

DRAFT Chapter 3: Transitional Kindergarten Through Grade Three

Health Education Framework

April 2019 Revision

This document includes some of the feedback submitted to the California Department of Education during the first and second 60-day public review periods. Content that was added or moved in response to public comment from the first 60-day review period is highlighted in yellow. Content that was added or moved in response to public comment from the second 60-day review period is highlighted in green. Interdisciplinary connections are highlighted in blue. All revisions in this document were approved by the Health Subject Matter Committee and the Instructional Quality Commission.

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
- <bgh> = green highlighted text begins
- <egh> = green highlighted text ends
- <bbh> = blue highlighted text begins
- <ebh> = blue highlighted text ends

Please visit the CDE website at <https://www.cde.ca.gov/ci/he/cf/> to download the current draft chapters of the 2019 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.

1 Introduction

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

14 The relationship between healthy students, <bgh>early childhood development,<egh>
15 positive classroom behaviors, and academic achievement is well documented (Basch
16 2010, CDC 2017a, Michael et al. 2015). Healthy behaviors, including choosing nutritious
17 foods and engaging in physical activity, can lower a student’s risk for becoming obese
18 and developing obesity-related illnesses later in life (CDC 2017a; Office of the Surgeon
19 General, Healthy Fit Nation 2016). Obesity affects one in six children in the United
20 States. Specific to California, 15 percent of children aged two through five are
21 overweight or obese (Robert Wood Johnson Foundation 2014). Many factors contribute
22 to childhood obesity, including unhealthy diets, issues with portion control or large
23 portion sizes, and a lack of physical activity. <bgh>Children who are obese are more
24 likely to be bullied or stigmatized and are at an increased risk for obesity in adulthood.
25 Nutrition deficiencies, food insecurity, and lack of sleep are also concerns for
26 youth<egh> (CDC 2016).

27 Healthy eating and physical activity are associated with reduced risk of many diseases
28 including heart disease, cancer, and stroke (CDC 2017a). Healthy eating in childhood
29 and adolescence is important for proper growth and development and can prevent

30 obesity, type 2 diabetes, dental cavities, and many other health problems including both
31 under-nutrition and over-nutrition and related health problems associated with
32 malnutrition. Proper nutrition is also important to maintain a healthy body and mind.

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

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

48 Research confirms that mental health conditions are increasing among youth with
49 estimates that one in five-to-ten children have a serious mental health issue with only a
50 third receiving treatment (National Institute of Mental Health 2016). Mental health
51 conditions are considered by some as the most pervasive chronic disease

52 <bgh>affecting<egh> 20 percent of students each year. Over \$250 billion is spent
53 annually in the United States on childhood mental health conditions including anxiety
54 disorders, attention deficit hyperactivity disorder, autism spectrum disorders, bipolar
55 disorder, depression, eating disorders, and childhood-onset schizophrenia (National
56 Research Council and Institute of Medicine 2009). <bgh>Suicide is the second leading
57 cause of death among youth and young adults ages 10–25 (CDC 2017) and is
58 preventable with mental health awareness, education, and access to services.<egh>

59 Research conducted by the Collaborative for Academic, Social, and Emotional Learning
60 (CASEL) (CASEL 2017) confirms that academic performance improves when a school's
61 health curriculum includes teaching students how to manage their stress and emotions
62 as well as the practices of empathy and caring behaviors. <bgh>CASEL has five socio-
63 emotional learning competencies aligned with the Common Core (social awareness,
64 relationship skills, responsible decision-making, self-management, and self-
65 awareness).<egh> Teachers, other educators, school counselors, <bgh>school
66 psychologists,<egh> administrators, school nurses, <bgh>students, parents, guardians
67 and caretakers, and all staff each play an important role in providing socio-emotional
68 learning. The aforementioned are key in<egh> navigating students to appropriate
69 services and referrals within the school setting. Establishing a caring, respectful,
70 inclusive, and compassionate classroom and school climate sets the foundation for
71 many of the standards-based instructional strategies covered in this chapter.

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

84 **Health Education Standards for Kindergarten Through Grade Three**

85 All six of the content areas (Nutrition and Physical Activity; Growth and Development;
86 Injury Prevention and Safety; Alcohol, Tobacco, and Other Drugs [ATOD]; Mental,
87 Emotional, and Social Health; and Personal and Community Health) are covered when

88 the kindergarten through third grade health education standards are combined. All eight
89 overarching standards are addressed when the content areas in each grade level are
90 taught. (See list below for the grade-level assignments for each of the content areas as
91 recommended in the health education standards). The health education standards do
92 not define grade-specific standards for TK. The TK section discusses learning
93 progressions that bridge from the <bbh>[California Preschool Learning](#)
94 [Foundations](#)<ebh> to the health education standards for kindergarten. Students learn
95 essential skills for injury and violence prevention; strategies for optimal mental, social,
96 and personal health; and responsible decision-making for a variety of content areas in
97 support of the health education standards.

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

- 110 • Nutrition and Physical Activity: K and 2
- 111 • Growth and Development: K, 1, and 3
- 112 • Injury Prevention and Safety: K and 1
- 113 • Alcohol, Tobacco, and Other Drugs: K and 2
- 114 • Mental, Emotional and Social Health: K, 2, and 3
- 115 • Personal and Community Health: K, 1, and 3

116 **Transitional Kindergarten**

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

126 A healthy lifestyle has its roots in early childhood; the health-enhancing skills and
127 behaviors children learn in TK can be first steps toward a healthy life. Health education
128 in TK focuses on the preschool learning foundations in nutrition, safety, and health
129 habits (Health Domain) and self, social interaction, and relationships (Social Emotional
130 Domain) and the kindergarten health education standards aligned to those learning
131 foundations. There are two reasons for this particular focus. First, there are no state-
132 adopted health education standards for TK. More importantly, statute clearly states that
133 curriculum for TK is intended to be aligned to the preschool learning foundations
134 (California *Education Code* [EC] Section 48000[f]). The preschool learning foundations
135 are research-based and describe the knowledge and skills that children who are about
136 60 months old achieve when provided with the kinds of interactions, instruction, and
137 environments shown by research to promote early learning and development. The
138 content area headings in this chapter are taken from the preschool learning foundations
139 to support that intent but are presented in the same order as the kindergarten health
140 education content areas are organized.

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

144 **Nutrition**

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

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

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

173 variety as a diverse assortment of foods and beverages across and within all food
174 groups – dairy, fruits, vegetables, grains, and protein foods (Dietary Guidelines of
175 Americans; USDA 2018).<eyh> Read-aloud books, songs, and videos that are age-
176 appropriate and use humor help TK children understand their body’s need for a varied,
177 nutrition-rich diet. Teachers can work with the teacher librarian to identify and obtain
178 these resources.

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

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

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

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

230 **Partnering with your school:** Collaborate with the teacher librarian to identify books,
231 videos, and other age-appropriate resources to share with your children on how a
232 variety of nutritious foods help the body grow and keep them healthy. Work with your
233 school nutrition staff to arrange food tastings that correspond to the letter of the week or
234 show children how food is prepared in their cafeteria. Be aware of and follow district and
235 school policies on preparing or serving food in the classroom when planning activities.
236 Work with school personnel to ensure that drinking water is easily available for all
237 students and that water and milk <byh>(or plant-based alternative beverages, such as
238 soy or almond)<eyh> are promoted over sugary beverages. <byh>The importance of
239 water consumption and drinking water quality<eyh> <bgh>should be
240 emphasized.<egh> Investigate if your school is eligible for funding under the California
241 Fresh Fruit and Vegetable Program, which provides fresh fruit and vegetable snacks to
242 children. <byh>The U.S. Department of Agriculture’s (USDA) National School Lunch
243 and School Breakfast<eyh> <bgh>Programs<egh> <byh>are nutritious resources for
244 students. Partner with nutrition experts such as the School District’s Food Service
245 Department and the school cafeteria for information.<eyh> Information about these
246 programs is available through the CDE Nutrition Division website. Invite students from a
247 higher grade level or school administrators for <byh>a healthy food tasting to model
248 healthy food choices<eyh> or to read books aloud to the children, such as *The Very,*
249 *Hungry Caterpillar*, by Eric Carle and *Gregory, the Terrible Eater*, by Mitchell
250 Sharmat,<byh>*The Vegetables We Eat* by Gail Gibbons, *Zora’s Zucchini* by Katherine
251 Pryor.<eyh>

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

257 **Partnering with the family:** Encourage children to ask their family members’ about
258 their childhood experiences with gardening or traditional family foods. Send home a

259 newsletter about healthy foods drawn and written, with adult assistance, by the children.
260 Suggest as a family activity that children will try one healthy food (such as a vegetable
261 or fruit) or dish (made in or outside their home) that they do not usually eat—and ask
262 parents, guardians, and caretakers, with the help of their children, to report on their
263 child’s experience. <byh>Invite family members to visit class to help prepare healthy
264 snacks for students, highlighting various foods from different cultures and traditions.
265 Host a family cooking class or event for parents/guardians/caregivers. Consult the
266 school’s policy for food preparation and allergies.<eyh>

267 **Safety**

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

276 The kindergarten health education standards for injury prevention and safety cover
277 more topics than the preschool learning foundations, but both emphasize the
278 importance of knowing and following safety rules at school, safety when traveling to and
279 from school, and identifying trusted adults. Instruction and learning on injury prevention
280 in TK focuses on safety at school and traveling to and from school. An important aspect
281 of safety at school is learning to follow the school’s emergency procedures. If the school
282 has more than one emergency procedure, such as different procedures for fires than
283 earthquakes, children should learn them one at a time. Many TK children will have little
284 or no experience with emergency procedures, but most will have heard the siren or
285 seen the flashing lights on a fire truck or ambulance. Asking children if they have ever
286 heard a siren or seen flashing lights and relating those experiences to the school’s
287 warning signals (sounds or lights) builds on children’s prior knowledge. Once children

288 recognize the warning or emergency signals, they are ready to learn how to respond.
289 The skills children already have for forming lines and waiting for instructions from the
290 teacher before they begin moving can be the foundation for teaching emergency
291 procedures.

292 Games such as Red Light/Green Light and Simon Says can reinforce children's learning
293 to listen to and follow instructions by providing opportunities to practice their skills for
294 listening and following directions. <bgh>Ensure games do not prohibit physical activity
295 by ensuring all students are participating in a cooperative physical activity. An example
296 may be a game of indoor balloon volleyball where each team builds upon a total,
297 collective score and then tries to beat their prior score.<egh> Teachers can hang
298 posters on the walls that illustrate the emergency procedure in a few simple steps and
299 periodically prompt children to talk about the posters. <bgh>Students<egh> can create
300 drawings about the emergency procedures to help them remember the steps.
301 Instruction should include practicing emergency procedures at different times
302 throughout the school year and provide sufficient practice so that the children develop a
303 routine for the procedure. <bgh>Students<egh> learn and practice the safety
304 procedures for different places in the school (in the classroom, on the playground, in the
305 school library) and what to do if the usual escape route is not available (e.g., fire or an
306 intruder is blocking an exit). <bgh>Students are introduced<egh> to and have
307 opportunities to interact with other adults at the school who give directions during
308 emergencies, such as the school principal, other teachers, school staff (e.g., noon duty
309 supervisors, classroom aides, administrative assistants). Inviting police officers and
310 firefighters to the classroom provides an opportunity for students to see these
311 individuals as trusted adults who are helpers in the community.

312 Teachers need to be aware of the medical needs of the children in their classroom. If a
313 child in the class has a food allergy to peanuts, for example, or other potentially life-
314 threatening condition (e.g., asthma, diabetes, seizures, bee-sting allergy), work with the
315 school or district nurse and the child's parent, guardian, or caretaker to establish
316 emergency response procedures. Once the policy is approved and in place, the teacher

317 or school nurse can explain to the children not everyone can eat the same foods and
318 teach the appropriate response to the food-allergy emergency or emergency caused by
319 other life-threatening conditions. Care must be taken ensure the confidentiality of the
320 child with the condition and that the child is not stigmatized. As needed, teachers can
321 seek advice from school or district credentialed school nurses, <bgh>school
322 psychologists, <egh> mental health staff, or social workers or the child’s parents,
323 guardians, or caretakers for stigma-free ways to explain what might happen in a food-
324 allergy emergency or other type of physical emergency without frightening the children.

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

339 Many children travel to and from school in a car or bus. For children who ride the bus,
340 teachers and the bus driver need to work together to ensure that children are learning
341 one set of rules. A bus driver or other school district transportation personnel can be a
342 guest speaker and take the lead on establishing and communicating to the teachers and
343 children the bus safety rules. Teachers reinforce bus safety by having all children, not
344 just the children who take the bus to/from school, learn and practice bus safety.
345 Children can build “buses” in the classroom, using boxes, big blocks, or chairs, to play

346 and practice bus safety. Teachers can use the time when children are waiting for the
347 bus to remind them of the bus rules, such as staying in their seat, and ask them to recite
348 and explain why the rules are important. At this age, children are interested in helping
349 others be safe and being a role model can motivate children to practice safe behaviors.
350 For example, a child can model waiting for the bus driver to signal that it is okay to get
351 on the bus before entering the bus. Look for resources from the National Highway
352 Traffic Safety Administration.

353 Passenger injuries may be avoided or less serious if children are using seatbelts and
354 car seats properly while riding in a car. Teachers can help children develop this healthy
355 habit by providing opportunities for them to practice proper buckling of seatbelts and
356 safety straps. Songs about buckling up that involve motions are one way to help
357 children remember to always fasten their seatbelts and safety straps. Play-house
358 strollers and play cars with car seats, seatbelts or safety straps that children can buckle
359 around dolls, puppets, and stuffed animals provide practice and remind children that car
360 seats, seatbelts, and safety straps are ways to keep people safe—practicing buckling
361 up also helps develop their fine motor skills. <bgh>In California, drowning is a leading
362 cause of injury-related deaths among children under the age of five (CDD 2019). Each
363 year, near-drowning incidents result in lifelong disabilities. Child injuries are
364 preventable. As summer and warmer weather approaches, children will be participating
365 in water-related activities. Children and their families should be made aware of the
366 measures to take to prevent drowning incidences. The California Department of
367 Disabilities has resources that teachers can access, such as videos, a pool safety song,
368 and an injury prevention education coloring page.<egh>

369 **Partnering with your school:** Collaborate with other teachers, school staff, expanded
370 learning staff, and children in higher elementary grades to host a safety rodeo during
371 which children ride tricycles or other riding toys and walk paths on the school
372 playground lined with traffic signals. This activity provides practice for TK children and a
373 service learning opportunity for the older children who are learning about schoolwide

374 and community health promotion. Participate in the school safety committee to ensure
375 that policies and procedures are appropriate for TK children.

376 **Partnering with your community:** <bgh>There are a number of activities that can
377 reinforce injury prevention and safety knowledge and skills.<egh> Identify local

378 agencies and organizations that focus on injury prevention, creating safer walking
379 spaces, and emergency response. TK children enjoy meeting firefighters and other
380 emergency personnel in uniform. Invite guest speakers to your class.

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

389 **Health Habits**

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

398 In TK, learning in this strand is focused on the habits, knowledge, and skills that help
399 children stay healthy. The topics under health habits in the preschool learning
400 foundations are basic hygiene, oral health, knowledge of wellness, and sun safety. In

401 the kindergarten health education content standards, these topics are addressed in two
402 content areas: Growth and Development and Personal and Community Health.

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

413 If the classroom environment supports <byh>tooth<eyh> brushing during the school
414 day, teachers can take advantage of the opportunity to help children learn to brush their
415 teeth in a manner that helps prevent tooth decay. A local chapter of a dental association
416 or a local dentist may be able to provide instruction in the classroom on the proper teeth
417 cleaning techniques and supply <byh>toothbrushes, toothpaste, and dental floss.<eyh>
418 Some communities have mobile dental units supported by local health organizations
419 that come to school sites to provide dental health services and education. The local
420 public health department or school nurse may be able to identify community dental
421 services <byh>or service providers.<eyh> Even without opportunities to brush their
422 teeth in class, children can learn about the importance of cleaning their teeth and
423 visiting the dentist. A dramatic play area with oversized models of teeth that children
424 can brush with oversize toothbrushes provides opportunities for skills practice in an
425 engaging way. Small <byh>toothbrushes<eyh> for children to use to brush the teeth of
426 dolls and stuffed animals, books about brushing teeth and going to the dentist, and
427 books about how animals use their teeth all support learning and promote healthy
428 behaviors. Visual pedagogy such as posters placed near sinks and help students

429 remember the steps of handwashing and tooth brushing and may be particularly
430 effective for students with autism or other special needs.

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

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

457 animals—teachers prompt children to practice communicating about how they or others
458 are feeling physically.

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

475 **Partnering with your school:** Work with school and district administration to ensure
476 that there are shady places for children to play, working drinking fountains which are
477 age-appropriate throughout the school, and bathroom facilities that are the appropriate
478 height to support handwashing. Take a walking “field trip” with the children to show
479 them where shade and water are available at the school. Later in the school year, ask
480 children to point out these things.

481 **Partnering with your community:** Invite guest speakers from local dental, health, and
482 vision care organizations and other healthcare providers to speak with the children.
483 Identify community resources such as children’s immunization clinics and places to get
484 flu shots at low or no cost. <bgh>Consider that many local public health departments
485 have free water safety programs and resources that schools can download.<egh> If

486 your community has health fairs, hang posters for the events at school and send home
487 information about the fairs. Identify and invite to the school mobile health services, such
488 as vision-testing vans.

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

496 **Social-Emotional Development**

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

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

505 Appropriately, much of TK instruction and learning experiences are centered on
506 providing children with opportunities to develop their social-emotional skills. Play and
507 student-initiated activities are the primary ways for children to learn to express their
508 thoughts and feelings, respond to others, cooperate and problem solve with classmates,
509 become more responsible, interact with adults, and develop friendships with peers.

