freezing water) while some cannot (boiling an egg). In health education, students identify positive and negative ways of dealing with stress (2.1.9.M, Essential Concepts) and how to manage emotions appropriately in a variety of situations (2.7.1.M, Practicing Health-Enhancing Behaviors). This connection to science serves as a learning opportunity for students to compare when they have emotions of anger, frustration, or stress to an exploding volcano or earthquake. Students learn that unlike a boiled egg, they can cool down just as hot water can. They learn to cool down by: 1) removing themselves from the situation; 2) taking many deep breaths with belly breathing; 3) talking about their stress with a peer, parent, guardian, family member, caretaker, or trusted adult; or 4) taking a walk or listening to music to relax. They learn they should not hurt others, hurt themselves, hit or break things, or destroy property.

Each student demonstrates an appropriate response in a role-play activity on what they will do the next time they are stressed or mad. Then, each student creates a page in an electronic-text format or by drawing and coloring a page for a collective book on ways to manage stress and anger (2.7.1.M, Practicing Health-Enhancing Behaviors).

Students create a collective book with individual page inserts of drawings and words that depict healthy ways to express affection, love, friendship, and concern (2.1.8.M, Essential Concepts) and the positive ways that peers and family members show support, care, and appreciation for one another (2.1.11.M, Essential Concepts). The pages are bound and shared on family-teacher night and with other classes.

Students problem-solve solutions to different scenarios to demonstrate ways to express needs and wants appropriately and how to ask for help from a trusted adult or from friends (2.4.1.–2.M, Interpersonal Communication) in order to have those needs and wants met. Such scenarios require students to use a decision-making process to problem-solve in situations where they feel threatened; they feel sad, depressed, or worried; someone is pressuring them to do something they do not want to do; or they are scared or worried about something or someone (2.5.1.M; Standard 5: Decision Making). Students can learn and practice this simple technique to ask adults for help (2.4.2.M, Interpersonal Communication) (Adapted from Coffee in Telljohann 2015):

- Say, “I need your help.”
- In one sentence, tell what the person did or how they made you feel.
- In one sentence, explain what you have done to solve the problem yourself.
- Repeat, “I need your help.”

Four-Step Decision Making Process for Pre-Kindergarten through Grade 2



Long Description of Four-Step Decision Making Process for Pre-Kindergarten through Grade 2 available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link3>.

Source: The Colorado Education Initiative (2015)

Students in higher grades may serve models of responsible behavior by sharing when they had to overcome a challenging situation. If your school uses a restorative justice approach to handle conflicts, remind students about its principles and processes. It is important for students to practice conflict-resolution approaches before they are confronted by a situation involving fear, stress, anger, loss, or grief. Examples may be when a friend is doing something dangerous like playing with matches and fire or your parents, guardians, or caretakers are fighting and you are worried they will separate or divorce. Students learn to:

- define the problem.
- negotiate with the other person or talk to someone else regarding the situation.
- find a win-win solution.

Students identify feelings and emotions associated with loss and grief by first sharing if they have lost a family member, friend, pet, or object. The teacher reads aloud the book, *Yellow Balloon* (2014) by Tiffany Papageorge. The book tells a story about a young boy who loses his best friend, a yellow balloon, when it unexpectedly flies away. Students then draw and color their lost loved one or friend holding a yellow balloon. Students

write a paragraph on how they identify with the book's character or how they felt in losing the person or pet and how they will remember them. Other topics can be introduced in the same format such as a loved one receiving cancer treatment with *You Are The Best Medicine* by Julie Aigner Clark (2010) or *Tear Soup: A Recipe For Healing After Loss* by Pat Schwiebert and Chuck DeKlyen (2005) about a family's loss and the importance of memories as ingredients for healing. Other activities such as planting a memorial garden or tree; creating a memorial scrapbook or ornament; or a tissue box activity in which students make and decorate a tissue box to insert notes in remembrance of those they have lost can be incorporated (2.1.6.M, Essential Concepts). Teachers should be prepared to connect students to supportive resources as this may be a triggering activity for some. Students are encouraged to discuss the activity at home with their parent, guardian, or caretaker to further process the experience.

Students learn that friends are not just people at school. Friends may be from the neighborhood, at places within the community, siblings, children of your caregiver, a "Big Brother" or "Big Sister" (of Big Brothers Big Sisters of America), family members such as cousins, or even pets. Students describe how to make a commitment to be a good friend (2.1.12.M, Essential Concepts; 2.6.1.M, Goal Setting) by writing a caption for an electronic photograph or drawing of themselves with a friend. They glue the picture on a paper large enough to write on and decorate. They list three or more ways they will be a good friend before decorating the paper. Students can also use technology to find, download, and print images of friends to create a collage on which they list ways to be a good friend.

It is important for students to learn the concept of setting personal boundaries at a young age. Students who learn about personal boundaries are better equipped to self-protect through the use of personal power, refusal skills, and being able to tell a trusted adult about harmful or emergency situations such as abuse and inappropriate touching. Teachers guide students in identifying trusted adults, as not all adults are safe or "trusted." Have students explain why it is important to talk about feelings with parents, guardians, caretakers or trusted adults (2.1.1.M, 2.1.3.M, Essential Concepts; 2.7.1.M,

Practicing Health-Enhancing Behaviors). Students may feel safe disclosing abuse if they have identified a number of trusted adults. Students often identify their teachers and other school staff as trusted adults. If a student discloses abuse or there is reason to suspect child neglect or abuse, teachers must follow mandated reporting laws. After filing the mandated report, teachers should follow school and district policies for next steps. (See the section on mandated reporting in the Introduction chapter for additional information.)

In previous years, students began foundational learning about setting boundaries and appropriate and inappropriate touching. Second graders continue to build on this knowledge and are ready to define boundaries and personal space. As students explore what it means to have boundaries, they can also identify examples of their own boundaries and practice enforcing those boundaries. One way to demonstrate the concept of boundaries is to use hula hoops to represent personal space. Students carry the hula hoop around their bodies to form personal space that cannot be entered by another person. This activity helps students visualize personal space and practice maintaining boundaries. Students walk around and try not to bump into other students' hula hoops. If students begin to bump into each other, pause the exercise and remind students to respect each other's boundaries. After the activity, students talk about how they felt when someone bumped into their hula hoop. Teachers explain every person is different and desires different amounts of personal space at different times and personal boundaries can change, even for the same person, depending on the student's comfort level. Students should also be taught that the amount of personal space they prefer may vary from person to person. It is up to the student to decide what their comfort level is with each person. Students practice what they would do if they feel uncomfortable or are hurt by someone else, such as tell a trusted adult (2.4.2.M, Interpersonal Communication). If hula hoops are not available, students may also stretch out their arms to create personal space around their bodies. Second graders may be familiar with the phrase "stand an arm's length away" from other classroom activities and can use the same idea to communicate personal space.

Students can follow this boundary activity with a worksheet that identifies personal boundaries and how touch boundaries might be different with different people. Using the worksheet, students can identify people in their lives and circle which forms of touch they are comfortable giving to or receiving from that individual.