510 Central to children's social-emotional development are caring relationships at school, as
511 well as at home. Children must feel welcome and safe at school in order to learn. A
512 welcoming and safe school environment starts with the teacher but extends to every

513 adult on the school site (e.g., principal, administrative assistant, noon duty supervisors,
514 custodians, family, and community volunteers). Respecting children, valuing the
515 knowledge they bring to school, and celebrating their diversity and uniqueness create a
516 learning environment in which children can grow and thrive. Warmly greeting children
517 (and their families, guardians, and caretakers) each day, hanging children's art on the
518 walls, adding student-made books to the reading area, actively using a range of
519 culturally relevant and sustaining literature and other resources, and listening to and
520 following children's suggestions for problem solving and learning activities can also
521 foster a positive learning environment.

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

537 In a learning environment that promotes children's social-emotional development,
538 teachers model behavioral expectations in their interactions with other adults and
539 children. Teachers recognize and praise children when they demonstrate cooperation
540 and consideration by describing specific behaviors. They also recognize cultural and
541 religious holidays and festivals with stories, songs, posters, and art activities and

542 encourage families to share music, fabrics, crafts, customs, or language (e.g.,
543 greetings, ways of thanking) that reflects their home culture. When children see their
544 home culture and language reflected and valued in the TK setting, it nurtures a positive
545 sense of self and supports cultural and linguistic sustainment. Teachers should
546 frequently invite children to share things from their home cultures and primary
547 languages, such as a song, a story, an artifact, or special foods. This strengthens the
548 child's cultural identity, while also helping the other children to understand cultural
549 experiences that are different from their own. Some children of recently arrived
550 immigrant families, particularly those who are at the Emerging level of English language
551 proficiency, may need special support in sharing their experiences due to their emerging
552 familiarity with English. Teachers can work with school and district language specialists,
553 as well as with families and community members, to ensure that all children have an
554 equitable opportunity to have their culture and language valued and for sharing their
555 home experiences with their peers.

556 Teachers and other adults in the classroom should be careful to respond to children's
557 inappropriate behavior in a calm manner and offer suggestions for other ways to behave
558 or solve a problem. Children can be taught strategies to express feelings and resolve
559 conflicts. Teachers can create a classroom culture of helpfulness and problem-solving
560 through puppets, conversations, songs, poems/raps, posters and books. Teachers help
561 children learn to express in words their feelings and thoughts by teaching problem
562 solving techniques and the vocabulary they need to communicate using classroom
563 conversations, books, songs, chants, poems, and videos. By reading aloud to and with
564 children a variety of books that reflect the diversity of the children including books about
565 how to problem solve, communicate feelings, share, and cooperate, teachers provide
566 the children age-appropriate models. Culturally and linguistically relevant songs,
567 including songs in the primary languages and home dialects (e.g., African American
568 English) of the children promote healthy relationships and a positive sense of self and of
569 one's community.

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

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

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

595 **Partnering with the family:** Cultivate the connection between each TK child’s family,
596 guardian, or caretaker and the school. Greet the children’s adult family members when
597 they drop off and pick up their child. Make a point of telling family members about their
598 child’s successes and growth, not just their behavioral issues. Focus on the child’s

599 strengths. Find out what the parent's, guardian's, or caretaker's educational goals are
600 for their child. Call or otherwise contact parents, guardians, or caretakers to share good
601 news, such as when their child displays appropriate problem-solving skills, helps a
602 classmate, or makes academic progress. Invite them to volunteer in the classroom, if
603 their schedule permits. Ask adult family members to be a guest story teller or reader for
604 the day to share a favorite or traditional food or tell a story in their language from their
605 childhood or culture. Encourage adult family members to read and sing with their child
606 every day and to talk with their child about what happens at school. Produce a TK class
607 newsletter with photos of children (with parent, guardian, or caretaker permission) and
608 their drawings, to keep them informed about what their child is learning or create a web
609 page that parents, guardians, and caretakers can access.

610 **Kindergarten**

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

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

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

638 **Nutrition and Physical Activity (N)**

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

642 Kindergarten is an opportune time for <bgh>students to learn how to choose nutritious
643 foods<egh> and make physical activity part of their daily lives.

644 A healthy diet includes a variety of foods including traditional and cultural foods to meet
645 the nutritional needs of a growing body and limited consumption of foods that are high in
646 calories but provide few, if any, nutrients (Academy of Nutrition and Dietetics 2017,
647 CDC 2017). <byh>The Dairy Council of California (2018) defines variety as a diverse
648 assortment of foods and beverages across and within all food groups – dairy, fruits,
649 vegetables, grains, and protein foods (Dietary Guidelines of Americans; USDA
650 2018).<eyh> Search the United States Department of Agriculture (USDA) and other
651 reliable, medically accurate resources for current food groups and recommended
652 portion sizes. <byh>There is more than one way to eat healthfully and everyone has
653 their own eating style. Healthy eating patterns encompass all food and beverage
654 choices over time, providing an adaptable, personalized framework tailored to one's
655 preferences, culture, tradition and budget. Choosing a variety of nutrient-rich foods from
656 all food groups—dairy, fruits, vegetables, grains, and protein foods for a healthy eating
657 pattern.<eyh>

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

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

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

688 Classroom Example: Breakfast Cereal Advertisements

689 **Purpose of Lesson:** Students are targeted in advertisements for breakfast foods,
690 particularly cereals. Companies use different tactics. The advertisements often make
691 the foods look “fun” because a character proclaims the food tastes good and is good for
692 you. Children then put pressure on parents, guardians, and caretakers to buy these
693 foods. The goal of this activity is for students to understand the purpose of advertising—

694 to pressure them into a purchase—and that the food advertised may not be a healthy
695 food choice.

696 Standard:

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

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

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

709 Ms. V begins the lesson by asking her students if they know what an advertisement is
710 and if they have ever seen one. While most students have seen advertisements on
711 television or online, they may not have heard the word *advertisement*. Ms. V is prepared
712 to tell about some advertisements from current television programs or online videos that
713 her students may have watched. After students have responded to the question and
714 share information about advertisements they have seen, Ms. V asks students if they
715 know what the purpose of advertisements is. Not many students answer the question,
716 so she asks students to discuss it with a buddy sitting next to them and then share with
717 the group what they think the purpose is. Once she is certain that students understand
718 the purpose of advertisements is to get them to buy something, she knows the students
719 are ready to move to the next part of the lesson. Because the students are having

720 trouble focusing, Ms. V decides that this a good time for the students to sing one of the
721 songs with movement that they have learned.

722 As the song ends, Ms. V asks the students to sit in small groups with the three or four
723 people next to them. Ms. V shows the students cut-out front panels from the boxes of
724 several popular cereals, ones that are likely to have been advertised. She gives each
725 group a box panel and asks the students to look closely at the pictures on the box
726 panel. Ms. V then asks each group of students to discuss what they like about the box
727 panel and if they have seen an advertisement about the cereal. After a few minutes, Ms.
728 V asks each group to report out their discussion on the two questions. She prompts the
729 students by restating the questions. After all the groups have reported, Ms. V asks the
730 students to show by raising their hands if they would like to buy the cereal because they
731 liked the pictures on the box panel or the advertisement about the cereal they have
732 seen. Ms. V counts the hands and tells the class how many students want to buy the
733 cereal because they like the advertisement. She makes the point that this is the purpose
734 of advertisements—to make them want to buy something.

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

742 Because many students were not sure if the cereal is a healthy choice, Ms. V asks the
743 students to tell her how they could find out if the cereal is a healthy choice or not.
744 Students' responses include asking their parents, guardians, caretakers, other family
745 members, a teacher, a doctor, or a cafeteria worker. Ms. V compliments her students on
746 naming trusted adults to help them decide if food is a healthy choice. Students then
747 practice how to ask a family member, guardian, or caretaker if their cereal is healthy
748 and nutritious. Ms. V concludes the lesson by asking students if they think the

749 advertisement is the best place to find out if a cereal is a healthy choice. Her students
750 respond with an enthusiastic “No.”

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

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

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

771 <bgh>Physical activity opportunities should be offered more frequently during the
772 school day than just at recess or in physical education to ensure the infusion of
773 movement into other subject matter instruction and to help students better understand
774 the benefits of physical activity (K.1.3.N, Essential Concepts). Teachers can creatively
775 provide numerous opportunities for physical activity during specific subject matter
776 instruction. An example of a teacher-created movement challenge during a language

777 lesson is “Make yourself as big as you can, and now make yourself as small as you
778 can.” Students then explain concepts such as what they can do if they are small (go or
779 reach under objects) or tall (stretch and reach for something high). Teachers can
780 provide teacher-created or a commercially produced physical activity break coupled with
781 an assessment of heart rate change that is related to increased cardiovascular function.
782 An example of a teacher-created physical break is having students feel their heartbeat;
783 move using a specific skill (stretching; walking forward, backward, or sideways;
784 galloping; jumping; hopping; etc.); feel their heartbeat after moving, and then identify if
785 their heartbeat is faster, slower, or the same. An example of a commercially produced
786 physical activity break is the 1-Minute Energizer that can be used in a likewise manner
787 to help students recognize and explain the differences between slower and faster
788 (moderate to vigorous physical activity) movement on heart rate along with identifying
789 the benefits (stronger heart and lungs) of a faster heart rate (K.1.3.N, Essential
790 Concepts).

791 The 2018 Physical Activity Guidelines for preschool-aged children (ages three through
792 five years) are for children to be physically active throughout the day to enhance growth
793 and development. Adult caregivers of preschool-aged children should encourage active
794 play that includes a variety of activity types. For children six and older, please see chart
795 below.<egh>

796 **Physical Activity Guidelines for Americans** **for Youth Ages 6–**
 797 **17**

Moderate- Vigorous Activity	Muscle Strengthening	Bone Strengthening
<bgh>At least</bgh> 60 minutes a day	<bgh>As part of 60 minutes or more of daily physical activity, at least</bgh> three times per week	<bgh>As part of 60 minutes or more of daily physical activity, at least</bgh> three times per week
Examples: running, cycling, skateboarding, wheelchair basketball	Examples: Climbing, sit-ups, push-ups, gymnastics, wheelchair arm repetitions, resistance bands	Examples: Running, jumping rope, wheelchair tennis

798 Source: Adapted from the United States Department of Health and Human Services.
 799 Office of Disease Prevention and Health Promotion <bgh>2018</bgh> Physical Activity
 800 Guidelines.

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

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

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

820 Classroom Example: Choosing Active Play Options

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

825 Standard:

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

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

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

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

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

- 849 • Walk fast (thumbs up)
- 850 • Run in a circle (thumbs up)
- 851 • Play video games (thumbs down)
- 852 • Skip to the other side of the play space (thumbs up)
- 853 • Play cards (thumbs down)
- 854 • Dance (thumbs up)
- 855 • Play hopscotch (thumbs up)
- 856 • Practice yoga (thumbs up)
- 857 • Ride a bike (thumbs up)
- 858 • Watch television (thumbs down)
- 859 • Do Karate, Tae Kwon Do, Tai Chi, or other martial arts (thumbs up)
- 860 • Pretend to be an airplane flying high in the sky (thumbs up)
- 861 • Walk like an elephant (thumbs up)
- 862 • Roll in a wheelchair like a racecar (thumbs up)
- 863 • Play seated volleyball or catch/throw (thumbs up)

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

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

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

879 Nutrition and Physical Activity Learning Activities

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

882 Food Group Fun

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

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

895 Healthy Snacks—Yum

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

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

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

907 Healthy Colors of the Rainbow Snacks

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

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

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

918 Breakfast Display

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

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

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

931 Breakfast Around the World—Breakfast in My World!

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

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

943 *Bread and Jam for Frances* or *Pinkalicious*

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

955 and a wider variety of foods and snacks. Students then draw a picture of Frances or
956 Pinkalicious eating healthy food.

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

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

959 Friendship Pocket

960 Students identify a variety of healthy foods and select a nutritious snack by enjoying a
961 healthy pita snack, a *Friendship Pocket*. They choose their own ingredients from each
962 of the five food groups to place in the pita pocket. Students discuss what other foods
963 may go in the friendship pocket or what fruits may be nice to include with the pocket.
964 <byh>Students growing fruits or vegetables in a school garden harvest and include
965 items from the garden.<eyh> Place the recipe idea in the student's take home folder to
966 share with their parents, guardians, or caregivers. Recipe ideas are available on the
967 USDA MyPlate website. Teachers work with their cafeteria manager for food storage,
968 preparation, and donation of food items.

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

971 A is for Apple, Square is for Sandwich

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

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

982 Fruit and Vegetable Explorers

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

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

994 Dramatic Play

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

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

1000 Gardening for Health

1001 By planting a garden or garden boxes in the classroom to enjoy seeing items grow,
1002 learning where vegetables come from, and tasting the healthy vegetables, students
1003 choose healthy foods they may not have tasted before. <byh> **Students discuss what**
1004 **plants need to thrive and then tend to the growing vegetables over time by adding**
1005 **compost to the soil, placing their plants in the sunlight, weeding, watering, and caring for**

1006 their plants. They listen to stories about the journey of food from seed to table, such as
1007 *What's This?* by Caroline Mockford (2000), *Tops and Bottoms* by Janet Stevens (1995),
1008 or *Ten Seeds* by Ruth Brown (2010). They count, measure, observe, and diagram how
1009 their plants change over time. Finally, they harvest, wash, prepare and taste the
1010 produce they grew. Consult the school's policy on preparing and serving food in the
1011 classroom and any potential food allergies.<eyh>

1012 Source: Some items adopted from Telljohann 2015, USDA MyPlate 2017

1013 **Partnering with your school:** Students visit the school cafeteria to see where healthy
1014 breakfasts and lunches are made. The school cafeteria manager can come speak to the
1015 students in class about healthy and tasty foods offered at school (K.1.1.N, K.1.3-4.N,
1016 Essential Concepts).

1017 **Partnering with your community:** When young students are asked where vegetables
1018 come from, they often reply a package or the grocery store. Students visit a local farm,
1019 farmers market, or community garden to see where healthy food comes from (K.1.2.N,
1020 Essential Concepts). Students identify and share places they visit in the community
1021 such as the park, where they go for physical activity (K.5.1.N, Decision Making).

1022 **Partnering with the family:** Parents, guardians, and caretakers enjoy simple healthy
1023 recipes created by the students with the assistance of the teacher. Students and
1024 parents, guardians, and caretakers also actively contribute and support healthy options
1025 by sharing cultural family recipes and foods served at celebrations such as traditional
1026 holidays, birthdays, or other special days (K.4.1.N, Interpersonal Communication;
1027 K.7.3.N, Practicing Health-Enhancing Behaviors). Parent, guardian, and caretaker
1028 volunteers with a background in fitness are welcomed to lead an age-appropriate
1029 physical activity if school or district policy allows.

1030 **Growth and Development (G)**

1031 Kindergarten students are very curious about how living things grow and mature
1032 (K.1.1.G, Essential Concepts). Most are ready to describe their own physical

1033 characteristics including their own body parts and functions as well as the five senses
1034 (K.1.2.G, K.1.6.G, Essential Concepts). Becoming more aware of their surroundings,
1035 students describe ways people are different or the same (K.1.3.G, Essential Concepts)
1036 and identify trusted adults who promote healthy growth and development (K.1.4.G,
1037 Essential Concepts). Read-aloud books, such as *Let's Meet a Doctor* or *Let's Meet a*
1038 *Dentist* by Bridget Heos (2013), *Going to the Doctor* by Anne Civardi (2006), *The*
1039 *Berenstain Bears Visit the Dentist* by Stan Berenstain (1983), *What to Expect When*
1040 *You Go to the Dentist* by Heidi Murkoff (2009), *I Need Glasses: My Visit to the*
1041 *Optometrist* by Virginia Dooley (2002), *Arlo Needs Glasses* by Barney Saltzberg (2012),
1042 and *I Really Absolutely Must Have Glasses* by Lauren Child (2009), provide an
1043 introduction to healthcare professionals who promote growth and development (K.1.4.G,
1044 Essential Concepts). Students share stories of their visits to health care professionals.
1045 They engage in dramatic play, exploring toy stethoscopes, eye glasses, reading eye
1046 charts; trying on white coats; or playing with an oversized toothbrush and oversized
1047 model of teeth to introduce them to healthcare helpers who promote healthy growth and
1048 development.

1049 In science, kindergarten students learn that plants and animals—including humans—
1050 need certain things like water, food, and sunshine to grow and survive <bbh>(California
1051 Next General Science Standards [CA NGSS] K-LS1-1)<ebh> and they discover how
1052 people can affect the survival of plants and animals <bbh>(California Environmental
1053 Principles and Concepts [CA EP&Cs], Principle III).<ebh> In health, students learn that
1054 living things grow and mature (K.1.1.G, Essential Concepts). These connections to
1055 growth and development provide opportunities to apply knowledge in science to health
1056 education as students compare how humans grow and mature to other animal and plant
1057 life cycles. Students discover how living things grow and mature by interacting and
1058 caring for class pets such as fish, hermit crabs, guinea pigs, hamsters, rabbits, bearded
1059 dragons, or other lizards. Students can be empowered to choose which pets the
1060 classroom adopts by voting and collectively naming and caring for the pet. Teachers
1061 should check with parents, guardians, and caretakers for any allergies in addition to the
1062 school and district's allergy and animal policy. Plants also provide a care-taking

1063 opportunity for children. Seeds can be planted in containers and grown under grow
1064 lights or near bright windows. School gardens also provide an opportunity to
1065 demonstrate this concept (see the Nutrition and Physical Activity section).
1066 Kindergartners learn water is essential to all life forms and some living things, such as
1067 plants, use energy from the sun to make their own food.

1068 Singing songs and reciting poems about bones and body parts is a fun and engaging
1069 way students learn more about their bodies. Students sing the “Skeleton Dance” song
1070 while pointing along to their corresponding body parts. “The toe bones connected to the
1071 foot bone. The foot bone’s connected to the ankle bone. The ankle bone’s connected to
1072 the shin bone...” Students also enjoy singing and dancing to the “Hokey Pokey” or the
1073 familiar “Head, Shoulders, Knees, and Toes.” Additional books and song books include
1074 *Inside Your Outside: All About the Human Body* by Tish Rabe (2003) and *My*
1075 *BodyWorks: Songs About Your Bones, Muscles, Heart and More!* by Jane and Steven
1076 Schoenberg (2014). Students also learn about select body parts such as the heart
1077 which pumps to circulate our blood. They place their hand over their heart to feel their
1078 heart beating. They learn that the brain is located inside our heads and helps us think,
1079 memorize, and learn (K.1.5.G, Essential Concepts). In the example below, students
1080 name and describe the five senses (K.1.6.G, Essential Concepts). One of the five
1081 senses can be explored each day.

1082 Classroom Example: My Five Senses

1083 **Purpose of the Lesson:** Students explore various activities to name and describe the
1084 five senses.

1085 **Standards:**

- 1086 • K.1.6.G Name and describe the five senses (Essential Concepts).
1087 • K.1.5.G Name body parts and their functions (Essential Concepts).

1088 **Supplies:**

- 1089 Sample foods for tasting salty, sweet, bitter, and sour.
- 1090 Braille books
- 1091 Plastic glasses, safety goggles, eye patch, sun glasses
- 1092 Sample instruments or an electronic device to play instruments
- 1093 Cotton balls
- 1094 Flavor extracts
- 1095 Sample items for the touch activity that have different textures: nail file, marshmallow, a
1096 cotton ball, rubber spider, a piece of satin
- 1097 Students in Ms. C's kindergarten class are very curious about every subject and excited
1098 to learn more about how their body functions. This week the students will learn about
1099 their five senses: taste, sight, hearing, smell, and touch.
- 1100 Ms. C first reads aloud the books *My Five Senses* (1989, 2015) by Alike and *Look,*
1101 *Listen, Taste, Touch, Smell* by Pamela Hill Nettleton (2004).
- 1102 Monday. Taste: Students learn that they are going to taste different items to see which
1103 ones are salty, sweet, sour, or bitter. Students learn that their tongue has little things on
1104 it called taste buds that help taste food. Students first wash their hands or use hand
1105 sanitizer. Ms. C's students discover salty foods by tasting a cracker, sweet with a raisin,
1106 sour by tasting a lemon slice, and bitter with unsweetened chocolate on a plate.
1107 Children enjoy talking to one another about what they taste and discover with each new
1108 experience.
- 1109 Tuesday. Sight: Ms. C's students then learn that our eyes are important for seeing.
1110 Sight is explored by students identifying what letters they can see with both eyes open
1111 and then covering their left or right eye with a seeing-eye chart that is printed from an
1112 online resource. Braille books Ms. C checked out from a local library are then explored
1113 and felt by the students as she explains that some people are unable to see (blindness),

1114 or have very poor vision, even with glasses (severe visual impairment). Braille books
1115 allow blind people to feel words for reading, rather than see them. The students then
1116 enjoy exploring a pair of plastic eye glasses and trying on sunglasses, safety goggles,
1117 and pirate eye patches, noting the difference in their eyesight.

1118 Wednesday. Hearing: Students discover that there are many sounds all around us and
1119 that their ears are used for hearing. Ms. C plays sounds on an electronic device and by
1120 playing various instruments and bells while the student's eyes are covered. Each
1121 student takes turns playing an instrument or sound for their peers while the other
1122 students guess which sound they hear. Students learn that just like with vision, some
1123 students have hearing loss or cannot hear at all (deafness). These students may wear
1124 hearing aids in order to hear well. Students also learn about hearing protection and
1125 safety practices such as not listening to loud music with or without headphones.

1126 Thursday. Smell: The kindergarten students learn that smell is an important sense and
1127 the nose is also an important sensory organ for breathing, smell, taste, and even
1128 keeping them safe and healthy. Students smell various extracts such as lemon,
1129 cinnamon, or mint on a cotton ball and identify the mystery scent. Students also learn
1130 that smelling can inform us of an emergency occurring such as smelling smoke, fire, or
1131 a gas leak.

1132 Friday. Touch: Ms. C explains that feeling occurs from different special things called
1133 nerves that we have in our hands, muscles, and skin. Students enjoy discovering
1134 different touch senses by feeling different textured objects in a box and describing the
1135 feel of the different objects including a nail file, marshmallow, a cotton ball, rubber
1136 spider, and a piece of satin.

1137 Ms. C tells the students that keeping their senses healthy by going to the doctor, eye
1138 doctor, and dentist is important for their health and wellbeing. Students share that they
1139 enjoyed the activity and ask which body part they are going to learn about next.

1140 Students describe their own physical characteristics and name ways in which people
1141 are similar and ways in which they are different (K.1.2.–3.G, Essential Concepts) as
1142 they create self-portraits. Each student is provided a pre-made (prepared by the teacher
1143 in advance) life-size “I Am Me” cut out to decorate and personalize with what they like to
1144 do. For example, students who love to dance or play soccer may decorate their cutout
1145 with ballet shoes or a soccer ball. Students discover they have many qualities in
1146 common as well as other qualities that make them unique when they tell about their “I
1147 Am Me” in class. The message that we all have special qualities is emphasized by the
1148 teacher in a supportive, inclusive tone. The life-size student self-portraits, which may be
1149 stuffed with newspaper or paper filling, are fastened together as if holding hands in a
1150 display of unity in the classroom or the school. See the Mental, Emotional, and Social
1151 Health (M) section for additional teaching strategies that cover these two standards
1152 (K.1.2.–3.G, Essential Concepts).

1153 Students also learn about individual differences, including gender, from a very early
1154 age. Gender socialization begins before children start school—students may believe
1155 that different norms are associated with people of particular genders by the time they
1156 enter kindergarten. While this understanding may be limited, students can still begin to
1157 challenge gender stereotypes in a way that is age appropriate. While students may not
1158 fully understand the concepts of gender expression and identity, some children in
1159 kindergarten and even younger have identified as transgender or understand they have
1160 a gender identity that is different from their sex assigned at birth. <bgh>The goal is not
1161 to cause confusion about the gender of the child but to develop an awareness that other
1162 expressions exist.<egh> This may present itself in different ways including dress,
1163 activity preferences, experimenting with dramatic play, and feeling uncomfortable self-
1164 identifying with their sex assigned at birth. However, gender non-conformity does not
1165 necessarily indicate that an individual is transgender, and all forms of gender
1166 expression should be respected. *My Princess Boy* by Cheryl Kilodavis is an age-
1167 appropriate book that can be used to demonstrate gender differences and inclusion.
1168 (See the Access and Equity chapter for additional information about inclusive
1169 instruction.)

1170 Dispelling myths about gender expectations in kindergarten can lay the groundwork for
1171 acceptance, inclusiveness, and an anti-bullying environment in schools. Gender non-
1172 conformity and physical characteristics are often at the root of many forms of bullying.
1173 As students learn to accept differences and unique characteristics of others, they also
1174 learn about the characteristics of bullying and how to avoid being a bully (K.1.3.G,
1175 K.1.6.–7.S, Essential Concepts; K.7.2.M, Practicing Health-Enhancing Behaviors).
1176 Discuss gender with kindergarteners by exploring gender stereotypes and asking open-
1177 ended questions, such as what are preferred colors, toys, and activities for boys/girls,
1178 and then challenging stereotypes if presented. Throughout this discussion, show
1179 images of children around the same age who do not conform to typical gender
1180 stereotypes. Examples do not have to be exaggerated or overt. Simple differences,
1181 such as colors or toy preferences, can demonstrate acceptance of gender non-
1182 conformity.

1183 **Partnering with your school:** Students host a classroom open house for other grades
1184 to come visit the class pets or plants and classroom and hear the kindergarten students
1185 talk about the life cycle (K.1.1.G, Essential Concepts). In classrooms that do not have
1186 pets, student drawings or photo collages of different pets can be displayed. Teachers
1187 should check with parents, guardians, or caretakers for any pet allergies in addition to
1188 the school and district’s allergy and animal policy.

1189 **Partnering with your community:** Members of the community who defy traditional
1190 stereotypes (e.g., women firefighters, male nurses, and <byh>stay-at-home
1191 fathers/guardians/caretakers)<eyh> could be invited as guest speakers to share about
1192 their jobs and to serve as role models and myth busters. Be sure to include individuals
1193 of all genders, including people who are transgender. Students write and illustrate a
1194 collective letter requesting a healthcare professional to speak to the class. Dental
1195 providers may offer free dental health checks <byh>and identify students in need of
1196 care. Dental providers may also offer other preventive services such as fluoride
1197 treatments (with parental consent).<eyh> School nurses can provide mandated vision
1198 and hearing assessments for all kindergarteners. As a part of this process, school

1199 nurses may provide referrals for follow-up with community vision, hearing<byh>, and
1200 dental<eyh> services providers. In addition, students, families, teachers and staff may
1201 reach out to their school nurse as a health resource at any time (K.1.4.G, Essential
1202 Concepts).

1203 **Partnering with the family:** Parents, guardians, and caretakers help reinforce that
1204 every child has similarities but is also unique and special. Families are encouraged to
1205 share their own experiences with growth and development with their child and read
1206 books such as *All Families Are Special* by Norma Simon and Teresa Flavin (2003)
1207 together at home (K.1.3.G, Essential Concepts).

1208 **Injury Prevention and Safety (S)**

1209 Prevention skills established in kindergarten provide a foundation for safety practices a
1210 child can incorporate into time spent at school, home, and in the community (K.1.1.S,
1211 Essential Concepts).

1212 Pedestrian safety is an important skill introduced in kindergarten and grade one that is
1213 ideally reinforced throughout the entire school year as well as in higher grade levels.
1214 Students explain ways to stay safe when riding a bus or vehicle, crossing the street,
1215 riding a bicycle, or playing (K.1.3.S, K.1.8.S, Essential Concepts; K.7.2.S, Practicing
1216 Health-Enhancing Behaviors). At this age, it is important to emphasize that ideally
1217 students should never walk near traffic without an adult present. Comprehensive
1218 pedestrian safety curriculum and materials for kindergartners are available online from
1219 the California Department of Public Health PedSafe Program, the National Highway
1220 Traffic Safety Administration's Walking Safely Near Traffic, National Center for Safe
1221 Routes to School's Kindergarten Pedestrian Safety Lessons from the Maryland
1222 Pedestrian and Bicycle Safety Education Program, and the Colorado Department of
1223 Transportation's Pedestrian Safety Lesson Plans: Kindergarten through Third Grade.
1224 After students are shown various street safety signs and the light signals for "walk/don't
1225 walk," the teachers asks if they have seen the signs or signals before and then explain
1226 their meanings. Students also learn what green light, red light, and yellow light mean.
1227 Reinforcement of key safety skills is emphasized in both song and reenactments of
1228 looking left, right, and then left again before crossing the street and fastening your seat
1229 belt while riding in your car seat, vehicle, or bus. Crossing guards can assist with
1230 practice sessions on school grounds.

1231 For learning appropriate bus safety skills, a mock bus can be made with chairs, big
1232 blocks, or cardboard boxes that students paint. Seatbelts can be donated or child seats
1233 are borrowed for practicing vehicle safety skills. <bgh>They learn that children under
1234 the age of eight must be secured in a car seat or booster seat even if riding in a friend's
1235 or relative's car.<egh> Students learn they should never stand or walk close to a bus or
1236 never run into the street or chase a ball into the street while waiting for the bus. They

1237 also learn not to approach the bus door until it opens and the importance of staying
1238 seated while riding in the bus. Concepts mastered in the classroom are then applied
1239 outside in controlled settings such as the playground using cones, mock signs, and
1240 chalked lane designations. Depending on resources and with administrator and parent
1241 permission, teachers may use the school’s parked bus in the school parking lot to
1242 demonstrate the concepts learned. Students make reflective orange vests with
1243 construction paper and carry yellow signs displaying “slow children crossing” and
1244 practice walking in an intersection while holding an adult’s hand. Students learn why it is
1245 important to be visible to traffic (K.1.3.S, K.1.8.S, Essential Concepts; K.7.2.S,
1246 Practicing Health-Enhancing Behaviors).

1247 <bgh>Bike safety is also an important component of transportation safety for young
1248 students.<egh>A bike rodeo can be implemented in a controlled setting. Large classes
1249 can be split into two or more smaller groups with a teacher’s aide or parent volunteers.
1250 Students are required to wear their bicycle helmets and ride only in designated areas to
1251 practice safety regulations when riding one’s bike. The local police department,
1252 bicycling club, or children’s organization may have existing bike rodeo programs or be
1253 able to provide bicycles and other equipment for the event (K.1.3.S, K.1.8.S, Essential
1254 Concepts; K.7.2.S, Practicing Health-Enhancing Behaviors).

1255 Kindergartners enjoy learning through dramatic play. Using play phones, students act
1256 out various scenarios and learn they should not engage in conversations with strangers
1257 or share personal information with strangers on the phone. Such information includes
1258 whether or not they are alone at home or any personal information such as their name
1259 or address (K.4.2.S, Interpersonal Communication). Students are encouraged to
1260 discuss the rules for safe phone use with their family. Students learn how to respond
1261 appropriately if approached by strangers by first identifying who strangers are (anyone
1262 you do not know) then reading aloud *The Berenstain Bears Learn About Strangers*
1263 (1985) by Stan Berenstain. Students then role play various scenarios and learn if a
1264 stranger approaches them at home, in a car, or on the street to walk away quickly and
1265 find a trusted adult to inform of the situation. Role playing should also address strangers

1266 who may use treats or animals, such as candy or puppies, to lure students. Students
1267 may struggle with ignoring or defying adults as they are being socialized to follow rules
1268 and respect authority figures; they will need practice to be comfortable protecting their
1269 personal boundaries. Students further learn if they are home alone or their parent,
1270 guardian, or caretaker is busy they should not open the door to strangers. Students
1271 learn they should be aware of strangers on the school campus (if going to office or
1272 bathroom) and practice assertive skills such as saying "Get away!" or "This is not my
1273 parent!" loudly and quickly going back to class or the school office to tell a trusted adult.
1274 (K.5.2.S, Decision Making).

1275 Classroom Example: Recognizing an Emergency

1276 **Purpose of Lesson:** Students identify emergency situations and how to respond and
1277 request help should an emergency occur.

1278 **Standards:**

- 1279 • K.1.2.S, Identify emergency situations (Essential Concepts).
- 1280 • K.4.1.S Demonstrate how to ask a trusted adult for help or call 9-1-1 (Interpersonal
1281 Communications)
- 1282 • K.5.1.S, Identify situations when it is necessary to seek adult help or call 9-1-1
1283 (Decision Making).

1284 **Supplies:**

1285 Photo printouts of emergency personnel

1286 Large paper displaying three circles

1287 To introduce the topic of how to handle emergency situations, Ms. L first asks if anyone
1288 has heard of or experienced an emergency. Examples such as someone was hurt and
1289 had to go to the hospital or someone was lost are shared. Students are then asked if
1290 they know anyone who is a doctor, nurse, police officer, or firefighter. Students learn
1291 that these people are all examples of emergency personnel. Students are shown photos

1292 or drawings from books of various examples of emergency personnel. Three circles,
1293 each labeled with an emergency situation, are drawn on large paper. Following a brief
1294 overview describing emergency scenarios for each, students choose which person
1295 should be called in various situations. Ms. L prompts the students to point to the
1296 emergency personnel that can help if they see smoke coming from a house on their
1297 street. Emergency situations such as an earthquake can be role played; or fire safety
1298 can be practiced with stop, drop, and roll or crawl on your knees to safety. Ms. L invites
1299 a guest speaker from the fire department and local emergency management services to
1300 provide education on emergency protocol, <byh>including introducing students to an
1301 automated external defibrillator (AED) as an important emergency rescue device. Mr.
1302 L's school does have an AED. The location and how students can assist in showing
1303 emergency personnel in locating the AED is shared.<eyh> Students draw or color
1304 pictures of various emergency responders such as firefighters, police officers, and
1305 emergency services personnel. Students practice calling 9-1-1 with phone models or
1306 toys. They enjoy singing (to the tune of Bingo! *There is a number you can call when you*
1307 *need someone's help. You call 9-1-1. You call 9-1-1. You call 9-1-1, And someone will*
1308 *help you!*). Students learn the importance of always calling 9-1-1 first in an emergency
1309 and to call others only after 9-1-1 has been called. Students further learn that 9-1-1
1310 should only be called in a true emergency such as someone being unconscious; if they,
1311 a family member, or friend are in danger; an earthquake has occurred; or there is a fire.
1312 Students practice reciting their address and phone number to a 9-1-1 dispatcher.
1313 Students then use stuffed animals dressed in various emergency responder outfits or
1314 emergency response toy vehicles for play and to establish familiarity with emergency
1315 personnel. Special consideration should be made for inclusion of students with
1316 disabilities or limited abilities and emergency plans should include safety procedures
1317 appropriate to their specific needs. A large paper replicating a giant phone pad is
1318 provided to students who enjoy jumping on or pressing their hands on corresponding
1319 numbers and identifying numbers such as 9-1-1. Ms. L shares read-alouds and picture
1320 books for further resources for learning such as *Emergency!* by Margaret Mayo (2015), *I*
1321 *Can Be Safe* by Pat Thomas (2012), *Time to call 9-1-1* by Ron Berry (2013), *Impatient*

1322 *Pamela Calls 9-1-1* by Mary Koski (2004), and *Ambulances* (2007) by Gary M.
1323 Amoroso. Ms. L is pleased to discover the CDC offers free *Color Me Safe* coloring
1324 books for printing in English and Spanish that can be integrated with curricula and
1325 shared with students' families <bgh>and free activities and resources for drowning and
1326 water safety at California Department of Disabilities.<egh>

1327 <bgh>The *Heath Education Standards* include the important topic of firearm and
1328 weapon safety.<egh> Read alouds and age-appropriate videos help students
1329 understand and explain the dangers of weapons and the importance of telling a trusted
1330 adult if they see or hear about someone having a weapon (K.1.12.–13.S, Essential
1331 Concepts). Students engage in dramatic play to show how to tell a trusted adult when
1332 they, or a friend, find a weapon (K.8.1.S, Health Promotion). Students are first asked to
1333 identify what types of community helpers have to carry a gun for their job by circling the
1334 correct community helpers on their activity sheet. (Search Virginia Board of Education's
1335 [VBE] Elementary School Gun Safety Guidelines and Curriculum.) Students identify a
1336 police officer and someone in the military. Students then hear the story of *The Bushes*
1337 (VBE) about four young friends playing in the park near their home when they find a gun
1338 in the bushes. Through group discussion, students respond to what they would do for
1339 various safety scenarios chosen from topics covered in this content area. From the
1340 story, students learn to: 1) leave the gun alone, 2) leave the area, and 3) tell a trusted
1341 adult immediately. For an example of gun safety in a home setting, please refer to the
1342 first grade Injury Prevention and Safety section.