Sample worksheet for My Body, Boundaries

My Body, My Boundaries

<p>Family _____ <i>Example: Mom (Parent)</i></p> <p>Hug</p> <p>Kiss</p> <p>Handshake</p> <p>High Five</p> <p>Thumbs up</p> <p>No touch</p>	<p>Family _____ <i>Example: Chris (Sibling)</i></p> <p>Hug</p> <p>Kiss</p> <p>Handshake</p> <p>High Five</p> <p>Thumbs up</p> <p>No touch</p>
<p>Adult _____ <i>Example: Ms. Smith (Teacher)</i></p> <p>Hug</p> <p>Kiss</p> <p>Handshake</p> <p>High Five</p> <p>Thumbs up</p> <p>No touch</p>	<p>Friend _____ <i>Example: Jaime</i></p> <p>Hug</p> <p>Kiss</p> <p>Handshake</p> <p>High Five</p> <p>Thumbs up</p> <p>No touch</p>

Long Description for Sample worksheet for My Body, My Boundaries available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link4>.

These activities can serve as lead-ins to discussions about appropriate touch and healthy relationships. Students can understand that a *relationship* is how any two people are connected and can include relationships with family, friends, caregivers,

classmates, neighbors, and teachers. As students build relationship and decision making skills, they learn that healthy relationships begin with respect. Through teacher-led discussions, students define respect and consider about what it means to respect another person, including asking before entering another person's personal space. A healthy relationship is when both people who are connected respect each other—students respect parents, guardians, caretakers, teachers, and classmates and in return those people the student. This understanding is the first step in forming healthy relationships. *Asha's Mums: Respecting Differences* by Rosamund Elwin and Michele Paule (1990) is a book that can be used to demonstrate respect for individuals and groups.

Fostering healthy relationships can also encourage students to work and play cooperatively (2.1.10.M, Essential Concepts). Students may develop more meaningful relationships with peers and friends, which may also result in cliques and some classmates feeling excluded. Teacher need to remind students about respecting others and that healthy relationships are important to maintaining positive health. This includes objecting to teasing and showing respect for individual differences (2.1.7.M, Essential Concepts; 2.7.2.M, Practicing Health-Enhancing Behaviors; 2.8.1.M, Health Promotion). During class discussions, students share how they might feel if they are teased or bullied. A book to illustrate the impact of teasing and the importance of acceptance is *Yoko* by Rosemary Wells (2009). Another option is *Something Else* by Kathryn Cave (1994). Students understand that teasing and bullying can negatively impact the mental, emotional, and social health of themselves and others and can explain what it means to be emotionally or mentally healthy (2.1.2.M, Essential Concepts).

Partnering with your school: Students promote an anti-bullying environment in their school by coloring and decorating blank puzzle-piece diagrams that are then connected together with the slogan, "We All Fit In Here" at the top. Students distribute small puzzle pieces to other students who have been told what the puzzle pieces represent (ideally students in other classes and grade levels) during recess, lunch, and after school when they observe someone being kind to another person. Students are reminded bullying

can occur online as well as face-to-face and the school has rules against all forms of bullying (2.1.7.M, Essential Concepts; 2.8.1.M, Health Promotion).

Partnering with your community: Students learn that there are important community resources for both students and adults with mental health challenges. They become aware that, if someone is feeling sad, they can obtain assistance from a trusted adult to see a therapist or locate free services in the community. Students meet a school counselor by inviting him or her to speak to the class about the job responsibilities and the importance of providing support for those who are experiencing unsettling emotions or challenges (2.3.1.–2.M, Accessing Valid Information).

Partnering with the family: Students share their Wellness Wheel with their family, guardian, or caretaker and discuss ways to stay healthy in each of the seven dimensions of health. Teachers identify and make available to parents, guardian, and caretakers the people, agencies, and resources that can provide support for different sections of the Wellness Wheel (2.2.1.M, Analyzing Influences).

Grade Three

Third grade is an important year for most children as their personal wellness practices, health behaviors, and life skills such as study habits are being established; these skills will last a lifetime. At this grade level, the majority of eight- and nine-year-old students who are transitioning to the upper elementary grades are developing greater textual analysis skills and may have an increased ability to think critically and support their ideas with evidence. Their ability to write longer, more detailed, structured texts; learn more complex vocabulary; and organize information is generally improving. Students this age are typically competent readers and read multiple-chapter books about a variety of subjects, books in a series, and books with more fully developed characters. Most third grade students are also becoming proficient in using technology to research, write, and apply what was learned from the research. For example, students research online how to plant a vegetable garden; then summarize their findings in a written “how to plant a vegetable garden” paper; finally, they apply their learning by actually planting a garden. Physically, most children’s gross and fine motor development are almost fully developed at this age and will continue to be refined as growth continues (Ackerman 2017, Wood 2007).

Third graders typically enjoy and seek the approval of their friends, are motivated by a sense of achievement, have increased curiosity and interest in exploration, and begin to reveal a moral consciousness (Morotz 2015). Third grade students learn about personal growth and development that is occurring within their own bodies and the cycle of birth, growth, aging, and death; the benefits and importance of mental, emotional, and social health; continued strategies for positive health practices; how to distinguish between communicable (infectious) and non-communicable (chronic) diseases; and ways to protect and preserve the environment. Students discover that there are many ways they can improve the local environment such as planting a school garden which produces vegetables that are part of healthy eating. This discovery allows them to recognize that decisions they make about activities like composting waste and saving water can affect the health of the natural world (CA EP&Cs, Principle V) and their community’s environment.

Three of the six content areas are covered in the third grade health education standards: Growth and Development; Mental, Emotional, and Social Health; and Personal and Community Health. All eight overarching standards are addressed in third grade when instruction includes all three content areas. When appropriate for students' needs and interests, teachers are encouraged to incorporate content areas for which there are no standards in grade three.

Growth and Development (G)

Generally, third-grade students are excitable and inquisitive and are gaining a greater sense of empathy, social awareness, and the importance of providing appropriate responses to others. Students this age may be interested in sports and organized physical activities such as dance, martial arts, gymnastics, and swimming. Third grade students also typically take interest in leisure and recreational activities such as music, riding a bicycle, or skateboarding; and they may participate in organized activities (Ackerman 2017, Morotz 2015).

Students are generally eager to continue learning growth and development concepts that were introduced in kindergarten and first grade. However, they are typically ready to learn more complex concepts related to growth and development including how the body functions (3.1.3.G, Essential Concepts), what type of behaviors promote growth and development (3.5.1.G, Decision Making; 3.7.1.G, Practicing Health-Enhancing Behaviors), and the human life cycle from birth to death (3.1.1.G, Essential Concepts). Third graders also discover how best to communicate with parents, guardians, caretakers, and trusted adults regarding growth and development (3.3.1.G, Accessing Valid Information; 3.4.1.G, Interpersonal Communication).

In science, students learn that organisms have unique and diverse life cycles but all have in common birth, growth, reproduction, and death <bbh>(California Next Generation Science Standards [CA NGSS] CA NGSS 3-LS1-1).<EBH> Students also use evidence to support that traits can be influenced by the environment <bbh>(CA NGSS 3-LS3-2)<ebh> and that those traits can be influenced by changes to the environment caused by human activities <bbh>(CA EP&Cs, Principle II).<ebh> As

students learn about the life cycle of birth, growth, aging, and death in living things, they also learn that one's environment can have an impact on various stages of the life cycle. These connections to growth and development provide opportunities to apply knowledge in science to health education as students compare the human life cycle to other animal life cycles. Integrated science and health education activities demonstrating the human life cycle are featured below (3.1.1.G, Essential Concepts).

Students discover milestones typically associated with the human life cycle. The following age ranges are posted on large poster paper around the room: infant: 0–1; toddler: 1–3; child: 4–10; adolescent (teenager): 11–18; young adult: 19–39; middle-aged adult: 40–65; older adult: 66 and older. Students first reflect and may even list which family members, friends, or other adults they know are in each of the various stages of life. Teachers provide students a list of common developmental and life milestones such as: learning to talk, walk, read, write, ride a bike, and drive; going to middle and high school; graduating high school; getting a job; learning a trade; attending and graduating college and graduate school; voting for the first time; enjoying a career; taking a first trip to another country; getting married; raising children; retiring from work; aging, and having grandchildren. Students are encouraged to add other milestones to the list. After discussion in pairs or small groups, students select an age range for each milestone. The entire class then discusses the idea that some people encounter these milestones at different times or not at all and that not everyone's milestones will look the same. Students may note, for example, that some milestones may look different for someone with a learning or physical disability (for example reading or riding a bike). They also explore what milestones they are or are not looking forward to and why. Students are encouraged to then share what they learned from this activity with their parents, guardians, caretakers, or other adults by asking them to share the growth and development milestones they are looking forward to (3.4.1.G, Interpersonal Communication). An extension of this activity provides the student with an opportunity to interview their parent, guardian, caretaker, grandparent, or other adult regarding how that person feels about aging, retirement, and growing older (3.3.1.G,

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Accessing Valid Information). (Adapted from Public Broadcasting System [PBS]
Learning Media California: Birth, Growth, and Development).

Students complete question stems on major lifecycle events and discuss their answers in small groups. A group note taker shares with the entire class what their group discussed. Students then write a reflective summary on the discussion. Question stems may include:

- As a baby or toddler, my parents, guardians, or caretakers told me I was...
- Being in third grade is...
- I am excited to be a teenager because...
- A good thing about being an adult...
- Something that is scary about being an adult is...
- Older people like my grandparents or my neighbor...
- An important thing about death is...

Accessing free videos from medically accurate resources, third grade students view the life cycle of various living things. Students can research online or via the school's library and write a paper comparing and contrasting life cycles. Student research topics could include: which animals lay eggs; which animals breastfeed like human babies; which animal species live for very short periods of life; and which animals live shorter or longer lives than humans. Students can also write short reports on suggested readings such as *Tom, Johnny, and the Growing Arm Bone* (2016) by Anat Shabi and Arjun Mohan, *Changing You!: A Guide to Body Changes and Sexuality* (2009) by Gail Saltz, or *It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends* (2008) by Robie Harris (3.1.1.G, 3.1.2.G, Essential Concepts). <bbh>(This activity also supports third-grades students in writing informative/explanatory texts consistent with the California Common Core Standards for English Language Arts/Literacy [CA CCSS for ELA/Literacy], CA CCSS ELA/Literacy W.3.2.)<ebh>

Students recognize there are individual differences in growth and development (3.1.2.G, Essential Concepts) by first learning most babies were about 19–21 inches long at birth. In preparation for the activity, students ask their parent, guardians, or caretakers their length at birth. If unknown, students can use 18 inches. Working in pairs, students first measure and mark on large vertical paper their birth height using a tape measure. Students then measure their current height and display their measurement next to their birth height, calculating how much they have grown since birth. Students then work collectively to compare how much they have grown in height and creatively display the class measurement findings anonymously in pie charts, line plots, or bar graphs. The teacher shares that all humans grow at their own pace and differences in growth and height are normal. (This activity can be connected to the standards CA CCSS for Mathematics 3.MD.3–4 and CA NGSS 3-LS1-1.) Using reliable Web sites, students research and identify various factors that impact human growth. Factors such as heredity, nutrition, and hormones related to growth spurts may be identified (3.1.2.G, Essential Concepts).

In third grade, students are excited to learn about their external and internal body parts and their functions (3.1.3.G, Essential Concepts). Internal systems such as the muscular skeletal, respiratory, and digestive systems, along with key organs such as the heart or brain, are explored by drawing life size body outlines on large pieces of paper. Students then research where each major body part is located. To not overwhelm the students, teachers focus instruction on select major anatomical organs such as the heart, brain, lungs, stomach, liver, large intestine, or small intestine. Students then creatively draw, color, and label their body parts and write one fact about how each body part works. Students then decorate their diagram with features such as hair, eyes, nose, mouth, and nails and post around the room. A banner displaying, “We celebrate our differences and our likenesses” or other similar statements offer encouragement for peers to respect individual differences in growth and development (3.8.1.G, Health Promotion). Teachers can integrate students’ knowledge of the internal and external organs and physical differences when providing content on nutrition and physical activity in addition to describing how each organ functions during select activities.

Students work in small groups to research and create a trivia game based on their assigned body system. For example, “Q: What is the largest organ?” “A: Your skin.” Students also create songs, poems, or hip-hop rhymes to explain functions of various organs. Integration of art and science instruction is encouraged as students trace, color and label various body parts. Activities that integrate these important body systems referencing the literary resources mentioned above can also be explored (3.1.3.G, Essential Concepts). (This activity also supports CA CCSS for ELA/Literacy W.3.10. for third grade students in writing.) Students this age are also highly interested in the digestive and reproductive organs. When providing instruction on sexual and reproductive organs, teachers can introduce the concept that gender does not always match the sexual and reproductive organs described. For example, teachers may share, “In the classroom, we may use the term ‘female reproductive organs’ but some people who identify as male have these organs. The actual anatomical name for organs is utilized.

Educators should inform parents, guardians, or caretakers and students before implementing the following activity to ensure there are no food allergy or other eating-related issues that must be taken into consideration when planning and implementing activities that involve tasting food. Students can explore various senses such as taste. Using an anatomical diagram of the tongue, students first label the major components of the tongue and then map where salty, sweet, bitter, and sour are located by dabbing a Q-tip with diluted samples of saltwater, sugar water, vinegar, and unsweetened grapefruit juice on their own tongue. Sight is then explored by labeling the anatomical structure of the eye. Sample eye-test charts, braille books, and eye glasses are provided for students to explore. Hearing is then discovered with students first diagramming the anatomical structure of an ear. Sounds are then identified by hearing various noises at different volumes while their eyes covered. Students learn that smell is an important sense and the nose is also an important sensory organ for taste and even safety. Students first label the major anatomical components of the nose. They then smell various extracts such as lemon, cinnamon, or mint on a cotton ball and identify the mystery scent. This activity provides students with an opportunity to learn that some

people are unable to see (blindness), or have very poor vision, even with glasses (severe visual impairment). Some are able to see well with glasses or contact lenses. Braille books allow blind people to feel words for reading, rather than see them. Just like with vision, some students have hearing loss or can't hear at all (deafness). These students may wear hearing aids and have other special equipment in the classroom such as speakers or FM systems worn by the teacher, in order to hear well. Students then write a paper on the function of one identified sensory organ. Students are then able to identify the major internal and external body parts and their functions.