1343 While discussing the danger of stranger interaction is important for young children, it is
1344 equally important to discuss their safety with anyone, including people that may be
1345 identified as trusted adults or family. It is critical to teach students about the concept of a
1346 "trusted" adult, a safe person with whom they can share information when they feel
1347 uncomfortable. All familiar adults are not necessarily "trusted" or safe. Child sexual
1348 abuse is most often perpetrated by a person that the child knows and trusts (American
1349 Psychological Association, 2011). Kindergarten children may not understand
1350 appropriate and inappropriate touch, especially if their learning is limited to "stranger

1351 danger” and “no-touch zones” on the body, usually indicating areas that are covered by
1352 swimsuits or underwear. Beyond the “swimsuit” description of private body parts,
1353 students should be empowered to recognize any touching that makes them
1354 uncomfortable as inappropriate. In the context of child sexual abuse, *grooming* is a
1355 process in which a perpetrator establishes a connection with the child victim, gains their
1356 trust, and escalates from appropriate to inappropriate touching while normalizing the
1357 physical contact. Perpetrators may also shower the child with attention, gifts, and
1358 affection; isolate them from friends and family; and use secrecy, guilt, and/or threats to
1359 deter the child from seeking help (The National Center for Victims of Crime, 2012).

1360 Students must learn that they have the right to determine who gets to touch their bodies
1361 and when, even if someone is considered a safe or trusted adult—this includes parents,
1362 guardians, or caretakers (K.1.5.S, Essential Concepts). It is important to model
1363 respecting and setting boundaries with students, as <bgh>this also introduces the
1364 concept of consent.<egh> Rather than only teaching children that there are appropriate
1365 and inappropriate places for touch on the body (public and private parts), teach children
1366 that “good” and “bad” touch also has to do with a person’s level of comfort and
1367 discomfort (K.1.4.S, Essential Concepts). Many kindergarteners may not be aware of
1368 concepts of personal space and boundaries. Explain to students that inappropriate or
1369 bad touch could be anywhere on the body if it makes them scared or uncomfortable: “If
1370 someone wants to give you a hug and it makes you feel bad in your head or your heart,
1371 or you get a bad feeling in your tummy, then you can tell someone you trust like a
1372 parent or teacher.”

1373 Often times, young children are taught early on to reciprocate physical affection when it
1374 comes to family and family friends. However, it is never too early to <bgh>teach children
1375 about consent and<egh> empower children to set boundaries, express comfort and
1376 discomfort in various situations, and use their personal power to say “no” to unwanted
1377 touch—even if that touch is typically considered “safe” (K.1.4.–5.S, Essential Concepts).
1378 For example, a parent may request that a child hug an aunt or grandparent. If the child
1379 seems uncomfortable or says “no,” their discomfort should be recognized and their

1380 voice heard, rather than forcing the child to follow through on this request. This teaches
1381 children that it is okay to say “no” to unwanted touch, which can help prime young
1382 learners for more advanced discussions about boundaries and consent in later years
1383 (K.1.5.S, Essential Concepts).

1384 Some children may experience abuse by a parent, guardian, or caretaker, so it is
1385 important to help children identify multiple trusted adults and think critically about what
1386 makes an adult “trusted” (K.1.4.G, K.1.3.M, Essential Concepts; K.3.1.M, Accessing
1387 Valid Information). Ask students how they know if someone is safe, and guide children
1388 in discussing examples of situations that require the help of a trusted adult and have
1389 children practice telling a trusted adult (K.1.11.S, Essential Concepts). Children should
1390 also understand that inappropriate touch by an adult could be considered an emergency
1391 situation, in which a child may need to tell a safe and trusted adult immediately or call 9-
1392 1-1 (K.3.1.S, Accessing Valid Information; K.4.1.S, Interpersonal Communication;
1393 K.5.1.S, Decision Making).

1394 Students will need to practice these protective skills frequently, including opportunities
1395 outside of the classroom and at home. Partnering with the family is critical to reinforce
1396 learning and to support students in exercising their personal power and setting
1397 boundaries. Hold a meeting to inform parents, guardians, or caretakers about the topic,
1398 increase awareness and understanding of its importance, and create buy-in for parents,
1399 guardians, or caretakers to reinforce skills practice at home. Invite a local agency that
1400 specializes in educational trainings on consent and sexual assault to provide relevant
1401 information to parents, guardians, and caretakers and further explain the need for early
1402 protective skills and empowerment.

1403 Another example of how to introduce the concept of personal boundaries and consent is
1404 to use live and even stuffed animals. For example, invite a special guest to bring in a
1405 dog that has been specially trained to work with students in a classroom setting. Often
1406 times, students will be eager to pet the furry friend. Begin a discussion about the need
1407 to ask the dog’s owner for permission before petting the dog. If the owner gives
1408 permission, students are taught to allow the dog to sniff the back of the student’s hand

1409 before proceeding. Explain that the dog has boundaries and can sometimes feel unsafe.
1410 Ask students what a dog might do if it feels unsafe or does not want to be touched.
1411 Students may say “growl,” “bark,” or “hide.” Ask students if dogs actually say “no” or if
1412 they can just tell by the way a dog is acting. Explain that the same can be true for
1413 humans too—that sometimes friends and classmates might not say “no,” but that does
1414 not mean “yes.” Reference a feelings chart to talk about what facial expressions might
1415 indicate that a person does not want a hug or other physical contact (K.1.1.M, Essential
1416 Concepts). If students would like to pet the dog, have them practice asking the owner’s
1417 permission one at a time. After students get the owner’s permission, students are
1418 instructed to ask the dog “Can I pet you?” while allowing the dog to smell the back of
1419 their hand. Remind students to pay attention to the dog’s behavior for indicators of
1420 affirmative consent. For students who have pet allergies or do not wish to pet the dog,
1421 ask if they would like to practice with a stuffed animal.

1422 Students can also practice asking permission to hug or high-five friends and teachers.
1423 Teachers model this as well and do not hug or high-five students without permission.
1424 Teachers also remind students to ask permission if they notice that a student starts to
1425 hug them or another student without asking. A simple question such as, “Can I give you
1426 a hug?” can begin to set the foundation for a lifetime of respecting boundaries and
1427 understanding consent. These concepts are also important to consider when
1428 implementing group activities, such as holding hands in a circle or holding hands while
1429 on a field trip. Rather than having children hold hands to stay connected and safe, try
1430 using a rope that all students can hold. Forcing children to hold hands in any situation
1431 contradicts teaching boundaries and consent. Teaching students that their “no” matters
1432 and respecting their boundaries is critical in creating a sense of personal power and
1433 teaching children to similarly respect the boundaries of others (K.7.2.M, Practice Health-
1434 Enhancing Behaviors). Teachers and parents, guardians, and caretakers must work
1435 collaboratively to teach and support children while they learn and practice these skills.

1436 **Partnering with your school:** Peer education can be a powerful tool for delivering
1437 health education content. Invite students in the upper elementary grades to visit the

1438 class to discuss ways they stay safe when crossing streets, riding a bicycle, or playing
1439 (1.1.8.S, Essential Concepts).

1440 **Partnering with your community:** Students take a field trip to visit a fire or police
1441 station to see how and where community helpers such as emergency personnel work
1442 (K.3.1.S, Accessing Valid Information; K.4.1.S, Interpersonal Communication; K.5.1.S,
1443 Decision Making).

1444 **Partnering with the family:** Sending a note home to parents, guardians, and
1445 caretakers encouraging them to introduce and reinforce the concepts learned in this unit
1446 in a calm, reassuring, gentle but serious manner. Families are encouraged to have an
1447 emergency preparedness plan in place and a sign or poster in an accessible location on
1448 when to call 9-1-1.

1449 **Alcohol, Tobacco, and Other Drugs (A)**

1450 Children under six comprise nearly half (48 percent) of all unintentional poison
1451 exposures with over a million cases of poisoning occurring each year. Followed by
1452 cleaning and personal care products, cleaning substances and pain medications rank
1453 second highest for poisoning incidences of those six and under (American Association
1454 of Poison Control Centers 2015). Establishing safe and healthy behaviors for medicine
1455 usage, household products, and exposure to secondhand, and even <byh>**third-hand**
1456 **smoke**<eyh> (residual nicotine and other chemicals left on indoor surfaces by tobacco
1457 smoke) is important for a lifetime of healthy practices and accident prevention beyond
1458 kindergarten.

1459 After exploring various reasons for using medicines such as being sick, students learn
1460 that medicines can be helpful or harmful. They learn that doctors recommend medicines
1461 for people when they are sick or to help them feel better. Parents, guardians and
1462 caregivers can also buy some medicines at stores without a doctor's prescription like
1463 cough syrup or vitamins. Students discover that medicines and vitamins, which can be
1464 pills and liquids, are used to make us healthy when we are sick or prevent an illness

1465 from occurring (K.1.1–2.A, Essential Concepts). Empty bottles or pictures of over-the-
1466 counter medicines can be shown as examples. Students learn that the reason
1467 medicines and vitamins, even their gummy or edible vitamins, are kept in a medicine
1468 cabinet up high in the bathroom is to keep them away from children. The teacher and
1469 students discuss that some medicines, including gummy vitamins, are flavored like
1470 cherry or strawberry to taste good to both children and adults but should never be eaten
1471 like candy. Students learn that medicines and vitamins should only be given to them by
1472 a parent or trusted adult as they can be poisonous (cause us to become very sick or
1473 even die) if taken improperly (K.1.3.A, K.1.9.S Essential Concepts). Various scenarios
1474 can be explored with students role playing or practicing saying, “No. I need to ask my
1475 mom, dad, or caregiver,” and notifying a trusted adult. Students use a decision-making
1476 model to consider how to respond to various scenarios. The image below illustrates a
1477 decision-making model for use with students up to grade two.

1478 Four-Step Decision Making Process for Pre-Kindergarten through Grade 2



1479

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>.

1480 Source: The Colorado Education Initiative (2015)

1481 Some scenarios may be:

- 1482
- You are at a friend’s house playing but start to feel sick. Your friend’s mom offers
- 1483 you some medicine to make you feel better. What do you do?

- 1484 • You find an open medicine bottle with pills or gummy vitamins that look like
1485 candy lying on a table. What do you do?
- 1486 • Your mom gives you some cough medicine that tastes good, like grape candy.
1487 You are not feeling sick anymore but want to taste the medicine again. What do
1488 you do?
- 1489 • You see your little two-year old brother playing with a bottle of pills. What do you
1490 do?
- 1491 • Your best friend likes that both of you do the same things. You are using your
1492 asthma inhaler and she also wants to use your asthma inhaler. What do you do?
- 1493 • You are at the babysitter's home and you see a container of a cleaning product in
1494 the bathroom and want to help clean. Should you touch it?
- 1495 • Your grandparent makes crafts out of wood. You see a bottle of something used
1496 to paint the wood. The bottle is open. Should you smell or touch it?

1497 Students conclude by drawing two trusted adults who can give them medicine (K.1.3.A).
1498 Free publications in English and Spanish of *Medicine Is Not Candy* by Heather Brogan
1499 and the Poison Control Center (2008) can be downloaded by searching the Children's
1500 Hospital of Philadelphia. *Poison Alert! My Tips to Avoid Danger Zones at Home* by Gina
1501 Bellasario and Holli Conger (2014) can also be read to students.

1502 Students explore why secondhand smoke is bad for them and should be avoided
1503 (K.1.5.A, Essential Concepts). Students read aloud and then color the free poem,
1504 *Daddy Bull Puffed Cigars That Provoked* by the American Heart Association (2008).
1505 Cigars can be replaced with the word cigarettes if students are not familiar with cigars.
1506 Students are then asked, *How does Daddy Bull's family feel about his smoking?*
1507 Students share they dislike it very much. Points are made that even though Daddy Bull
1508 is the one who is smoking, his family also smells and breathes his cigar or cigarette
1509 smoke. We call the smoke from Daddy Bull, "secondhand smoke" as it is not from you
1510 smoking but from Daddy Bull. Students share if they ever smelled secondhand smoke
1511 and what they thought of the experience. Students play the game *Smokes and Ladders*,
1512 a version of the popular children' game, *Chutes and Ladders*, which is downloadable for

1513 free from the Smoking Isn't Cool Toolkit from the Ontario Canada Health Department.
1514 The game also provides an opportunity to engage in a discussion on secondhand
1515 smoke. For example, when a player lands on someone who is smoking in the car that
1516 player must move back spaces. Students learn that secondhand smoke is not healthy
1517 for them and can cause diseases such as asthma, allergies, and cancer. They also
1518 learn that in the state of California, smoking in a car with a child is illegal. Students
1519 become acquainted with Maddie who has allergies from her grandfather smoking in the
1520 house from the book, *Smoking Stinks!!* by Kim Gosselin (2002). When this book is read
1521 aloud, students learn that Maddie's lack of sleep from her grandfather's coughing and
1522 smoking is causing her to lose focus in school. Students are empowered to learn it is
1523 best to move away from the smoke or open a window for ventilation. <byh>**See**
1524 **California Department of Education's (CDE's) Tobacco-Use Prevention Education**
1525 **(TUPE) for further age appropriate educational resources.**<eyh>

1526 **Partnering with your school:** The school or district's nurse visits the class to discuss
1527 medicine safety with the children and what occurs when a student needs to take
1528 medicine while at school. Partner with the school's teacher librarian to develop health
1529 content reading lists and resources. Students create posters about the dangers of
1530 secondhand and third-hand smoke that are placed around the school campus (K.1.1.–
1531 3.A, K.1.5, Essential Concepts).

1532 **Partnering with your community:** Guest speakers from the American Cancer Society,
1533 American Lung Association, or American Heart Association can serve as informative
1534 guests who can speak to students on the dangers of secondhand smoke. The local
1535 Poison Control Center may also provide presentations to children on safety. Ask these
1536 and other agencies for health education materials in languages other than English
1537 (K.1.4.–5.A, Essential Concepts).

1538 **Partnering with the family:** Health education brochures on the content covered in this
1539 section are shared with family members by providing them to students as take-home
1540 materials (K.1.1.–5.A, Essential Concepts).

1541 **Mental, Emotional, and Social Health (M)**

1542 <bgh>At this developmental stage, children may have a difficult time identifying and
1543 expressing emotions.<egh> They may know they are mad or sad but may not yet have
1544 the self-awareness to recognize more complex feelings such as embarrassment,
1545 shame, <bgh>frustration,<egh> or disappointment (Collaborative for Academic, Social,
1546 and Emotional Learning [CASEL] 2017). According to the five competencies of CASEL
1547 (2017), with respect to *social awareness*, kindergartners are learning how to interact
1548 with others and how to recognize the feelings and needs <bgh>of self and others,<egh>
1549 although empathy is not yet fully established. <bgh>Students in Kindergarten can learn
1550 to identify feelings of self and others, begin to identify and define what mental health is
1551 (compared to physical health). Children learn that mental wellness is important so they
1552 are ready to learn. Connect mental health to physical health; in children, mental health
1553 conditions such as depression/anxiety may manifest with physical symptoms like
1554 headaches, stomachaches, or changes in sleep.<egh> At this young age, children are
1555 developing their *relationship skills* through interactions with others. *Responsible*
1556 *decision-making* for kindergartners provides students with opportunities to make many
1557 decisions <bgh>as age and developmentally appropriate<egh> throughout the day at
1558 school as compared to prior years when parents, guardians, or caretakers may have
1559 made most of the decisions for the child. Kindergartners need guidance, direction,
1560 instruction, <bgh>modeling examples,<egh> and tools for developing *self-management*
1561 (*self-awareness* and the ability to recognize one's own feelings), some of which are the
1562 instructional tools provided in this section and chapter (Parent Toolkit 2017).
1563 <bgh>Teachers can introduce students to mental health and wellness and ways to take
1564 care of their mental health.<egh>

1565 <bgh>Students recognize themselves as unique individuals and learn about the
1566 similarities and differences between self and others with culturally appropriate
1567 instruction.<egh> Students explore <bgh>self-awareness,<egh> what makes them
1568 unique (K.1.4.M, Essential Concepts), and what they have in common by identifying
1569 others in the class who have similar traits such as hair or eye color. Students offer their

1570 own personal definitions when asked to define what the word “unique” means to them
1571 while the teacher records their responses so the students can see them. A popular
1572 cartoon character can be referenced, asking students what makes this character
1573 unique. Students are informed physical characteristics are one aspect that make people
1574 unique, but things we cannot see, that are inside of us, are also important. Another way
1575 that students discover their similarities is by standing up and forming a circle. A list of
1576 items is read by the teacher such as, *I like school, Saturdays are fun, I like to swim, and*
1577 *I like to play outside.* <bgh>Children can also begin exploring personal values and
1578 beliefs including, *I am kind to myself and others, I am honest, I am responsible, and I*
1579 *like to spend time with my family.*<egh> Students go into the middle of the circle when a
1580 statement is read that pertains to them and return back to the outside as each new
1581 statement is read. Students discover they have many commonalities. Students also
1582 make a name portrait of unique traits they have that begin with each letter of their name.
1583 *The Little White Owl* (2013) by Tracey Corderoy, a story about an owl who is unique,
1584 can also be read aloud (K.1.3.–4.M, Essential Concepts).

1585 Who are trusted adults? <bgh>Trusted adults can play an important part in reducing
1586 stigma surrounding mental health.<egh> Students learn that their parents, guardians,
1587 caretakers, older family members, teachers, religious or community leaders,
1588 <byh>school counselors,<eyh>, <bgh>school social workers, medical professionals
1589 (doctors, nurses, and dentists), school psychologists,<egh> the principal, <bgh>and all
1590 staff can be trusted adults. Students understand that it is okay to ask for help from a
1591 trusted adult (SB 330). Introduce students to the school counselor, school social worker,
1592 or mental health professional so they know where to seek help for emotional and mental
1593 health concerns.<egh> On a large piece of paper, students draw three circles, labeled
1594 *school, home, community* with teacher assistance. Students draw pictures, glue cutouts,
1595 or write names of trusted adults in the appropriate circle. At the top of the paper are the
1596 words, *Trusted Adults* (K.1.3.M, Essential Concepts; K.3.1.M, Accessing Valid
1597 Information).