<bbh>(This activity also supports CA CCSS for ELA/Literacy for third grade students in writing.)<ebh>

Around ages eight or nine, most students understand the finality of death and begin to conceptualize that it is something that happens within the body. Although students this age understand that death is universal and happens to each person and all other living things, they may still consider death to be associated with elderly people. Death is also an important part of the lifecycle that students encounter at some point. Comprehensive curriculum on the lifecycle ideally includes a few assignments on death and dying to enable students to process this important stage. Note that teachers should never insert their own opinions on death and dying or use euphemistic or religious verbiage or language. Teachers should inform families before engaging in discussion or instruction on death and dying as some students may experience memories or strong emotional responses. Students recall someone or a pet that was close to them who died. If students have not experienced personal loss, they may consider someone famous who they were fond of who died. Students write a letter to the person or pet who has died. The letters include how they felt when the death occurred; what they miss about the person or pet; what they would want to say to the pet or person; and how they will remember the person or pet. Each student indicates on the back of their letter if they are comfortable with the teacher sharing their letter out loud. The teacher shares only the letters of students who are comfortable. An extension of this assignment may be to make a memory book of the loved one who has died (Adapted from Telljohann 2015). Other activities such as writing a poem, selecting a tribute song to be played for the

loved one, planting a memorial garden or tree, decorating a t-shirt, or an art project such as a painting can be incorporated. Teachers should be prepared to connect students to supportive resources as this may be a triggering activity for some. Students are encouraged to discuss the activity at home with their parent, guardian, or caretaker to further process the experience. (3.1.1.G, Essential Concepts). <bbh>(This activity also supports CA CCSS for ELA/Literacy W.3.10.)<ebh>

In the classroom example below, students discover how healthy behaviors promote healthy growth and development. Additional learning activities for growth and development follow the classroom example.

Classroom Example: 12 Weeks of Health

Purpose of the Lesson: Students are learning more about their growth and development. By engaging in twelve weeks (three months) of healthy behaviors, they learn a variety of strategies for promoting healthy growth and development.

Standards:

- 3.5.1.P Examine why a variety of behaviors promote healthy growth and development (Accessing Valid Information).
- 3.7.1.P Determine behaviors that promote healthy growth and development (Practicing Health-Enhancing Behaviors).
- 3.2.1.P Explain how individual behaviors and one’s family and school influence growth and development (Analyzing Influences).

Supplies:

Index cards or writing paper

Short, free health videos on nutrition, physical activity, and growth and development

Log books (optional)

Students in Ms. D's class are learning about how their bodies grow and develop; and they are achieving a greater understanding of how their actions influence their lives. Ms. D would now like students to discover new health practices to support positive growth and development and a lifetime of good health.

To prepare for this activity, Ms. D first asks students, What are some ways we can be healthy? and What we can do to support our growing bodies including developing healthy muscles and bones? Students share their responses. Some of the responses are drinking water, eating vegetables and fruits, not drinking soda, riding a scooter or skateboard to school while wearing a helmet, remembering to use their asthma inhaler or other medically prescribed medications when needed, brushing their teeth at least twice a day, washing their hands, getting plenty of sleep, recycling plastics and aluminum at home, or following traffic laws and looking both ways when crossing the street. Ms. D then shows students a free health video, shares various photos of children engaging in healthy actions, or has students read an article on healthy behaviors.

Students then write as many healthy behaviors and practices as they can think of on index cards or paper, one per card or piece of paper. Ms. D reminds students that ideas should be fairly simple and general enough so everyone can accomplish the activity at home, in the community, or at school. Students anonymously submit their ideas. Each Monday, Ms. D removes an index card or paper and reads the healthy behavior or practice that the class will engage in for that particular week and how the behavior or practice supports growth and development. Ms. D is considerate of any students with physical disabilities and those who may be on medically specialized diets and suggests modifications to the behavior or practice. Students learn that the behavior or practice is a goal. How students specifically accomplish the goal is up to them. Students may want to share with the class what they plan to do to reach that goal. Students track their weekly progress for each new goal by logging the frequency and duration of their activity in their log books. Each month the frequency of and hours spent in their activities are totaled in students' log books and then submitted to Ms. D. Students compare their monthly log with their previous month by subtracting the previous month from the new month and showing the difference of their new additional hours in a

separate page of their log book. At the end of the three months, students are surprised not only by the variety of healthy activities they have tried and participated in, but also by the amount of time they have spent enjoying various healthy activities to support their growth and development.

Growth and Development Learning Activities

Essential Concepts: 3.1.3.G Identify major internal and external body parts and their functions; **Personal and Community Health:** 3.1.4.P Identify life-threatening conditions (eg: heart attacks, asthma attacks, poisoning).

Heart Adventure Challenge Course

Students identify the major internal and external body parts and their functions.

Students research the function of each component of the heart and how to strengthen their heart. Students are led through a short obstacle course with heart-strengthening activities. Students are challenged to use the obstacle course throughout the school

year. <byh>As an extension of this activity, students take their heart rate following the activity or recess or wear a pedometer or use a pedometer app to track their steps. An optional discussion that sometimes there are heart emergencies when the heart stops and needs to be restarted can be introduced including a review of 9-1-1 protocol, how to call for help, and how CPR can help keep a heart beating until medical personnel help arrives.<eyh>

Standard 3-3.5.S Demonstrate how to dial 9-1-1 or other emergency numbers and how to provide appropriate information.

Essential Concepts: 3.1.3.G Identify major internal and external body parts and their functions.

Acronym Fun

Students identify the major internal and external body parts and their functions by creating an acrostic poem (a poem where the first, last, or other letters in a line spell out

a particular word or phrase) to remember the various body systems and functions. A word bank is posted of the key terms for the students to see before the activity begins. Students choose which body parts to include in their poem and are not expected to include every part they have learned about.

Essential Concepts: 3.1.3.G Identify major internal and external body parts and their functions.

Group Skeletal Puzzle

Students identify the major bones of the skeletal system and their primary function. After instruction and their research activities, students create a large skeletal system by connecting and properly labeling the bones in the correct order. Bone-shapes can be printed from online sources or resources like Halloween skeletons can be used.

Essential Concepts: 3.1.2.G Recognize that there are individual differences in growth and development.

Decision Making: 3.5.1.G Examine why a variety of behaviors promote healthy growth and development.

Practicing Health-Enhancing Behaviors: 3.7.1.G Determine behaviors that promote healthy growth and development.

My Growth and Development Influences

Students examine behaviors promote healthy growth and development by researching how one's individuality, living situation, and school impact growth and development. Examples may include eating healthy foods that contain proper nutrients such as calcium for healthy bones or obtaining the proper amount of sleep ensures one's brain is healthy and ready to learn. Students then identify one behavior they plan to incorporate into their lives to support their growth and development. The information found can be displayed in a creative way such as infographics or posters that promotes health-enhancing behaviors.

Essential Concepts: 3.1.1.G Describe the cycle of birth, growth, aging, and death in living things.

Essential Concepts: 3.1.2.G Recognize that there are individual differences in growth and development.

Decision Making: 3.5.1.G Examine why a variety of behaviors promote healthy growth and development.

Class Pets and Plants

Students recognize that there are individual differences in growth and development by enjoying, interacting, and caring for class pets such as fish, hermit crabs, turtles, guinea pigs, hamsters, rabbits, bearded dragons, or other lizards. Plants also provide a care-taking opportunity for children. Seeds can be planted in containers and grown under grow lights or bright windows in the classroom. Students can be empowered to choose which pets the classroom adopts by voting and collectively naming and caring for the pet. Students also enjoy collecting research data on a hypothesis or predictor of what will occur with the plant or animal as it grows and develops over time. In teams, students create a care guide for the class pet that includes the nutrition and physical activity needs of the pet to connect life science with health. Teachers should consider students with possible allergies and check school or district policy. Students are encouraged to write informational texts about the classroom pet. <bbh>(This activity connects to science standard CA NGSS 3-LS1-1.)<ebh>

Essential Concepts: 3.1.3.G Identify major internal and external body parts and their functions.