1598 Daily check-ins with students to have them identify their emotions from a list of happy,
1599 sad, worried, and other faces can be used to see how each student is feeling. Students
1600 learn that in one day they can experience various emotions. Students provide examples
1601 of when they feel happy, excited, <bgh>proud, silly, calm, confused, surprised,
1602 tired,<egh> frustrated, hurt, <bgh>mad, angry,<egh> or sad. To begin the conversation,
1603 a washable plush animal that serves as the class mascot can be asked how he is
1604 feeling. Each day the class mascot shares a new emotion and why he is feeling that
1605 way. Students are then asked if they ever have similar feelings. <bgh>Another option is
1606 the *Zones of Regulation*, which identifies blue (rest area), green (go), yellow (slow
1607 down), and red (stop) zones. Zones of Regulation examples and free resources can be
1608 found by searching online. Students may also role play scenarios such as you see
1609 somebody being teased on the playground, you have to share something you don't
1610 want to share, you hear your friend say mean words, or your friend chooses not to play
1611 with you at recess.<egh> The book *When Sophie Gets Angry—Really, Really Angry* by
1612 Molly Bang (2004) is read aloud (K.1.1.M, Essential Concepts). <bgh>Other mental
1613 health books include, *The Storm In My Brain: Kids and Mood Disorders* available for
1614 free from the Depression and Bipolar Support Alliance (2003), *Iris the Dragon* (2008)
1615 series by Gayle Grass including: *Lucky Horseshoes: A Children's Book Dealing with*
1616 *ADHD*, *Catch a Falling Star*, *Hole in One: A Children's Book Dealing with the Topic of*
1617 *Anxiety Disorder*, *I Can Fix It!: A Children's Book Dealing With Asperger's Syndrome*
1618 *and Stigma*, and *He Shoots! He Scores!: A Children's Book Dealing with Child and*
1619 *Youth Mental Health Challenges and Stigma*.<egh> Kindergarten is an important time
1620 for students to learn to approach and talk to trusted adults at home or school if they
1621 need help or are feeling bad, sad, hurt, surprised, mad, <bgh>confused, or any
1622 emotion<egh> (K.3.1.M, Accessing Valid Information).

1623 Teachers <bgh>may create quiet and safe space<egh> (areas within or near the
1624 classroom) specific to supporting students' <bgh>self-awareness and self-
1625 management<egh> that contain music, songs, dance, and quieter instruments such as
1626 shakers. A fish tank may even be located near this special station for its calming effect.
1627 Additional ideas include stations with stress balls; exercise activities or a yoga mat; age-

1628 appropriate mind puzzles with texture; picture print outs or magazine cutouts of soothing
1629 beaches, oceans, sunny skies, mountains, or rivers; a comfortable chair; a washable
1630 stuffed toy that is available for hugs throughout the day; or a bonsai tree or plant.
1631 Positive conflict resolution posters are displayed in the classroom, discussed, and
1632 reinforced. Posters displaying a graphic of a bug stating, *When something is bugging*
1633 *me, I can...* or *If someone is annoying you, try this...* listing various options are used
1634 (K.4.1.M, Interpersonal Communication; K.7.1.M, Practicing Health-Enhancing
1635 Behaviors).

1636 Read-aloud books that support mental health could include books such as *Angry*
1637 *Octopus: An Anger Management Story* introducing Active Progressive Muscular
1638 Relaxation and Deep Breathing or *Affirmation Weaver: A Believe in Yourself Story,*
1639 *Designed to Help Children Boost Self-Esteem While Decreasing Stress and Anxiety*
1640 (and corresponding coloring books) by Lori Lite (2011). Following the read alouds,
1641 students are asked to identify a variety of emotions <bgh>and empathy<egh> they may
1642 feel in response to scenarios. Scenarios may be: you are feeling frustrated because
1643 your toy is not working properly. *How do you feel?* or *You believe you are not receiving*
1644 *attention while you do something cool on your scooter. How do you feel?* The teacher
1645 reinforces that emotions <bgh>and empathy<egh> are normal and should be discussed
1646 with a trusted adult (K.1.1.M, Essential Concepts; K.7.1.M, Practicing Health-Enhancing
1647 Behaviors).

1648 Students learn through dramatic play that words such as *please, thank you, and excuse*
1649 *me* show appreciation and respect for others (K.1.5.M, Essential Concepts). Students
1650 are asked to provide examples of situations when they use these words. Through
1651 discussion, students learn that one should say *thank you* when they receive a gift,
1652 compliment, or someone does something nice for them; to say *please* when they ask
1653 someone for something or to do something for them; to not be afraid to say *I'm sorry*
1654 when they make a mistake or have hurt someone. Students role play different scenarios
1655 such as receiving a gift, receiving a compliment from a friend, accidentally spilling
1656 someone's milk at lunch, seeing someone trip in class, or needing help with homework.

1657 Stickers acknowledging when a student uses please, thank you, excuse me, or I'm sorry
1658 throughout the day and week are used as a motivator.

1659 Students respond to the questions: What does it mean to share? Is it important to
1660 share? Why do you think so? How do you feel when someone shares with you? How do
1661 you feel when someone won't share? Students learn there are times when it is
1662 important to share, for example when someone leaves their book or school supplies at
1663 home (K.4.2.M, Interpersonal Communication; K.7.2.M, Practicing Health-Enhancing
1664 Behaviors). *It's Mine!* (1996) by Leo Lionni about three young frogs who learn the value
1665 of sharing when faced with a bad storm or *Share and Take Turns* by Cheri J. Miners
1666 (2003) is read aloud. Students answer questions related to the story. To explore this
1667 concept further, students receive a sheet of paper and one color marker or crayon. They
1668 are then asked to draw a rainbow with many colors. Students quickly learn the art of
1669 sharing by exchanging and borrowing colors from one another. For further reflection,
1670 students share how their rainbow would look without many colors, reinforcing the point
1671 that sharing often makes things better. Another instructional strategy that promotes
1672 sharing is to create a class quilt. Students receive one half of a heart and work with
1673 another student with the other half of the heart to glue the hearts together and decorate
1674 their shared hearts with art supplies. The hearts are collectively displayed as a class
1675 quilt. Students may also draw and color a scenario when sharing is needed.

1676 After reading the book, *The Great Big Book of Families* by Mary Hoffman (2010) or
1677 *Families Are Different* by Nina Pellergrini (1991), students learn that there are different
1678 family structures in our society and that all family structures are valid. For example,
1679 there are immigrant families; families with lesbian, gay, bisexual, or transgender
1680 parents, guardians, or caretakers and children; families of various race and ethnicities;
1681 step- and blended families; families headed by single parents, guardians or caretakers;
1682 extended families; multi-generational families; families with members with disabilities;
1683 families from different religious traditions; foster families; and adoptive families. Some
1684 students live with grandparents or other adult relatives, a guardian, or caretaker. By
1685 seeing and hearing examples of different family structures, students identify themselves

1686 and their own families. In this activity, teachers should not assume a student lives in any
1687 particular family structure and should ask questions in a way that will easily include
1688 children from diverse family backgrounds ensuring sensitivity to family diversity and
1689 privacy. Teachers must respect and protect the wishes of students and parents,
1690 guardians, or caretakers who prefer not to participate. After learning about many kinds
1691 of families, students draw a picture of their family. Around the picture of their family is a
1692 border of why their family is special. Border items may be a heart for love, smiley face
1693 for happiness, or an apple for nutrition. Students may also draw something their family
1694 does together that they enjoy, celebrates their culture, or promotes their health.
1695 Students share their picture with the class and describe why their family is special
1696 (K.1.2.M, Essential Concepts).

1697 Culturally sustaining literature is particularly important for young children. Teachers can
1698 frequently read aloud engaging and high quality literature that is reflective of the ethnic
1699 and cultural diversity of their students and that addresses social issues that are critical
1700 to the well-being of students of color. Books like *Last Stop on Market Street* by Matt de
1701 la Peña (2015), *Mango, Abuela, and Me*, by Meg Medina (2017), and *Yo Soy Muslim: A*
1702 *Father's Letter to His Daughter*, by Mark Gonzales (2017), address universal themes
1703 that appeal to young children, such as caring and the value of diversity, promote early
1704 language and literacy development, and support the development of a healthy sense of
1705 self for young children of color.

1706 *Is There Really a Human Race?* by Jamie Lee Curtis (2006), a humorous look at the
1707 importance of making good life decisions (take your time, speak up for those who
1708 cannot speak for themselves, lend a helping hand), is read aloud with students. This
1709 book has a free accompanying teacher's guide for lesson plans and ideas. Note for any
1710 of the read aloud books highlighted in this chapter, students can be encouraged to first
1711 act out or discuss how they think the book will end for application of critical thinking.
1712 Older students may enjoy reading a book aloud to kindergarten students or listening
1713 kindergarten students read to them.

1714 **Partnering with your school:** Invite the principal or school counselor or social worker
1715 to share how to identify trusted adults at home and at school who can help with mental
1716 and emotional health concerns. <bgh>Other areas of support from the school social
1717 worker or school psychologist may include identifying and expressing feelings of self
1718 and others, anger management, emotional regulation, coping skills, effective
1719 communication, and “I feel” messages <egh> Implement a day or week of kindness
1720 during which students are reminded to consciously display—and encourage others to
1721 display—safe behaviors and kindness while on the playground, in the cafeteria, and in
1722 class. At the end of the day, students “shout out” who was safe and kind. School
1723 personnel can give out stickers or other tokens of appreciation when they observe
1724 students being kind (K.1.1.M: Essential Concepts).

1725 **Partnering with your community:** Part of discovering and developing one’s own
1726 emotions, even at a young age, is to provide service to others. Students make cards for
1727 seniors in their community, decorate placemats for Meals on Wheels recipients, create
1728 art works to donate to a local children’s hospital, participate in a food drive for a
1729 population in need, or donate old toys and books to a shelter (K.7.2.M, Practicing
1730 Health-Enhancing Behaviors).

1731 **Partnering with the family:** Working with their family, students create a handmade
1732 book using pictures (photographs or drawings) and writing to describe the
1733 characteristics of their family (K.1.2.M, Essential Concepts) and the ways the family
1734 <bgh>promotes empathy, care, and the wellbeing of others<egh> (K.2.1.M, Analyzing
1735 Influences). Encourage inclusion of cultural health practices and traditional cultural
1736 celebrations, <bgh>values, and health practices<egh>. The handmade books are
1737 displayed in class and shared with the principal, teacher librarian, and other visitors to
1738 the classroom. <bgh>Provide parents and guardians with resources and activities to
1739 support student’s socio-emotional development at home and strategies to encourage
1740 children to self-regulate at home. An example may be an activity to draw or color
1741 different emotional states.<egh>

1742 **Personal and Community Health (P)**

1743 Most kindergartners are curious about their bodies and what makes them grow and be
1744 healthy. Setting a foundation for proper health practices can lead to a lifetime of good
1745 health outcomes. Teachers and administrators play an important role and have
1746 responsibility for the promotion of personal, community, and environmental health of
1747 their students. Adults can help students practice how to ask for assistance with health-
1748 related problems and help them learn about their local environment and how their
1749 actions can affect it.

1750 Guest speakers such as a dental hygienist and a pediatric or general dentist can
1751 provide students with essential skills and knowledge on dental hygiene practices.
1752 Students receive dental health kits. Students practice brushing and flossing on egg
1753 cartons that are cut and taped together to make teeth. The book *Dr. De Soto* by William
1754 Steig (2010) is read aloud and placed in a classroom reading area (K.1.1.P, Essential
1755 Concepts; K.7.1.P, Practicing Health-Enhancing Behaviors).

1756 Students are encouraged to keep a sun safety kit in the classroom that contains sun
1757 protection factor (SPF) 30 or higher sunscreen, sunglasses, SPF lip balm, and a sun hat
1758 for protection against ultraviolet (UV) rays (if allowed by school and district policy).
1759 Students describe that shade is cool when the days are particularly hot and offers some
1760 protection from the sun. They learn it is best to stay in the shade whenever possible and
1761 to limit sun exposure during the peak intensity hours, between 10:00 a.m. and 4:00
1762 p.m., when UV rays are most intense. Students describe ways to be sun safe by
1763 creating a booklet to share with their families, guardians, and caretakers with drawings
1764 of people wearing sun-protective clothing, hats, and sunglasses; playing in the shade;
1765 and drinking water. They can also practice sun safety by dressing dolls or stuffed
1766 animals in sun-protective clothing and sun hats in a sun-safety station in the classroom.
1767 Students may enjoy creating sun visors to use in a dramatic play area (K.1.2.P,
1768 Essential Concepts).

1769 Students learn that germs can cause us to become sick. Students are asked for
1770 examples, such as someone with a cold giving another person a cold (virus germ).
1771 Students see how germs are spread using online images or pictures obtained from
1772 reliable and medically accurate sites that show germs traveling from person to person.
1773 Students learn more about the importance of hand-washing to prevent germs from
1774 being spread through a visual activity in which students spread glitter or washable paint
1775 on their hands and then proceed to wash their hands as they normally do—but with the
1776 lights off. Based on sink availability, this activity may require students to use school
1777 restrooms, with a teacher and other adults, possibly volunteers, supervising. Following
1778 their normal hand washing procedure, the lights are turned back on. Students can see
1779 how many “germs” are still on their hands by the display of the glitter or washable paint.
1780 Following the activity, students discuss the importance of washing their hands for the
1781 length of time it takes to sing the “Row, Row, Row Your Boat” or “ABC” songs <bgh>(for
1782 20 seconds)<egh> and why using warm water and soap to avoid spreading diseases
1783 and illness is important. Students also practice sneezing and coughing into their elbows
1784 after learning that these are other ways that diseases can spread. <bgh>It is important
1785 to discuss that germs can be transmitted from person to person or from animal to
1786 person. Many animals can also transmit germs that will get a person sick. The teacher
1787 should tell the children about proper handwashing and avoiding mouth-to-mouth contact
1788 with animals should be emphasized. By kindergarten, all children without a medical
1789 exemption should have been vaccinated for school entry. Teachers can remind children
1790 that the vaccines they received at the doctor’s office will protect them from serious
1791 illnesses and keep them healthy.<egh> The book, *Germs Are Not for Sharing* by
1792 Elizabeth Verdick (2006), available in English and Spanish, is read aloud to students
1793 <bbh>(K.1.1.P, Essential Concepts; K.7.2.P, Practicing Health-Enhancing
1794 Behaviors).<ebh>

1795 <bgh>For helmet safety and protective gear teaching activities, please see the first
1796 grade section.<egh>

1797 Students recognize that decisions they make about activities like saving water and
1798 energy can affect the health of the natural world <bbh>(CA EP&Cs, Principle V)<ebh>
1799 as well as their local communities. They identify ways that people can affect the
1800 environment <bbh>(CA EP&Cs, Principle II)<ebh> and practices that can be good for
1801 the environment, such as turning off lights and water, recycling, and picking up trash
1802 (K.1.5.P, Essential Concepts), by first sharing what they know about recycling. They
1803 learn that recycling means using something again or turning a product into something
1804 that can be used again. Examples of items that can be recycled are glass, plastic water
1805 bottles, aluminum cans, cereal boxes, paper, magazines, and yogurt cups. Students are
1806 wowed to discover that if all the plastic water bottles consumed in the world in one year
1807 were placed in a line, the bottles would circle the entire world 190 times. Placing
1808 different recycle bins labeled paper, plastic, and cans in the classroom or a designate
1809 location on the school grounds offers students an opportunity to practice recycling. As a
1810 starting point, various examples of items are distributed to the students to practice
1811 placing them in the designated bins. The following week students discover the concept
1812 of “reuse.” Students share examples of when they have given toys to a younger sibling
1813 or friend, when a parent or caretaker may have bought something used, or when they
1814 may have donated their old clothes to charity. Using “I Spy” magnifying glasses or a
1815 similar item to signify the students are being detectives, items are identified in the
1816 classroom that can be reused (books, lunch bags, or toys). Students then learn that
1817 reducing waste by recycling and reusing and not littering are ways to be a good
1818 citizen—someone that does good things for their community. <bgh>“Rot” can be
1819 considered for inclusion if the student’s school is a composting campus.<egh> They
1820 learn to chant, “Reuse. Reduce, or Recycle,” when they see or engage in one of the
1821 options. Students are shown one large bag of popcorn and several small bags of
1822 popcorn (or one large juice box versus many small juice boxes) and asked which option
1823 produces the most trash. Students learn that the large items use the least amount of
1824 waste for the same amount of food and then enjoy the snack (Adapted from PBS
1825 Parents Lesson Plans - Recycling: Reduce, Recycle, Reuse).

1826 **Partnering with your school:** Students celebrate Earth Day by making a creative
1827 poster showing how they will help make Earth a better place. Posters are displayed in
1828 class or on school grounds. Students can also host and participate in a *Clean Up Day*
1829 during which students in different grade levels take part in tasks to make their
1830 playground or greater school community clean (K.1.5.M, Essential Concepts).

1831 <bgh>Oral health, vision, and hearing screenings are mandated during kindergarten
1832 (and second grade.) Teachers are encouraged to consult with the school nurse. The
1833 school nurse can assist with preparation, coordination, and follow-up with students and
1834 families to support personal health. Students that fail any of their screenings will require
1835 follow-up. It is important for students to understand personal oral, vision, and hearing
1836 health and to take action, such as wearing glasses daily, to ensure access to their
1837 education.<egh>

1838 **Partnering with your community:** A doctor, dentist, optometrist, or school nurse visits
1839 the class to share good health practices and what students can expect when they visit a
1840 healthcare provider. A field trip to a local doctor or dentist's office also offers an
1841 interesting outing to learn more about the occupations and how to prepare for a visit or
1842 check-up. A virtual field trip can also provide students a learning experience (K.1.1.P,
1843 Essential Concepts; K.3.1.P, Accessing Valid Information; K.7.1.P, Practicing Health-
1844 Enhancing Behaviors).