Our Digestive System

Students first learn to identify the major internal body parts and their functions of their digestive system by watching a short video on the digestive track. They learn that the digestive track moves food through their body and that nutrients like fiber, calcium, and

protein are absorbed as they digest food. Students then research online and label the major parts of the digestive track used for food digestion, writing a short description for each. As a fun follow up activity, they form a line and pass a healthy packaged snack to one another to signify each organ that contributes to the digestive track beginning with the teeth, tongue, throat, pharynx, esophagus, stomach (liver, gallbladder, pancreas work alongside stomach), small intestine, and large intestine. Similar to a progressive memory game, as the snack is received, the student has to recall each previously stated body part and then state the addition of their assigned body part until all parts of the digestive track are named. Creative options can be added such as the pancreas stating, "Too much sugar is hard on me!" Students then enjoy their healthy snack. Teachers should consider students with possible food allergies and check school or district policy.

Partnering with your school: Students can promote campus-wide awareness on how to show respect for students with individual differences by creating posters, flyers, or other creative mechanisms showing friends of different backgrounds and abilities. A creative slogan such as *We Are All One* is developed by the students as part of the event.

Partnering with your community: Students examine a variety of behaviors that promote health by participating in an American Heart Association Jump Rope for Heart event or Dance-A-Thon at school. Students distribute heart health education as part of the community event and fundraiser (3.5.1.G, Decision Making; 3.7.1.G; Practicing Health-Enhancing Behaviors).

Partnering with the family: Students initiate conversations on growth and development with parents, guardians, caretakers, or trusted adults by interviewing them and asking; what they remember as some of their milestones in growing up such as *the first time they learned how to ride a bike; were they taller, the same, or shorter than the other children in school and how it made them feel; or how they feel about aging and retirement*. Educators should be sensitive to and aware of foster or displaced children who may have not spent much of their lives with a current family member. In this

situation, students can interview a teacher, the principal, <byh>a school<eyh> counselor, a family friend, or another trusted adult. Students write a report on their interview findings and share their interviews with classmates (3.3.1.G, Accessing Valid Information; 3.4.1.G, Interpersonal Communication).

Mental, Emotional, and Social Health (M)

Most third graders are very inquisitive and excitable. Many third-grade students are progressing from having a limited sense of social awareness to a greater sense of how their actions impact others. They are generally discovering how to provide more socially acceptable, appropriate responses; are able to be self-critical; and assume some responsibility for their actions. Often impressed with themselves, they actively seek praise from teachers and family members, guardians, and caretakers (Macmillan n.d.).

Third grade is an important time of personal and social growth for most students. According to the five competencies of the Collaborative for Academic, Social, and Emotional Learning (CASEL) (2017), as students enter late elementary they begin to have greater *self-awareness* and further understanding their range of emotions and what causes them. *Social awareness*, the ability to understand and respect the perspectives of others, is developing allowing students to better manage and control their emotions when interacting with their peers. Third graders are developing *self-management* so activities such as goal-setting can be well received. As third graders develop their *relationship skills*, they are focusing on friendships. *Responsible decision-making* (a skill that is not inherent) at this grade sets the foundation for a lifetime of healthy behaviors.

Building on mental, emotional, and social health content ideally learned in prior grades such as identifying emotions, demonstrating cooperation and respect, and knowing how to ask for help for mental and emotional needs, students continue to apply standards-based competencies to build positive mental health practices. Role-playing, modeling, and performance-feedback approaches and case studies are effective for learning mental health content as they engage the interest of students and elicit skill application. Students problem-solve various solutions to different complex scenarios where it is

important to seek help or assistance from a trusted adult. Such scenarios require students to problem-solve in situations where they feel threatened; they feel sad, depressed, or worried; someone is pressuring them to do something they do not want to do; or they are scared or worried about something or someone (3.3.1.M, Accessing Valid Information). Students use this simple technique to ask adults for help (Coffee in Telljohann 2015) (3.5.2.M, Decision Making):

- Say, “I need your help.”
- In one sentence, tell what the person did or how they made you feel.
- In one sentence, explain what you have done to solve the problem yourself.
- Repeat, “I need your help.”

Students in higher grades may serve as models of responsible behavior by sharing when they had to overcome a challenging situation. Students may enjoy creating their own scenarios for various role-playing activities in which responsible decision-making skills can be applied (3.4.2.M, Interpersonal Communication; 3.5.1.M, Decision Making). It is important for students to practice conflict-resolution approaches before they are confronted by a situation involving fear, stress, anger, loss, or grief (3.7.1.M, Practicing Health-Enhancing Behaviors). Examples may be anger and hurt from a conflict with a friend or experiencing stress when parents, guardians, or caretakers leaving you with a babysitter for the night. Students learn to:

- Define the problem
- Negotiate with the other person or talk to someone else regarding the situation
- Find a win-win solution

Five-Step Decision Making Process for Grades Three through Five

The Model



Long Description of Five-Step Decision Making Process for Grades Three through Five available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link5>.

Source: The Colorado Education Initiative (2015)

Third-grade students are approaching early adolescence and have a greater understanding of self and others, including individual differences (3.1.2.G, Essential Health Concepts; 3.4.2.G, Interpersonal Communication). This awareness helps students better identify emotions, build healthy social behaviors, and think critically about influences on growth and development (3.2.1.G, Analyzing Health Influences; 3.5.1.G, Decision Making; 3.7.1.G, Practicing Health Enhancing Behavior). Third grade students are highly interested in peer relationships and friendships and care more about how they are viewed by peers than in earlier grades. Because of this developmental stage, students are more aware of individual differences and the influences that shape perspectives about personal characteristics. It is a critical time for students to learn the importance of rejecting teasing and bullying (3.8.2.M, Health Promotion) and promoting a positive and respectful school environment (3.8.1.M, Health Promotion).

Students may differ in physical appearance, gender expression, activity preferences, ability, and behavior. It is important to create an inclusive and welcoming environment for all students and to encourage peers to show respect for others regardless of these differences (3.8.1.G, Health Promotion). Through this kind of learning environment and modeling of respect, students will also be able to demonstrate the ability to support and respect people with differences (3.8.3.M, Health Promotion). This is also important for helping students learn how to build and nurture healthy relationships. (For additional

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information on creating an inclusive learning environment, see the Access and Equity
chapter.)

Because third graders have been learning about personal boundaries, consent, bullying, gender, and healthy relationships since kindergarten, they should be familiar with these concepts. As students' cognitive abilities advance, so does their level of understanding and ability to practice health enhancing behaviors. Students in third grade are ready for a more advanced discussion about boundaries to help them think critically and understand the importance of personal boundaries for privacy, safety, and expression of emotions (3.1.4.M, Essential Health Concepts). If willing, students can share examples of personal boundaries after they participate in an activity in which they identify and list some examples of their own personal boundaries. Before the activity, teachers explain that boundaries can refer to touch, types of play, types of conversations, and time spent with another person. For example, a student may identify a boundary as being comfortable talking about their feelings with a parent, guardian, or caretaker. Another example could be that a student identifies being uncomfortable hugging neighbors.