1845 **Partnering with the family:** Provide information on free and sliding scale dental and
1846 healthcare clinics to parents, guardians, and caretakers, from your county public health
1847 department. A sense of community may be strengthened with a *School Improvement*
1848 *Day*. An example may be a Saturday when the school is closed, parents, guardians,
1849 and caretakers use donated plants or supplies to start a garden or paint a mural
1850 illustrating healthy personal and community practices. Childcare can be provided as well
1851 as a snack or meal to thank the volunteers (K.1.1.P, Essential Concepts; K.3.1.P,
1852 Accessing Valid Information; K.7.1.P, Practicing Health-Enhancing Behaviors).

1853 **Grade One**

1854 First grade marks an important transition for students who are entering elementary
1855 school for the first time. Students tend to welcome eating with their friends in the
1856 cafeteria and typically enjoy recess without the supervision of their own teacher,
1857 fostering their growing sense of independence. Early elementary is an opportune time to
1858 support students in making healthy choices and promoting positive health behaviors for
1859 a lifetime of good health. At this grade level, students are applying their social skills in
1860 more mature ways than they had in kindergarten. Children this age continue to learn by
1861 doing. Making mistakes is critical to that learning, thus making encouragement, praise,
1862 and excitement important elements of teaching (Morotz 2015, Wood 2007). First grade
1863 students are ready to learn about the human body; ways to take care of themselves;
1864 personal injury prevention; and how diseases are transmitted.

1865 Three of the six content areas are covered in the first grade health education standards:
1866 Growth and Development, Injury Prevention and Safety, and Personal and Community
1867 Health. All eight overarching standards are addressed in first grade when instruction
1868 includes all three content areas. When appropriate for students' needs and interests,
1869 teachers are encouraged to incorporate content areas for which there are no standards
1870 in grade one.

1871 **Growth and Development (G)**

1872 First grade students are very curious about many subjects and enjoy exploring,
1873 observing, and experimenting. They are interested in how living things grow and mature
1874 (1.1.1.G, Essential Concepts). Students this age are becoming more coordinated and
1875 enjoy physical activity but are still developing their gross and fine motor skills. Their
1876 interest in their own bodies motivates them to learn the anatomical names and functions
1877 of major internal and external body parts (1.1.2.G, Essential Health Concepts). Ideally,
1878 first grade students were introduced to a variety of health topics in kindergarten and are
1879 now ready to explore additional behaviors that promote healthy growth and
1880 development such as sleep and rest (1.1.3.G, Essential Health Concepts; 1.2.1.G,

1881 Analyzing Health Influences). As they become more aware of their roles and the greater
1882 world around them, they are able to describe the various roles, responsibilities, and
1883 needs of family members (1.1.4.G, Essential Health Concepts). They recognize parents,
1884 guardians, caretakers, and other trusted adults as resources for information on growth
1885 and development (1.3.1.G, Accessing Valid Information).

1886 Students enjoy creating personalized anatomy flipbooks that display various internal
1887 and external organs. Cover art is created by the students. Pictures of each body part
1888 are provided for students to cutout, color, and label with adult help. Teachers can
1889 download Preschool Human Body Printables at Living Life and Learning. Despite the
1890 word preschool in the title, the resource is appropriate for first graders as all major body
1891 parts are labeled with the correct anatomical names. For example, the small and large
1892 intestines, kidneys, and heart are included. Students study and share their flipbook with
1893 family and friends. Students create flash cards of the anatomical names of major body
1894 parts. Teachers should refrain from using euphemisms for body parts because it may
1895 create discomfort and can create negative attributes toward students' bodies. Fun facts
1896 can be included with the names, such as the skin/dermis is the largest organ or the
1897 average human head is comprised of the skull/cranium and brain and weighs 10–11
1898 pounds. Students are first asked, “What is something you do all day and need to survive
1899 but usually don’t even think about?” The students learn that breathing clean air is
1900 essential for all humans and animals to live <bbh>[\(California Environmental Principles](#)
1901 [and Concepts \[CA EP&Cs\], Principle I](#)).<ebh> They feel their lungs working by placing
1902 their hands on their chest and inhaling deeply. Students learn they have two lungs that
1903 take up most of their chest area. Lungs feel like sponges (a sponge can be passed
1904 around the room). They are comprised of tubes and stems that become smaller like tree
1905 branches. Bronchus, bronchioles, and alveoli are sketched onto two paper lunch bags.
1906 Lungs are simulated by blowing air into each bag and then tying a rubber band around
1907 the top of each bag. Reading aloud and making available introductory children’s
1908 anatomy books such as *First Human Body Encyclopedia* (2005) and *Human Body: A*
1909 *Visual Encyclopedia* (2012) both by DK, along with *The Magic School Bus: A Journey*
1910 *into the Human Body Kit* by The Young Scientists Club, which contains many

1911 fascinating photos and illustrations, can provide opportunities to integrate health
1912 education instruction with English language arts/English language development and
1913 science instruction (1.1.2.G; Essential Concepts).

1914 In kindergarten, some students learned that living things grow and mature (See
1915 K.1.1.G). This concept develops further in first grade as students develop more
1916 understanding of *how* living things grow and mature (1.1.1.G, Essential Concepts).

1917 Students compare how humans grow and mature to other animal and plant life cycles,
1918 connecting science with health instruction. <bbh>(This instruction supports the
1919 California Next General Science Standards [CA NGSS] [CA NGSS 1-LS1].)<ebh>

1920 Students discover how living things grow and mature by placing printed images of a
1921 human and various animals in order of their growth, from birth to maturity and then old
1922 age. An example may be an egg followed by a hatched chickling, then a walking furry
1923 chick. Another example is a human newborn, baby, and toddler. Students also label the
1924 age of each developmental milestone featured. Plants, which also demonstrate how
1925 living things grow and mature, provide a care-taking opportunity for children. Seeds can
1926 be planted in cardboard egg containers and grown under grow lights or bright windows.
1927 School gardens also provide an opportunity to demonstrate this concept.

1928 Students identify a variety of behaviors that promote healthy growth and development
1929 (1.1.3.G, Essential Concepts) and explain why sleep and rest are important for proper
1930 growth and good health (1.2.1.G, Analyzing Influences). A large construction paper quilt
1931 is created as children decorate panels with healthy behaviors students engage in to
1932 promote healthy growth and development. Panels can be pre-cut shapes such as
1933 apples or hearts, as well as two-dimensional shapes students are working with in
1934 mathematics (e.g., rectangles, triangles, half circles. <bbh>(This activity supports the

1935 California Common Core State Standards for Mathematics [CA CCSS] 1.G.1–3.)<ebh>
1936 Panel pieces are glued or taped to the quilt, and it is displayed in the classroom as a
1937 reminder of healthy behaviors. The book *I See the Animals Sleeping: A Bedtime Story*
1938 by Thomas Heffron (2011) is read aloud. Prior to the story, students share what they
1939 think the story will be about. After the story, students discuss why it is important to their

1940 health that they get plenty of sleep and rest each night. They learn that sleep helps
1941 them perform better in school, sports and activities and makes them feel good. Sleep
1942 helps their brain function better and their bodies grow and healthy. Students then write
1943 about their sleep routine providing a numbered sequence of what they do to get ready
1944 for bed, to go to bed, and when and how they wake up. As a closing activity, students
1945 create a four-sentence poem for one of the animals featured in the book using the word
1946 “sleep” in at least two of the sentences.

1947 **Partnering with your school:** For a Healthy Apple Campaign, student create and
1948 decorate red apple cut-outs that are placed around the school identifying a variety of
1949 behaviors that promote healthy growth and development (1.1.3.G, Essential Concepts).
1950 Apples are displayed in designated areas identified by the students such as the in
1951 cafeteria, near water fountains, or where physical activity occurs.

1952 **Partnering with your community:** Students go on a field trip to a local farm, zoo, or
1953 aquarium to see how living things grow and mature. Some communities may have
1954 access to groups with mobile vans who can visit the school to provide presentations.
1955 Virtual field trips that explore a museum, zoo, or aquarium’s website and streaming
1956 videos may also be considered (1.1.1.G, Essential Concepts).

1957 **Partnering with the family:** At this young age, it is important for students to recognize
1958 parents, guardians, caretakers, and other trusted adults as resources for information on
1959 growth and development (1.3.1.G, Accessing Valid Information). Setting a foundation for
1960 dialogue at this early age can establish a comfortable rapport between students and
1961 their parents, guardians, or caretakers as they encounter more complex subjects related
1962 to growth and development. Parents, guardians, or caretakers receive a handout with
1963 suggestions on how to initiate a conversation on growth and development with their
1964 child. Books such as *It’s Not the Stork! A Book About Girls, Boys, Babies, Bodies,*
1965 *Families and Friends* by Robie H. Harris (2008) or *Who Are You?: The Kids Guide to*
1966 *Gender Identity* by Brook Pessin-Whedbee (2017) can be shared together.

1967 **Injury Prevention and Safety (S)**

1968 Injury prevention skills built on those established in kindergarten provide safety
1969 practices and protocols for time spent at home, in school, and in the community
1970 (1.1.5.S, Essential Concepts).

1971 In science, first grade students learn how to use materials to design a solution to a
1972 human problem by mimicking how plants or animals use their external parts to help
1973 them survive, grow, and meet their needs. They learn that human problems that can be
1974 solved by mimicking plant or animal solutions such as designing equipment to protect
1975 bicyclists by mimicking turtle shells <bbh>(CA NGSS 1-LS1-1).<ebh> For health
1976 education, students analyze why wearing a helmet when biking, skateboarding, riding a
1977 scooter, or in-line skating increases safety and can explain appropriate gear and
1978 equipment (1.5.4.S, Decision Making; 1.7.3.S, Practicing Health-Enhancing Behaviors).
1979 These connections to injury prevention and safety provide opportunities to apply
1980 knowledge in science to health education as students analyze how they can protect
1981 themselves compared to how other animals protect themselves. Through books, videos,
1982 photos, and discussion, students learn that turtles and snails have shells that protect
1983 their bodies from getting injured. Students are asked to provide other examples of
1984 animals that have protective external surfaces. Students are then asked if they have
1985 ever used or are using a bicycle helmet, what might encourage them to wear a helmet,
1986 and how a bicycle helmet protects their head. A bicycle helmet, or photos of children
1987 wearing helmets, is then shown. Students learn that it is the law in California to wear a
1988 protective helmet, like a turtle shell, to protect their brain while riding a bicycle,
1989 skateboard, or scooter or skating. In the classroom example below, students learn
1990 about fire safety.

1991 Classroom Example: Fire Safety Smarts

1992 **Purpose of Lesson:** Students learn the importance of preventing fires, fire safety, how
1993 to call 9-1-1 if a fire emergency occurs, and then develop a fire safety plan at home.

1994 **Standards:**

1995 • 1.1.4.S Identify safety hazards in the home, at school, and in the community
1996 (Essential Concepts).

1997 • 1.5.1.S Analyze steps to take in emergency or potentially dangerous situations
1998 (Decision Making).

1999 • 1.7.2.S Practice emergency, fire, and safety plans at home and at school (Practicing
2000 Health-Enhancing Behaviors).

2001 • 1.1.9.P Identify emergency situations (e.g., injuries, abductions, fires, floods,
2002 earthquakes) (Essential Concepts).

2003 **Supplies:**

2004 Photo printouts of the causes of fires and the ways fires do and do not occur in the
2005 home or public places such as parks or in buildings.

2006 Throughout the school year, Ms. H's students have participated in fire and earthquake
2007 drills. She now wants to ensure her students learn how to identify emergencies involving
2008 fires, to understand the ways fires commonly occur, how to call 9-1-1 should a fire
2009 occur, and how to develop a fire safety plan at home.

2010 Ms. H asks students to share examples of emergencies. "Earthquakes!" "When
2011 someone's house is on fire!" "Floods?" "When someone gets hurt in a car accident."
2012 "When someone has a heart attack and can't breathe" are examples the students
2013 excitedly share. Ms. H confirms that, yes, these are all examples of emergencies. She
2014 informs the students that today they will specifically focus on the emergency of fires.
2015 Students learn that most fires occur at home. Ms. H then asks her students to identify
2016 ways fires can occur at home by identifying various pictures with objects such as

2017 matches, lighters, flames from stoves or ovens, candles, barbeques, furnaces,
2018 fireplaces, fireworks, lit cigarettes, electrical wires or appliances, or electrical devices
2019 like hover boards/mobile phones/tablets that are combined with other pictures of objects
2020 that do not cause fires. The students learn that both flames and smoke are dangerous.
2021 Students learn they should never run if they or their clothes are on fire. They practice
2022 stop, drop, and roll in instances when their clothes are on fire. Students learn to never
2023 go back into a house or building that is on fire but to exit quickly, never running.

2024 Various ways to prevent fires are discussed with the students such as never playing
2025 with matches, lighters, and fireworks. Using different scenarios, students practice calling
2026 9-1-1 with one another in case of a fire. They learn to ensure they are not in a building
2027 that is on fire and are not in danger before calling 9-1-1. Students learn that they need
2028 to provide their name and location, and describe the emergency to the dispatcher who
2029 is the community helper who answers the emergency phone line. They also learn to
2030 stay on the phone until the dispatcher says it is okay to end the call.

2031 For homework, Ms. H asks the students to develop a fire safety and escape plan with
2032 their parent, guardian, or caretaker's assistance. Students are provided with a handout
2033 in English and Spanish with a link to the National Fire Protection Association's website
2034 for home fire safety templates and resources to share with their parents, guardians, or
2035 caretakers.

2036 The school principal can lead a discussion on safety hazards at school and ways to
2037 reduce injuries at school (1.1.4.–5.S, Essential Concepts). Working in pairs, students
2038 match printouts of safety signs with pictures of their respective backgrounds. For
2039 example, a *Don't Walk* signal is glued to a street corner. A railroad crossing sign is
2040 glued to a railroad crossing. Students also match the safety sign with the respective
2041 word meaning. Various sign images can be downloaded. Students learn that the color
2042 red is often used to communicate warning or alert for safety signs. Streetlights and
2043 semaphores are always in the same order for people who are colorblind. They learn that
2044 signs keep drivers, pedestrians, and children in the community safe. A game of safety

2045 sign bingo with signs for each space can be played to reinforce learning. Students
2046 create posters illustrating ways to stay safe on the playground by drawing and coloring
2047 a safe scenario and writing a short paragraph to describe it.

2048 With an estimated 1.7 million children living in homes with a loaded and unlocked
2049 firearm (CDCb 2017), it is important for students to learn how to respond if they see a
2050 weapon. Consider using age-appropriate books and videos to address the dangers of
2051 weapons and the importance of telling a trusted adult if they see or hear about someone
2052 having a weapon (1.1.9.S, Essential Concepts). Through discussion and storytelling,
2053 students learn that some people have jobs that require the use of guns to keep us safe,
2054 including individuals who serve in the military or work as police officers, sheriffs, security
2055 guards, or park rangers. Students will need considerable support to be able to assess
2056 reasons for reporting weapons possessions (1.5.3.S, Decision Making). Students then
2057 learn that some people use guns and knives to intentionally hurt others or sometimes a
2058 gun is found by someone who is not supposed to have the weapon. They learn that a
2059 gun should always be considered to be loaded with bullets so should never be pointed
2060 at another person. The story, *The Box*, is read aloud or individually. It describes three
2061 young friends riding their bikes. In the story, one friend opens his backpack to show the
2062 others he has a gun and bullets. Through group discussion, students respond to
2063 questions about what they would do in this situation. From the story, students learn to:
2064 1) leave the gun alone; 2) leave the area; and 3) tell a trusted adult immediately.
2065 (Search Virginia Board of Education's Elementary School Gun Safety Guidelines and
2066 Curriculum for teaching resources mentioned above.)

2067 From previous school or home instruction, students in first grade are ready to build upon
2068 prior learning. It is important to maintain momentum in teaching children about healthy
2069 relationships, gender, personal safety, and boundaries. The early years of elementary
2070 school lay the foundation for a lifetime of health-enhancing behaviors and self-protective
2071 skills. Encourage students to respect individual differences, including different
2072 backgrounds, cultures, and abilities in order to promote healthy peer relationships.
2073 Unhealthy relationships, physical and sexual abuse, and bullying can have serious

2074 health consequences (physical, mental, and emotional) that can impact students' ability
2075 to learn.

2076 First grade students are aware of the basic concepts of boundaries and consent.
2077 Students have practiced asking for permission before giving classmates hugs or high-
2078 fives, and it is important to encourage this practice throughout their education. To
2079 further demonstrate setting and respecting boundaries, have students actively
2080 participate in asking for consent. Divide students into two groups. Students in one group
2081 will partner with a student from the other group and practice asking for a high-five, a
2082 hug, or a handshake. Remind students that everyone has the right to say “no” and that
2083 the students asking must respect the other students' responses. Provide an example so
2084 students understand what is meant. “If Maria asks Julia for a hug, and Julia says ‘no,
2085 thank you’ – what should Maria do?” Students may offer a response such as “Say ‘ok’,”
2086 or “Ask for a high-five instead.” Some students may not feel comfortable or want to ask
2087 others for a high-five, hug, or handshake. Let students know that they may alternatively
2088 wave, fist bump, or give a thumbs-up if they do not want to initiate physical contact.

2089 This activity can also generate discussion to help students distinguish between
2090 appropriate and inappropriate touching (1.1.7.S, Essential Concepts). It is important for
2091 students to understand that there are appropriate and inappropriate places for touch on
2092 the body (public and private parts). It is also important to explain that appropriate and
2093 inappropriate touching has to do with how someone feels—whether the touch feels
2094 comfortable or uncomfortable. A high-five, handshake, or even hugs can be appropriate
2095 if desired by the student. However, sometimes what is generally considered appropriate
2096 touch might not feel good. First graders can identify if certain types of touch make them
2097 feel uncomfortable or scared, which is an example of inappropriate touch. Inappropriate
2098 touch may also have to do with certain areas on the body that are considered private.
2099 Students should be aware that sometimes trusted adults such as doctors might need to
2100 touch more private areas, but those adults should explain the reason for any kind of
2101 touching and still ask for permission. First grade students should feel empowered to say
2102 “no” or express when they are uncomfortable. Similarly to the previous activity, students

2103 can work in pairs to practice refusal skills (1.1.13.S, Essential Concepts). First graders
2104 can practice a variety of “no” statements, some which may include politely declining a
2105 request and others that may consist of a more clear and firm “no.”

2106 Some students may practice refusal skills and statements in other settings. If a student
2107 does not want to complete an activity, for example, rather than forcing the student to
2108 change their mind, demonstrate empathy and try to understand the reason. Respect the
2109 student’s boundaries and talk with them. Students who feel heard and respected are
2110 more likely to participate and communicate. They also are more likely to see this
2111 teacher as a safe and trusted adult with whom they can share any discomfort or
2112 potentially abusive experiences. Empowering young learners to use their voice and
2113 express their needs in an appropriate way can be effective in promoting respecting
2114 boundaries and resolving conflict (1.1.12.S, Essential Concepts).

2115 When students feel that their personal boundaries and their bodies are respected, they
2116 may also be more likely to use refusal skills or tell a trusted adult if a boundary is
2117 crossed. This includes if a student feels unsafe, is being bullied or abused, or sees
2118 someone else being bullied or otherwise in danger (1.1.6.S, Essential Concepts). Help
2119 students identify safe and trusted adults and practice how to report dangerous
2120 situations, including inappropriate touching (1.4.1.–2.S, Interpersonal Communication).
2121 First graders are reminded that inappropriate touching is considered a dangerous
2122 situation and know that they should get to safety, tell a trusted adult immediately, and
2123 even call 9-1-1 in emergency situations (1.1.9.P, Essential Concepts). Students may
2124 need assistance in identifying and listing trusted adults who they can ask for help if
2125 feeling unsafe or threatened (1.3.1.S, Accessing Valid Information; 1.4.1.–2.P, Personal
2126 Communication). Explain that all adults are not necessarily safe or “trusted” adults, and
2127 help students think critically about how they can determine who is a trusted adult.
2128 Introduce school support staff and invite them into the classroom. Identify school
2129 support staff by name; law enforcement; <bgh>school counselors;<egh> and family
2130 members, guardians, and caretakers as potential safe and trusted adults. Teachers
2131 should also identify themselves as trusted adults. It is important to remember that

2132 children who experience abuse are most often victimized by adults that are known and
2133 trusted (American Psychological Association 2011). Students may feel safe disclosing
2134 abuse if there are other identified trusted adults. If a student discloses abuse or there is
2135 reason to suspect child abuse, teachers must follow mandated reporting laws. After
2136 filing the mandated report, teachers should follow the school and district policies for next
2137 steps. (See the section on mandated reporting in the Introduction chapter for additional
2138 information.) Pay attention to physical signs of abuse as well behavioral indicators that
2139 may also require a report.

2140 Because perpetrators of child sexual abuse often groom their victims prior to the actual
2141 abuse, it is important to help students develop their protective skills, which also include
2142 trusting one's instincts. In the context of child sexual abuse, *grooming* is a process in
2143 which a perpetrator establishes a connection with the child victim, gains their trust, and
2144 escalates from appropriate to inappropriate touching while normalizing the physical
2145 contact. Perpetrators may also shower the child with attention, gifts, and affection;
2146 isolate them from friends and family; and use secrecy, guilt, and/or threats to deter the
2147 child from seeking help (The National Center for Victims of Crime 2012).

2148 Explain to students that sometimes adults may pretend to be safe or friendly, and
2149 students should trust their instinct if something feels wrong. Ask students what "instinct"
2150 means. Explore this further by identifying related concepts and feelings. Students may
2151 be able to identify what happens to their bodies and how they feel when they get scared
2152 or feel uncomfortable. An activity to illustrate this is the "Where I Feel Things in My
2153 Body" coloring exercise. A worksheet with an outline of a body (similar to a gingerbread
2154 person) is given to the student. Ask the students to name different feelings and colors
2155 that go along with each feeling. For example, red is mad, blue is sad, yellow is scared.
2156 Then ask students, "When you are scared, where do you feel this in your body?" "When
2157 you are sad, where do you feel this in your body?" Students can use the color
2158 associated with the feeling to indicate on the body where and what they are feeling.
2159 Once completed, students learn that everyone feels emotions in different places in their
2160 body. Have students work in pairs to practice verbalizing what they are feeling. Students

2161 can use sentence frames such as: “When I am...(sad/scared/confused), I feel it in my
2162 (chest/stomach/head).” They can now better identify what they are feeling and are able
2163 to express this to a trusted adult, if necessary. Explain that the feelings they experience
2164 and what happens when something is scary or uncomfortable is their body’s way of
2165 telling them that something is unsafe (1.1.1.S, Essential Concepts; 1.5.1.S, Decision
2166 Making; 1.7.1.S, Practicing Health-Enhancing Behaviors).

2167 **Partnering with your school:** Invite older students who have learned proper lifting and
2168 carrying techniques to assist first grade students with properly adjusting backpack
2169 straps. Invite students or teachers who are part of the school’s restorative justice
2170 program to speak to the first grade class about conflict resolution techniques. Working
2171 in pairs, students go on a fire safety scavenger hunt at school to locate items such as
2172 fire alarms, fire sprinklers, fire extinguishers, smoke detectors, and emergency exit
2173 signs. <byh>If the school has an automated external defibrillator (AED), show students
2174 where it is located and how it can be retrieved and accessed for a person who is having
2175 sudden cardiac arrest and is not breathing (1.3.1.P. Recognizing individuals who can
2176 assist with health-related issues and potentially life-threatening health conditions).<eyh>

2177 **Partnering with your community:** Take a walk in the neighborhood around the school
2178 and ask students to point out safety signs. Invite guest speakers from community
2179 organizations working to create safe walking or bike riding routes to school to talk about
2180 safety traveling to and from school and around the neighborhood. Guest speakers from
2181 the local fire department, emergency management services, and police officers or
2182 sheriffs provide resources and teach the importance of practicing emergency, fire, and
2183 safety plans at home and at school (1.7.1.–2.S, Practicing Health-Enhancing
2184 Behaviors). Materials are shared with families.

2185 **Partnering with the family:** Families are encouraged to have an emergency
2186 preparedness plan in place and to hang a sign or poster in an accessible location on
2187 when to call 9-1-1. Families that share they have an emergency plan in place are given
2188 a certificate of appreciation.

2189 **Personal and Community Health (P)**

2190 First graders continue to learn new facts about their bodies and what makes them grow
2191 and be healthy. They are forming their personal health habits that will shape their future
2192 health and wellbeing. Students are also developing a deeper understanding of their
2193 greater community and the role of community helpers. Setting a foundation for proper
2194 health practices can lead to a lifetime of positive health outcomes. Teachers and
2195 administrators play an important mentorship role in the promotion of personal,
2196 community, and environmental health.

2197 <byh> Skin cancer is the most common form of cancer in the United States (CDC,
2198 2018).<eyh> California has one of the highest skin cancer rates in the nation. One in
2199 five children in the United States (close to one in four in California) will be diagnosed
2200 with skin cancer as adults (American Cancer Society 2017). Early protection skills are
2201 essential in establishing sun safety behaviors. Students identify the importance of sun
2202 safety (1.1.2.P, Essential Concepts); demonstrate proper ways of protecting oneself
2203 from the sun, and ways to select and apply sunscreen (1.7.3.P, Practicing Health-
2204 Enhancing Behaviors) by exploring sun-safe items. Ideally students learned about sun
2205 safety and created a sun-safety kit in kindergarten (see K.1.2.P). Students first respond
2206 to the questions *What items do we put on that keep us safe from the sun? Who has*
2207 *heard of or has used sun-safe items such as sunscreen, rash guards, sunglasses, sun*
2208 *hats, umbrellas, or lip balm? Why do some people use or not use these items?* Sun-
2209 protective items placed in a beach bag are then shared with students to touch, feel, and
2210 share such as broad-spectrum sun protection factor (SPF) 30 sunscreen, rash guard or
2211 long-sleeved shirt, sunglasses, a wide-brimmed sun hat, a sun umbrella, and SPF lip
2212 balm. Students learn that broad-spectrum sunscreen of SPF 30 or higher should be
2213 applied all over their exposed body areas anytime they are <byh>outside in the sun
2214 including on cloudy days.<eyh>If students have brought their own sunscreen from
2215 home, students may practice putting on the sunscreen and are reminded not to miss
2216 their entire ears and noses. <byh>Approximately one ounce (30 ml) of sunscreen is
2217 recommended to cover the entire body. It should be applied 15 minutes before going

2218 outdoors and reapplied every two hours.<eyh> <bgh>Students learn that different
2219 seasons of the year carry different risks for skin damage and that local weather reports
2220 may include a ultraviolet rays (UV) Index showing the daily level of danger. Especially
2221 during the spring, summer and fall. It is also important to note that exposure to sunshine
2222 is critical for growing children. According to the CDC (Centers for Disease Control and
2223 Prevention) (2018) one-quarter of the US population is low in vitamin D, the “sunshine
2224 vitamin.” Dark-skinned children may face an even higher risk. Obesity, diabetes, and
2225 depression are linked to this deficiency (CDC 2018) making responsible and protective
2226 exposure to sunshine important for growing children.<egh>

2227 Ideally students have access to a mirror to ensure they are properly applying the
2228 sunscreen. This activity is reinforced when students are reminded to apply sunscreen
2229 before recess. Sun-protective items are displayed in the classroom to promote sun
2230 safety during *Don't Fry Day* the Friday before Memorial Day <byh>in May which is
2231 national Skin Cancer Awareness Month or Melanoma Monday (the first Monday in
2232 May)<eyh> campaign. Students are encouraged to have a sun-safety kit of their own
2233 with the same items for school. Teachers are encouraged to check with their school or
2234 district's policy on sun safety in preparing a take-home list of recommended items.
2235 Search the National Council on Skin Cancer Prevention for instructional resources and
2236 materials.

2237 Reading aloud *My Tooth Is About to Fall Out* by Grace Maccarone (1995) or *Loose*
2238 *Tooth* by Lola Schaefer (2005) begins the discussion on dental health and positive
2239 dental health practices (1.1.1.P, Essential Concepts). Students share what it feels like to
2240 lose a tooth when asked if anyone has lost a tooth. Key words are captured on the white
2241 board or giant poster paper cut into the shape of a tooth. Students learn that most
2242 children have 20 baby teeth that are important to keep clean and healthy by brushing
2243 twice a day with a toothpaste <byh>containing fluoride<eyh> and flossing twice a day.
2244 <byh>Children should begin to learn to floss as soon as two of the teeth touch each
2245 other to remove dental plaque and food where a toothbrush can't reach.<eyh> Brushing
2246 and flossing twice a day removes germs that can cause disease and cavities. The

2247 cleaner their baby or “primary” teeth are, the stronger their permanent (“big kid”) teeth
2248 will be when they come in. Students share fun experiences they have had or anticipate
2249 having with the tooth fairy or other culturally appropriate figures such as Ratocinto
2250 Perez, Raton Perez, Perez Mouse, or El Raton de los Dientes in Spanish-speaking
2251 cultures. On individual tooth-shaped papers, students write about their experience with
2252 going to the dentist and how they plan to keep their teeth healthy. The pages are bound
2253 together to make a tooth health book. Students can think of a creative title such as
2254 *Fighting Sugar Bugs* or *My Healthy Teeth*. Students make a dental health plan for
2255 morning and nightly brushing and flossing by taking home a brushing checklist from
2256 Sesame Street Brushy Brush chart, a print out of links to free brushing timer apps, or
2257 other free websites (1.6.1.P, Goal Setting). <bbh>(The writing activity connects to the
2258 California Common Core Standards for English Language Arts/Literacy [CA CCSS for
2259 ELA/Literacy], CA CCSS for ELA/Literacy W.1.2.)<ebh>

2260 In kindergarten, students learned that germs can cause us to become sick. To further
2261 learning in this area, students discuss the importance of preventing the transmission of
2262 germs (1.1.3.P, 1.1.4.P, Essential Concepts) by first reading the book, *Germs! Germs!*
2263 *Germs!* by Bobbie Katz (1996) or *Germ Stories* by Arthur Kornberg (2007). Students
2264 share what they learned from the book. They learn that germs are microscopic,
2265 meaning they cannot be seen with the human eye—without a microscope. They learn
2266 that germs are bacteria and viruses that can make us sick. Students visually see an
2267 example of germs being spread by applying lotion to the hands of three student
2268 volunteers and then placing glitter on the hands of one student. The student who has
2269 the glitter high fives one student volunteer’s hand and shakes the other student
2270 volunteer’s hand. The three volunteers hold up their hands to show their classmates
2271 how the germs represented by glitter are easily spread. The activity is then tried by the
2272 entire class in groups of three. Different colored glitter can be used to further emphasize
2273 how different germs can be spread among groups as students shake or high five
2274 students’ hands in other groups. Teachers should be aware of school and district policy
2275 related to using lotion as well as students with allergies to ingredients in lotions.

2276 Students share some ways germs can be prevented. Students learn it is important to
2277 avoid spreading germs by 1) frequently washing their hands with warm water and soap
2278 for at least 20 seconds or long enough to sing the ABC or Row, Row, Row Your Boat
2279 song; 2) using hand sanitizers when washing their hands is not an option; and 3) not
2280 sharing drinks, food, chewed gum, or lip balm by politely saying, “no thank you” to avoid
2281 the spread of germs. Students role play sneezing and coughing into a tissue or their
2282 upper sleeve—and then washing their hands—to avoid spreading germs such as those
2283 that cause the common cold or viruses. Students explain during the role play that by
2284 doing so they can avoid spreading germs that cause others to become sick. Students
2285 learn if they are sick, it is best to stay at home and rest until healthy again to not infect
2286 others. Referring back to the books above (*Germs! Germs! Germs!* by Bobbie Katz
2287 (1996) or *Germ Stories* by Arthur Kornberg (2007)), students respond to the question,
2288 *Do germs have eyes, noses, or ears?* They learn that germs do not, but they are
2289 powerful and can survive in our bodies and on surfaces like cups, food, toys, desks,
2290 door handles, and cell phones (1.1.3–4.P, Essential Concepts; 1.7.2.P, Practicing
2291 Health-Enhancing Behaviors). Search Germ Lessons and Activities on the Alliance for
2292 Consumer Education’s website for additional germ activities including a germ cutout for
2293 students to decorate and color, germ pledge form, mazes, word games, and other free
2294 resources.

2295 As an extension of the activity above, students compare and contrast communicable
2296 (also known as infectious) and noncommunicable (also known as chronic) diseases
2297 (1.1.6.P, Essential Concepts). By seeing a demonstration of a spray bottle spraying
2298 water into the air, students learn that when someone sneezes or coughs, millions of
2299 germs such as bacteria or viruses are spread everywhere, sometimes leading to
2300 infections in others. Students are asked to provide examples of an infectious disease or
2301 something that one can “catch” from another person. They learn through sharing
2302 responses or teacher-led prompts that the common cold is one example of an infectious
2303 disease; influenza or “the flu” is another one. They learn that for some infectious
2304 diseases such as chickenpox, measles, and pertussis there are vaccines to keep
2305 people from getting the disease. Many of these diseases would make us very sick if we

2306 did not have vaccines. Lyme disease, which is caused by an infected tick bite, is
2307 another example of an infectious disease. Ticks usually bite dogs and deer, but if an
2308 infected tick bites a human, the person may develop Lyme disease. Students learn that
2309 a healthy immune system works to keep us healthy and fight germs. Eating nutritious
2310 food high in vitamins and minerals keeps our immune system strong. A healthy immune
2311 system is physically demonstrated when students form a circle by standing next to each
2312 other, with one student in the center acting as the healthy person. The circle is the
2313 healthy immune system. Two students are asked to volunteer to be germs trying to
2314 invade the circle to get to the healthy person located in the center of the ring. Students
2315 are assigned roles to the healthy immune system. Students are informed that the germs
2316 must not use force or physicality to penetrate the immune system and reach the healthy
2317 person in the center. Students learn the importance of preventing the transmission of
2318 germs and are able to identify ways to prevent the transmission of communicable
2319 diseases. Researching a reliable website with adult supervision, students write one way
2320 they plan to stay healthy from an infectious disease such as daily bathing, washing hair,
2321 wearing clean clothes, brushing/flossing teeth, getting plenty of sleep, and eating a
2322 healthy diet (1.1.3.–4.P, Essential Concepts). <bbh>(This activity supports CA CCSS for
2323 ELA/Literacy W.1.6.)<ebh>

2324 Students further their understanding of the differences between communicable
2325 (infectious) diseases and noncommunicable (chronic) diseases (1.1.6.P, Essential
2326 Concepts) by sharing if they have known or know someone with a chronic disease—a
2327 condition that is not transmitted from one person to another but that someone develops
2328 and has for a long time. The names of the diseases the students identify are record on a
2329 large piece of paper or other means at the front of the classroom. Students learn initial
2330 symptoms associated with each chronic disease. Diseases such as heart disease (an
2331 unhealthy heart), cancer (growth of abnormal cells in one’s body that can damage or
2332 destroy healthy body tissue), asthma (difficult to breathe), allergies (sneezing or watery
2333 eyes from outside allergens or allergies to pets or foods), diabetes (body is not able to
2334 properly use glucose [a form of sugar] and make energy from food you eat), and
2335 epilepsy (a condition where someone has seizures) are shared by either the students or

2336 teacher and recorded on the paper (1.1.5.P, Essential Concepts). It is vital for teachers
2337 to be sensitive to and respectful of any students who may have these conditions.
2338 Students learn that being respectful to those who are experiencing a chronic disease is
2339 important for that person's wellness. First graders learn that if they know of someone
2340 with a chronic disease they can ask if there is anything they can do to help or do
2341 something nice for the person such as coloring a picture or giving the person a card to
2342 be supportive. Doing something nice and caring for others in need show *empathy* for
2343 others.