A possible worksheet could include:

- With my friends, I am comfortable/uncomfortable (*circle one*)
- With my parents, guardians, or caretakers I am comfortable/uncomfortable (*circle one*)
- With my siblings, I am comfortable/uncomfortable (*circle one*)
- With my neighbors, I am comfortable/uncomfortable (*circle one*)
- With my teacher, I am comfortable/uncomfortable (*circle one*)

Students who are able to identify their personal boundaries are more likely to enforce them, which is a self-protective skill. Students partner with a classmate and practice how to communicate directly, respectfully, and assertively regarding personal boundaries (3.4.1.M, Interpersonal Communication). This skills practice allows students

to learn not only how to communicate about their own boundaries, but also how to communicate about and respect the personal boundaries of others. In second grade, students conceptualize personal boundaries through the use of a hula hoop. In third grade, students discuss how those boundaries can vary with different people and different situations. For example, Jose might feel comfortable giving his parents, guardians, or caretakers a hug but does not feel comfortable hugging his older brother. Boundaries are also flexible, meaning Jose might want to hug his older brother sometimes but not always. Students explore examples of flexible boundaries which can be demonstrated through the use of jump ropes or another form of rope. Students can lay the jump rope on the ground around them in the form of a circle, making it wider or smaller depending on their boundaries. Teachers ask students questions about their boundaries and instruct them to adjust their personal boundary circle accordingly. The teacher may explain that the jump rope represents boundaries and ask, “What are your boundaries for hugs? Do you have a big boundary and need a lot space? This means that you might only be comfortable with hugs from a small number of people. Or, do you have a smaller boundary and you’re comfortable with hugs from lots of different people?” Teachers should demonstrate how the boundary space changes as they explain the question. Similarly, teachers can also ask about students’ boundaries regarding sharing their name with others, playing with classmates on the playground, and sharing feelings with others, for example. It is important for students to understand that only they can change their boundaries and if their boundaries are crossed, they should tell a trusted adult. Students can also practice communicating and enforcing their boundaries with one another. Classmates can take turns responding to each other as though the other student had crossed a boundary line, which offers an opportunity to practice communicating the need for boundaries to be respected through verbal and non-verbal communication.

When discussing trusted adults, students remember from previous learning that not all adults are considered safe or “trusted” and think critically about how to identify trusted adults. Students are able to further identify and access trusted adults and resources at home, at school, and in the community that can help with social, emotional, and mental

health concerns (3.3.1.M, Accessing Valid Information). Teacher-led discussion provide opportunities for students to evaluate situations in which a trusted adult should be asked for help (3.5.2.M, Decision Making). Some examples include discussing inappropriate touching, bullying, or feelings of discomfort about specific individuals. Students learn that in these situations, they can ask for help from a trusted adult. When discussing telling an adult, teachers help students understand the difference between “telling” and “tattling.” *Tattling* only gets someone in trouble, but *telling* can get someone out of trouble. Ask students to think critically about the difference and provide examples. If a student discloses abuse or there is reason to suspect child abuse or neglect, teachers must follow mandated reporting laws. After filing the mandated report, teachers should follow school and district policies for next steps. (See the section on mandated reporting in the Introduction chapter for additional information.)

Students in third grade learn more about healthy relationships, including the benefits of having positive relationships with family and friends (3.1.3.M, Essential Health Concepts). Building positive relationships also helps develop support systems, which students can rely on if they need to tell a trusted adult or friend about uncomfortable or threatening situations (3.3.2.P, Accessing Valid Information).

Threatening situations may extend beyond in-person interactions, and students in third grade should be made aware of Internet safety. Third graders may begin utilizing online resources more for research, other school assignments, and recreational purposes. Students learn the school rules for Internet use and can explain the rules are meant to help protect students from online dangers and also to prevent cyber bullying. With the teacher facilitating, students discuss “netiquette” and the importance of using the Internet for good purposes. Some third graders may also have access to social media. Students respond to hypothetical questions posed by the teacher to generate critical thinking about potentially dangerous situations they may encounter online. Some examples include:

- What would you do if someone online asked for your name or address or to send a photo?

- What would you do if you saw or read something online that made you feel scared or confused?
- What would you do if someone was being mean or rude to you online?
- What would you do if noticed someone was being mean or rude to another person online?

With instruction, students learn that in these kinds of situations, they should always talk to or tell a trusted adult. Students should also be aware of how their actions online could impact others. When discussing bullying and encouraging students to promote a positive and respectful school environment, teachers explain that this also applies to Internet usage and behavior online and through social media. Students are encouraged to reject bullying and teasing of others and to report any kind of bullying behavior to a trusted adult. Students can create a contract for Internet safety that includes telling a trusted adult in specific situations and a commitment to be kind to others.

Two useful resources for Internet safety are the *Model School Library Standards for California Public Schools, Kindergarten Through Grade Twelve* (CDE 2011) and KidSmartz.org, a program of the National Center for Missing & Exploited Children that includes age appropriate printouts and guidelines. Additional learning activities are found below.

Mental, Emotional, and Social Health Learning Activities

Interpersonal Communication: 3.4.1.M Demonstrate how to communicate directly, respectfully, and assertively regarding personal boundaries.

Repeat, Refuse, Alternative

Students demonstrate how to communicate directly, respectfully, and assertively regarding personal boundaries by practicing using two different techniques for communicating about personal boundaries. **Option 1:** Repeat the refusal using eye contact; **Option 2:** Suggest an alternative activity to what is being suggested. Prompts

may include *I will repeat...*, *I will refuse by...*, *I may suggest the following alternative or other activity or option...*

Students work in small groups to role play various scenarios presented on index cards or paper. Students practice what to say when they are stressed or concerned about something. The teacher or selected student(s) demonstrates each technique first, then the students practice communication skills in small groups.

Practicing Health-Enhancing Behaviors: 3.7.1.M Evaluate effective strategies to cope with fear, stress, anger, loss, and grief in oneself and others.

Helping Myself, Helping Others

Students evaluate strategies to cope with fear, stress, anger, loss, and grief in oneself and others by reflecting on and listing what they do when they feel stressed, worried, angry, or sad. Options for responses to emotions can also be explored via valid online resources. Students then explore how to help others who are feeling fearful, stressed, worried, or sad. Suggestions are provided by the student such as talking to a trusted adult about their feelings, exercising, listening to music, taking deep breaths before reacting, or reframing the challenge or disappointment by setting a new goal. Students evaluate which activities they find effective and would use. Students are encouraged to keep their list in their health journal or folder to reference when they feel any of the emotions discussed. Activities may be voluntarily practiced in class such as sharing one's favorite music or practicing breathing exercises together. As an extension of this activity, students create a class bulletin board featuring pictures of healthy coping mechanisms.

Goal Setting: 3.6.1.M Make a plan to help at home and show responsibility as a family member.

Essential Concepts: 3.1.2.M Describe the importance of assuming responsibility within the family and community.

Essential Concepts: 3.1.3.M Explain the benefits of having positive relationships with family and friends.

A Supportive Family Member

Students describe a plan to help at home and be a responsible family member after reading various books that provide examples of the qualities of a supportive family member such as *And Tango Makes Three* or *Tres con Tango* by Justin Richardson and Peter Parnell (2015) or *Frog and Toad Are Friends* by Arnold Lobel (2003). Students write a paragraph or two about ways they can be a responsible family member.

<bbh>(This activity also supports students in writing informative/explanatory texts, CA CCSS for ELA/Literacy W.3.2.)<ebh>

Partnering with your school: Students read the book, *The Juice Box Bully: Empowering Kids to Stand Up to Others* (2010) by Bob Sornson and Maria Dismondy. This book poses the question, *Have you ever seen a bully in action and done nothing about it?* Children in the book get involved instead of being bystanders and allowing the character, Pete, to bully and tease others. Pete’s classmates teach him about The Promise, a commitment not to bully others. Students lead a Promise school campaign with anti-teasing and anti-bullying posters, posts to the school’s Web site and social media sites, assembly and public address system (PA) announcements, and by taking an active stance in the Promise. The school principal provides awards for the group of students or individuals whose behavior exemplified The Promise throughout the school year. Students may also promote a No Name Calling Week campaign in January. Research No Name Calling Week online for resources (3.1.1.M, 3.1.3.M, Essential Concepts; 3.8.1–3.M Health Promotion). <bbh>(This activity also supports the CA

Partnering with your community: Children’s Mental Health Awareness Month is typically celebrated the first week of May. Consider hosting a campus-wide awareness event with a guest speaker to show support and respect for people with differences (3.8.3.M, Health Promotion). Students learn that there are important community resources for people with mental health challenges for both students and adults. They become aware that if someone is feeling sad, they can see a therapist or locate free services in the community with the assistance of a trusted adult. Students invite the school psychologist or social worker (who may be from another school or within the district) to speak to the class about their job responsibilities and the importance of providing support for those who are experiencing unsettling emotions or challenges (3.3.1.M, Accessing Valid Information; 3.5.2.M; Decision Making).

Partnering with the family: Students create a poster of three ways they plan to help at home and show responsibility as a family member (3.1.2.M, Essential Concepts; 3.6.1.M, Goal Setting). Under each goal, students create a grid or weekly calendar to track when each of their tasks is accomplished. Star stickers are distributed for students to place on their grid each time a goal is reached. Parents, guardians, or caretakers are also encouraged to provide a positive affirmation when a goal is met.

Personal and Community Health (P)

Many third graders are becoming more interested in sports and physical activity than in prior years and are learning more about how their internal and external body functions. They are also typically developing more of an interest in friends and the world around them, making personal and community health an important content area upon which to focus. Teachers and administrators play an important role and have responsibility in the promotion of personal, community, and environmental health and helping students understand that their own actions can affect the environmental health of others in their community <bbh>(CA EP&Cs, Principle V).<ebh>

Chronic diseases have replaced infectious diseases as the top causes of morbidity and mortality when compared to a century ago (World Health Organization 2017b).

Approximately 20 million children in the United States live with a chronic illness, with asthma being the most common (CDC 2017a). Despite marked progress in medical care for children, including immunizations and routine screenings, children's health issues such as obesity, asthma, diabetes, dental **caries**, attention deficit hyperactivity disorder, and autism spectrum disorders continue to be important health considerations in California and across the nation. Many children still experience challenges accessing healthcare along with a myriad of health disparities in their everyday life that negatively impact academic performance and success (CDC 2017a). Teachers and other educators are in influential positions to empower their third grade students to value and respect their personal health for the dual purposes of achieving optimal health and improving academic performance outcomes. Third grade provides opportunities to implement standards-based instructional strategies to help students gain the knowledge and skills to adopt a lifetime of good health practices.

Learning opportunities focused on personal health are essential to ensure a lifetime of positive health practices. Standards-based instructional strategies and application opportunities that allow third graders to make informed decisions that promote their personal health can be easily integrated and implemented throughout the daily curriculum. Instruction should build upon the student competencies achieved in prior grades by now focusing on skill practice such as demonstrating refusal skills, applying decision-making processes, and setting goals. An example may be a student politely declining to play video games with a friend and suggesting they go outside and play basketball or play in a park for physical activity to reach their daily physical activity goal of 60 minutes of exercise.

Students discover the difference between communicable (infectious) and non-communicable diseases (chronic diseases) by researching examples of each online. Students provide class presentations using a creative technological program on prevention or risk-reduction tips for a chosen infectious or chronic disease (3.1.1.P, Essential Concepts). They learn that bacteria and viruses attack the body's immune

system when an infectious disease is transmitted and is living in one's body. Students participate in mock reenactments such as never sharing eating or drinking utensils or not handling food or drinks used by any other person (3.1.2.P, 3.1.5.P, Essential Concepts). In pairs, students practice various assertive refusal skills and risk-reduction tips that they have identified and written on individual cards (3.1.1.P, Essential Concepts). Examples of refusal skills include politely declining to share eating or drinking utensils used by another person (3.4.1.P, Interpersonal Communication). Students write a positive health practice goal that they will practice daily and accomplish (3.6.1.P, Goal Setting) for one month to lower their risk for both an infectious disease and a chronic disease (3.1.3.P, Essential Concepts). Students' goals (with their names removed) are creatively displayed in the classroom to encourage classmates to adopt healthy practices beyond their own goals. Additional learning activities on personal and community health following the classroom example. In the classroom example below, students learn that healthy behaviors can be learned from family, friends, and other influences.

Classroom Example: Healthy Family, Healthy Friends, Healthy Me!

Purpose of the Lesson: Students are learning how culture, family, friends, and the media influence positive health practices. By creating a collective mural, students demonstrate how family, friends, and others influence positive health practices.

Standards:

- 3.2.1.P Identify how culture, family, friends, and media influence positive health practices (Analyzing Influences).
- 3.1.5.P Describe how a healthy environment is essential to personal and community health (Essential Concepts).

Supplies:

- Very large scroll of paper to create a mural
- Printer to print photos or online pictures

Students in Ms. E's class are learning more about body systems and are being introduced to infectious and chronic diseases. They are beginning to have a greater understanding of the influences around them that affect their wellbeing. Ms. E would now like students to discover how family, friends, and the media influence positive health practices.

To prepare for this activity, Ms. E asks the students to observe the positive health practices of their family members, guardians, caretakers, and friends over the next week and to write brief notes describing their observations. Students obtain an existing photo or draw a picture of themselves engaged in a healthy activity such as brushing their teeth or participating in physical activity. Media examples of healthy behaviors seen on television or online are also shared by the students and Ms. E. Students describe examples of positive health practices such as a family member who exercises by taking a long walk each day or who cooks a healthy meal that includes many vegetables; a sibling who pushes her brother's wheelchair to the park and then plays catch with him; a friend who rides their bicycle to and from school and always wears a helmet; a friend who just joined a soccer team; or a Web site that advertises a recycling program. Every day, Ms. E checks in with the students and asks them to report positive health practices they have observed so far. After one week, students bring their personal photos and drawings or download images from reliable Web sites to illustrate the positive health practices of others that they observed. With permission, they can also include photos of their friends or family members engaging in the activities. Students discuss with one another their observations and enjoy sharing the photos, drawings, and images they have collected. Photos and drawings of the students engaged in healthy activities are featured in the middle of the mural. The photos, drawings, and images are collectively pasted onto a mural that displays words the students have painted, "Healthy Family, Health Friends, Healthy Me!" The principal asks Ms. E to post the mural in the main school hallway outside the office.

This interdisciplinary classroom example incorporates health education, science, and environmental topics.

Purpose of the Lesson: Students discover an environmental health challenge in their school or local community and create and implement a project to help resolve the challenge. By working together to resolve the littering and waste that occur in the lunch area, they recognize that they can help resolve a local environmental health problem.

Standards:

- 3.8.2.P Encourage others to promote a healthy environment (Health Promotion).
- 3.1.6.P Discuss how reducing, recycling, and reusing products make for a healthier environment (Essential Concepts).
- 3.1.5.P Describe how a healthy environment is essential to personal and community health (Essential Concepts).
- **EP&C I:** The continuation and health of individual human lives and of human communities and societies depend on the health of the natural systems that provide essential goods and ecosystem services.
- **EP&C V:** Decisions affecting resources and natural systems are based on a wide range of considerations and decision-making processes.
- **CA NGSS 3–5-ETS1-1** Define a simple design problem reflecting a need or a want that includes specified criteria for success and constraints on materials, time, or cost.
- **CA NGSS SEP-3** Planning and Carrying Out Investigations

Supplies:

- Poster paper
- Printer to print photos or online pictures

Students in Mr. A's class are learning how the littering and food waste that takes place every day during lunchtime can spread beyond the schoolyard and may pollute the

nearby coastal waters. Earlier in the year they learned how polluted water can affect their health and the health of their community <bbh>(CA EP&C I).<ebh> They are starting to make connections between their actions and the health of the environment.

To kick off this activity, Mr. A takes the students to the lunch area and asks them to make a drawing and write brief notes about what they saw. After they have made their drawings and notes, Mr. A starts a class discussion with the questions, “What did you see in the lunch area?” and “How did it get there?” Students share, for example, that they saw paper and plastic litter on the ground, the overflowing trash cans, and some food getting thrown away. It was a windy day and several said that they saw litter blowing out of the lunch area, into the schoolyard, and off into the street.

Mr. A asked students to work in small groups and discuss why it is important to come up with a solution to the problem of food waste and litter on campus <bbh>(CA EP&C V).<ebh> With those reasons in mind, he tells students to develop some simple criteria to compare the design solutions they create to resolve these problems <bbh>(CA NGSS 3–5-ETS1-1).<ebh> Based on the criteria they established, students develop a variety of design solutions. When the small groups report out, they share ideas such as: starting a compost bin and placing it near the lunch area to collect waste food; telling the custodian what they saw and asking that the garbage cans be emptied twice during lunch to prevent overflow; and conducting a poster campaign to tell other students about the environmental health problems caused by waste and littering.

The students decide to start an “I Can Make a Difference!” poster campaign. After just two weeks of monitoring they observed that the amount of litter and food waste on campus had decreased by 50% <bbh>(CA NGSS SEP 3).<ebh>

Essential Concepts: 3.1.4.P Identify life-threatening conditions (e.g., heart attacks, asthma attacks, poisoning).

Accessing Valid Information: 3.3.1.P Recognize individuals who can assist with health-related issues and potentially life-threatening health conditions (e.g., asthma episodes or seizures).

Help! It's a Life-threatening Emergency: Call 9-1-1

Students use classroom and valid electronic resources to identify common life-threatening emergencies specific to their age group (e.g., epilepsy and seizures, food allergies, diabetic emergencies, poisoning) and their symptoms along with recommended solutions for each emergency. Students should specifically include when to call 9-1-1 for assistance and who to ask (e.g., teacher or school nurse) for medical assistance at school. Populations with special needs such as students with disabilities should be included. Students learn that 9-1-1 should only be called in a true emergency such as someone needing help because they are unconscious; if they themselves or their family members or friends are in danger; or there has been an event where others are in danger such as an earthquake or fire. 9-1-1 should never be called as a joke or prank as this prohibits someone from receiving lifesaving attention. Free emergency response posters from American Heart Association or American Red Cross can be displayed in the classroom. (This activity is connected to the Model School Library Standards on accessing and using information.)

Essential Concepts: 3.1.2.P Describe how bacteria and viruses affect the body.

Essential Concepts: 3.1.3.P Identify positive health practices that reduce illness and disease.

Practicing Health-Enhancing Behaviors: 3.7.1.P Evaluate ways to prevent the transmission of communicable diseases.

Yucky Picnic

Students describe how bacteria and viruses affect the body and identify positive practices that reduce illnesses by researching online the common foods that are a risk for food poisoning and their related symptoms. Foods include potato salad, eggs, egg salad, and peanut butter (salmonella); salads and undercooked meat (e-coli); ice cream (listeria); and berries (Hepatitis A). Students cut out shapes of the high-risk foods and make a collective collage for the classroom or cafeteria. Each shape contains a prevention message on how to avoid the food illness.

Essential Concepts: 3.1.3.P Identify positive health practices that reduce illness and disease.

Practicing Health-Enhancing Behaviors: 3.7.1.P Evaluate ways to prevent the transmission of communicable diseases.

Infectious Disease Shields

Students identify ways to prevent transmission of communicable disease by creating colorful symbolic European Medieval or Middle Ages shields made with poster board and markers that display one effective way to prevent an infectious (communicable) disease from spreading. They obtain information on disease prevention and ideas for designing their shields from online resources. Ideas may include using hand sanitizer, covering one's mouth and nose with one's arm when sneezing or coughing, washing hands, using gloves, or not sharing a drink with someone who is sick. Shields are displayed in a designated area in school or in the classroom. Students present their shields and describe their prevention idea to students in earlier grades.

Essential Concepts: 3.1.6.P Discuss how reducing, recycling, and reusing products make for a healthier environment.

Practicing Health-Enhancing Behaviors: 3.7.2.P Demonstrate ways to reduce, reuse, and recycle at home, at school, and in the community.

Health Promotion: 3.8.2.P Encourage others to promote a healthy environment.

Environmental Health Challenge

Students describe and demonstrate ways to reduce, reuse, and recycle and encourage others to promote a healthy environment by engaging in environmental conservation initiatives such as recycling, water conservation, or minimizing pollution. Students can participate in a park, beach, river, lake, or school cleanup effort. To minimize air pollutants, students can walk or carpool to school or bring a refillable water bottle. Third-grade classes could challenge other classes in a competition on which class collectively conserves the most. Environmental health education messages can be distributed through posters, assemblies, the school's Web site, and newsletters.

Partnering with your school: Students recognize other students who are engaging in a positive health practice by giving them a sticker or ribbon that signifies they are a Health Hero. The premise of this activity is that it does not take a huge act to make a difference, but small acts of positive health behaviors are important to one's overall health. Stickers are supplied to the students. Students are provided with examples of commendable actions such as eating a healthy lunch, refusing a sugary beverage, riding a bike to school, visiting the dentist or doctor, recycling, or choosing physical activity over sedentary activities. Health Heroes can be honored weekly, monthly, or by grading period. Students can also recommend Health Heroes by filling out a slip provided at the main office and placed in a box. Different classes can take turns reading, reviewing, and selecting the winners based on the criteria listed (commendable actions). Students and teachers publicize the Health Heroes campaign through various campus mechanisms including the morning circle, school assemblies, bulletin boards, school newspapers and Web site, and public announcements. (3.2.1.P, Analyzing Influences; 3.8.1.P, 3.8.2.P, Health Promotion).

Partnering with your community: Who Can I Call? Following a discussion and role-playing scenarios of third grade students feeling threatened, students research and discover who to call if they are feeling threatened (3.3.2.P, Accessing Valid Information). Students create a contact card to place in their backpack or other easily accessible place. Each card contains information for various contacts such as the teacher, school nurse, principal, <by>school<eyh> counselor, parent, guardian, caretaker, trusted adult, or community organization. Students also enjoy a field trip to a fire department or

emergency response unit to see firsthand how these agencies respond to such emergencies as heart attacks and poisonings (3.1.4.P, Essential Concepts).

Partnering with the family: Contact the American Red Cross, American Heart Association, Poison Control Center, Epilepsy California, or emergency medical services to request educational materials on healthy practices, when to call for emergency health, and community resources to assist after an emergency (multi-language materials are available in some areas) for students to take home and share with their family (3.8.1.P, 3.8.2.P, Health Promotion).

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