2344 By role-playing, students demonstrate effective skills when asking for assistance with
2345 health-related problems they may experience such as not feeling well or an emergency
2346 situation such as another student being seriously injured by a car. Students learn to
2347 immediately contact a trusted adult such as their teacher while at school or their parent,
2348 guardian, or caretaker if at home to inform them of the situation (1.1.9.P, Essential
2349 Concepts; 1.4.1–2.P, Interpersonal Communication; 1.7.4.P, Practicing Health-
2350 Enhancing Behaviors). Students learn to telephone their trusted adult and to dial 9-1-1 if
2351 there is not a trusted adult close by to help in an emergency situation. Examples of
2352 when to call 9-1-1 include if they or another person is hurt or in danger or if there is an
2353 earthquake, fire, or accident. Responses to emergency situations such as an
2354 earthquake can be role played, and fire safety can be practiced with stop, drop, and roll
2355 or crawl on your knees to safety. Guest speakers from the fire department or local
2356 emergency management services provide education on emergency protocol. Special
2357 consideration should be made for inclusion of students with disabilities or limited
2358 abilities for all discussions and activities including planning and practicing for evacuation
2359 of wheelchairs or students with other assistive devices. The cover of the book *Fire! Fire!*
2360 by Gail Gibbons (1987) is shared with students who work in groups to complete a KWL
2361 (*What do I know? What do I want to find out? What did I learn?*) chart of what they know
2362 about firefighters or fire. The book is then read aloud. Students learn that firefighters are
2363 community helpers who protect and help them stay safe when fires occur. The teachers
2364 asks guiding questions such as *What is the main topic of the book? How were each of*
2365 *the communities in the book alike and different? Is it easy or difficult to be a firefighter?*

2366 *What other community helpers assist the firefighters?* Additional learning activities can
2367 be found below.

2368 Personal and Community Health Learning Activities

2369 **Essential Concepts:** 1.1.2.P Identify the importance of sun safety.

2370 **Practicing Health-Enhancing Behaviors:** 1.7.3.P Demonstrate proper ways of
2371 protecting oneself from the sun and ways to select and apply sunscreen.

2372 DIY Sunglasses

2373 Students are able to identify the importance of sun safety and demonstrate proper ways
2374 of protecting themselves from the sun by making their own pretend sunglasses. They
2375 trace and cut out sunglass frames on card stock paper and making lenses using colored
2376 tissue paper. Stencils for the sunglasses can be found online. The play sunglasses are
2377 worn for a group picture to celebrate Don't Fry Day. The photo is posted to the school's
2378 website or displayed in the classroom.

2379 **Essential Concepts:** 1.1.2.P Identify the importance of sun safety.

2380 **Practicing Health-Enhancing Behaviors:** 1.7.3.P Demonstrate proper ways of
2381 protecting oneself from the sun and ways to select and apply sunscreen.

2382 Animals Need Protection from the Sun, Too!

2383 Students are able to identify the importance of sun safety and demonstrate proper ways
2384 of protecting themselves from the sun. Integrating science <bbh>**CA NGSS 1-LS1-**
2385 **1**<ebh> with health, students learn through books or videos that some animals have
2386 natural protection from the sun in the form of fur, feathers, wool, and shells. They draw
2387 a picture of an animal and write a sentence about how the animal is protected. Students
2388 also learn that, like humans who have to use sunscreen and clothing to protect them
2389 from the sun, some animals have behaviors that make them sun safe like koalas who

2390 are nocturnal or elephants who place dirt on their backs. This activity can be
2391 downloaded from the National Council on Skin Cancer Prevention website.

2392 **Essential Concepts:** 1.1.2.P Identify the importance of sun safety.

2393 **Practicing Health-Enhancing Behaviors:** 1.7.3.P Demonstrate proper ways of
2394 protecting oneself from the sun and ways to select and apply sunscreen.

2395 George the Sun Safe Superstar!

2396 Students download or are provided their own free copy of the book, *George the Sun*
2397 *Safe Superstar!* by Kathryn Clifford (2012) to read and take home. Students identify the
2398 importance of sun safety by writing a book report. Search the Karen Clifford Skin
2399 Cancer Charity (skcin) website for the free booklet. <bbh>(This activity connects to CA
2400 CCSS for ELA/Literacy W.1.1.)<ebh>

2401

2402 **Essential Concepts:** 1.1.2.P Identify the importance of sun safety.

2403 Tree Planting

2404 Students identify the importance of sun safety by writing a letter or email to a local
2405 agency that promotes planting trees to donate a tree to provide additional shade areas
2406 on the playground. In the letter, students explain that trees provide shade, which is
2407 important for sun protection. Students can help care for the tree and learn the benefits
2408 of trees (they provide more oxygen, shade).

2409 **Accessing Valid Information:** 1.3.1.P Discuss the importance of preventing the
2410 transmission of germs.

2411 Dental Health

2412 Students identify individuals in the community who promote health through
2413 presentations by guest speakers such as a dental hygienist or a pediatric or general
2414 dentist. The dental health professional can provide students with essential skills and
2415 knowledge on dental hygiene practices. Students receive dental health kits and
2416 demonstrate proper tooth brushing and flossing techniques with the dentist or hygienist.

2417 **Essential Concepts:** 1.1.7.P Discuss how individual behavior affects the environment
2418 and community.

2419 **Essential Concepts:** 1.1.8.P Identify materials that can be reduced, reused, or
2420 recycled.

2421 **EP&C V:** Decisions affecting resources and natural systems are based on a wide range
2422 of considerations and decision-making processes.

2423 Earth Day: Reduce, Reuse, Recycle

2424 Students discuss how individual behavior affects the environment and community and
2425 identify materials that can be reduced, reused, or recycled by brainstorming ways to

2426 reduce waste. One example may be to reduce plastic bottle consumption by drinking
2427 from a reusable BPA-free water bottle while at school. Students write one strategy they
2428 will commit to. Students discover the concept of “reuse” by participating in a used books
2429 or toys drive or by creating art from recycled materials for local charities. Placing
2430 different recycle bins labeled paper, plastic, and aluminum in the classroom or by using
2431 a relay-race-style activity in which they sort recyclable items offers students an
2432 opportunity to practice recycling. <bg>The fourth “R” of “Rot” can be considered for
2433 inclusion if the student’s school is a composting campus.<eg>

2434 **Partnering with your school:** Educate peers, other teachers, members of parent
2435 groups, administrators, and students’ families to protect against skin damage from the
2436 sun (1.8.1.P, Health Promotion) by inviting a dermatologist or representative from a
2437 cancer prevention organization to give an after-school presentation on ways to protect
2438 one’s skin.

2439 **Partnering with your community:** Invite a firefighter, emergency services dispatcher,
2440 paramedic, emergency room nurse or doctor, police officer, or sheriff to talk to the class
2441 about their job. Take a field trip to the local fire station to see the equipment and where
2442 these helpers live while on duty (1.3.1.P, Accessing Valid Information).

2443 **Partnering with the family:** Encourage students to talk with their parents, guardians,
2444 and caretakers about having an emergency plan at home, as well as smoke alarms,
2445 carbon monoxide detectors, and fire extinguishers (1.7.4.P, Practicing Health-
2446 Enhancing Behaviors).

2447 **Grade Two**

2448 Second grade is an important year for most children as they establish personal wellness
2449 practices, health behaviors, and life skills such as study habits. At this grade level,
2450 students are typically now more adjusted to the rigorous learning environment
2451 established in first grade. Most students are becoming more competent in reading,
2452 writing, and mathematics. Students are often introduced to group projects and
2453 presentations in second grade. Technology generally plays a more important role in the
2454 classroom as students use it for reading, writing, and researching content (Ackerman
2455 2017, Morotz 2015, Wood 2007).

2456 Second graders typically enjoy conversing and spending time with friends and seek
2457 their approval. They may use language to express their feelings; like to tell jokes; find
2458 pleasure in writing stories, letters, and e-mail; and express themselves fluently and in
2459 elaborate detail (Morotz 2015). Second grade students continue to learn about the
2460 importance of nutrition and physical activity; the benefits and importance of mental,
2461 emotional, and social health; and strategies for positive health practices related to
2462 alcohol, tobacco, and other drugs (ATOD).

2463 Three of the six content areas are covered in the second grade health education
2464 standards: Nutrition and Physical Activity; Alcohol, Tobacco, and Other Drugs; and
2465 Mental, Emotional, and Social Health. All eight overarching standards are addressed in
2466 second grade when instruction includes all three content areas. When appropriate for
2467 students' needs and interests, teachers are encouraged to incorporate content areas for
2468 which there are no standards in grade two.

2469 **Nutrition and Physical Activity (N)**

2470 Through programs, policies, and learning opportunities, schools play a key role in
2471 establishing positive environments that promote and support healthy practices and
2472 behaviors such as regular physical activity and good nutrition (CDC Healthy Schools
2473 2017). For second graders, proper nutrition and information on how to make healthy

2474 food choices is important for their growth, development, and overall health. To support
2475 their growing body, children’s diets should include fruits and vegetables, whole grains,
2476 lean protein, and low-fat calcium-rich foods each day. High-sugar and high-fat food and
2477 beverages should be “sometimes” foods (USDA 2017).

2478 Building on their foundational knowledge from kindergarten, second grade students
2479 continue to focus on the recommended food groups and portion sizes (2.1.1–2.N,
2480 Essential Concepts). With teacher assistance, students search the United States
2481 Department of Agriculture (USDA) and other reliable, medically accurate resources for
2482 food groups and recommended portion sizes. Students further their learning
2483 competencies by listing and describing the benefits of healthy food and beverages
2484 (2.1.3.–4.N, Essential Concepts). Using a decision-making process, the students create
2485 and follow a plan for healthy eating, snacking, and beverage selection (2.5.1-2, Decision
2486 Making; 2.7.2.–3.N, Practicing Health-Enhancing Behaviors).

2487 Through engaging activities such as “Rethink your drink!” students learn to make better
2488 food and beverage choices. Students compare and contrast healthy and less-healthy
2489 beverage choices and learn the sugar content of various beverages as they glue
2490 pictures of popular beverages to poster board. Working in small groups, students
2491 research online the number of teaspoons of sugar each beverage has. Students then
2492 measure the amount of sugar by placing the appropriate number of sugar packets or
2493 cubes to represent teaspoons into a plastic bag for each beverage and tape the bag
2494 under each beverage container. The beverage containers or images can be displayed
2495 from those with the least sugar content to the highest. Students are surprised to learn
2496 and to compare and contrast the sugar content of each product; they learn that
2497 beverages such as water, milk or <byh>whole fruit and vegetable smoothies mixed with
2498 water<eyh> <bgh>(keeping in mind that it is always best to eat whole fruit and
2499 vegetables in their natural form)<egh> contain no added sugar and are healthy choices.
2500 Through guided discussion, students learn that there are many commercials, media
2501 messages, and online images promoting soda, sweetened beverages such as sports
2502 drinks, high-sugar juice drinks and juices <bgh>that are not 100% juice.<egh> Students

2503 select healthy beverage options and learn that just because they are featured in
2504 advertisements does not mean these products are good for them. Students learn that
2505 water, milk, chocolate milk, <byh>plant-based alternative beverages,<eyh> low-sodium
2506 soups, <byh>whole fruit and vegetable smoothies mixed with water<eyh>
2507 <bgh>(keeping in mind whole fruit in its natural form is always the best option), and
2508 unsweetened or diluted 100% juices<egh> are the healthiest beverage choices because
2509 they keep them hydrated (which is essential for their brain and body systems to grow
2510 and function) and because they have no or small amounts of sugar and calories. The
2511 current recommended guidelines for water consumption are shared with students who
2512 then describe at least two benefits of drinking water consistent with current research
2513 guidelines. <byh>Students have the option to prepare and enjoy a healthy beverage
2514 together, such as a smoothie made with fresh fruits<eyh> <bgh>(keeping in mind whole
2515 fruit in its natural form is always the best option), unsweetened or diluted 100%
2516 juices,<egh> <byh>and unsweetened yogurt. Consult the school's policy on preparing
2517 and serving food in the classroom and food allergies<eyh> (2.1.5.N, Essential
2518 Concepts; 2.2.1.N, Analyzing Influences; 2.5.2.N, Decision Making; 2.7.3.N, Practicing
2519 Health-Enhancing Behaviors). In the classroom example below, students produce a
2520 calendar to remind themselves of their nutrition goals and to promote healthy eating at
2521 home. Remember that some students may experience physical and economic lack of
2522 access to safe and nutritious foods.

2523 Classroom Example: Healthy Food Calendars

2524 **Purpose of the Lesson:** Students learn about nutrition and how to choose healthy
2525 snack foods by creating a twelve month calendar of healthy nutrition tips. Students talk
2526 with their family, parents, guardians, or caretakers about the importance of healthy
2527 eating.

2528 **Standards:**

- 2529 • 2.6.1.N: Set a short-term goal to choose healthy foods for snacks and meals (Goal
2530 Setting).

- 2531 • 2.8.1.N Practice making healthy eating choices with friends and family (Health
2532 Promotion).

2533 **Supplies:**

2534 Construction paper

2535 Glue and scissors

2536 Stapler and staples to assemble calendars

2537 Printer to print photos or online pictures of healthy foods, beverages, fruits, and
2538 vegetables

2539 The students in Ms. B's class are learning more about nutrition and physical activity.
2540 Students identify their favorite healthy snack foods by creating healthy snack twelve-
2541 month calendars to display healthy food, snack, and beverage options. They glue
2542 healthy snack and beverage photos of their favorite items on each page of their
2543 calendar month. Students write a healthy eating, beverage, or snack tip for each month
2544 as a goal they plan to implement. Students are encouraged to post their calendars in
2545 their kitchens at home and to practice making healthy eating choices when possible with
2546 friends, family, guardians, and caretakers.

2547 A fun and engaging activity for students to learn about the food groups, the
2548 recommended number of food-group servings, and the benefits of eating a healthy
2549 breakfast is to ask students in pairs or in small groups to write and perform a song or
2550 skit on a chosen nutrition topic to share with the class (2.1.1.–3.N, Essential Concepts;;
2551 2.7.1.N, Practicing Health-Enhancing Behaviors).

2552 Students use a decision-making process to select healthy foods (2.5.1.N, Decision
2553 Making), compare and contrast healthy and less healthy food choices for a variety of
2554 settings (2.5.2.N, Decision Making), and practice making healthy eating choices with
2555 friends and family (2.8.1.N, Health Promotion) using printed menus available online
2556 from their favorite restaurants. With the assistance of the teacher, students identify and

2557 circle the healthy options on the menus that they have selected. In small groups,
2558 students role play being at a restaurant and ordering their identified healthy items or
2559 asking their parents, guardians, or caretakers to order the healthy food item for them.
2560 Students take their menus home to reference the next time they are at their favorite
2561 restaurants. <byh>Students may also read “Don’t Yuck My Yum” by Amy Pleimling
2562 (2014) to learn the importance of being polite when trying new foods. They discuss
2563 ways to politely express when they do not like a new food, such as by saying, *This isn’t*
2564 *my favorite, or I think my taste buds need more time to get used to this one.*” A Healthy
2565 Food Passport activity can be created where students record their new taste
2566 adventures. Finally, they practice trying new healthy foods together. They participate in
2567 comparative tastings with fresh fruits and vegetables, or other healthy foods. When they
2568 try something new, they rate it on a scale of *Tried It; Liked It; Loved it!* and use
2569 adjectives to describe the smell, flavor, and textures of each new food. For each new
2570 fresh fruit or vegetable or other healthy food they try, they add a sticker or stamp to their
2571 Healthy Food Passport with the goal of tasting as many new, healthy foods as possible
2572 over time. Consult the school’s policy on preparing and serving food in the classroom
2573 and possible food allergies.<eyh>

2574 Students learn that half their plate should be filled with mostly vegetables and some
2575 fruit. They begin to consider how to add for vegetables and fruit to their diet by
2576 answering discussion prompts such as: *What is your favorite vegetable and fruit? How*
2577 *do you feel about trying new fruits and vegetables? What could make eating vegetables*
2578 *easier?*

2579 The students discuss the following tips with each other in small groups and then in a
2580 larger group with the teacher:

- 2581 • Choose fresh, frozen, or dried fruits and vegetables. (*Which do you prefer?*)
- 2582 • Eat red, orange, and dark green vegetables, such as carrots, sweet potatoes,
2583 spinach and broccoli, as main and side dishes. (*What are some examples of dishes*
2584 *you like that include these foods?*)

- 2585 • Eat fruit as snacks, in salads, or for dessert. (*Why is fruit a good dessert choice?*)
- 2586 • Keep raw, cut-up vegetables handy for quick snacks. (*List some veggies you could*
- 2587 *use for this.*)
- 2588 • Choose whole or cut-up fruits more often than fruit juice. (*Why is this a good idea?*)
- 2589 • Check juice labels to ensure that they are 100% juice.
- 2590 • <byh>Have a fruit or vegetable at every meal. (*List some veggies you would chose.*)
- 2591 • Choose new fruits and vegetables to try when you're at the market.
- 2592 • Try growing a fruit or vegetable at home. (*What are some you would like to try?*)
- 2593 • Ask your parent/guardian/caretaker to keep chopped vegetables in the fridge for
- 2594 easy snacking. (*List some veggies you would chose.*)<eyh>

2595 In small groups, using a timer and large paper, students participate in two-minute

2596 rounds during which they list as many vegetables, fruits, and healthy snacks they can

2597 think of; each round is characterized by a specific color. Any duplicates are crossed out.

2598 The group identifying the most items wins. If the school policy allows, the students then

2599 enjoy consuming a healthy snack together (2.1.1-2.N, Essential Concepts; 2.1.7.N,

2600 2.7.4.N, Practicing Health-Enhancing Behaviors). Teachers need to be aware of food to

2601 avoid if students have known allergies or other health or cultural concerns about eating.

2602 These activities are adapted from ChooseMyPlate. Search *Crazy Colors* and *One of*

2603 *These Foods Doesn't Belong* at ChooseMyPlate for activity worksheets on protein,

2604 calcium-rich foods, and serving-size recommendation.

2605 Students make a collective picture collage of healthy and nutritious breakfast items to

2606 display in the classroom. The school cafeteria manager can provide a presentation on

2607 the nutritional value of cafeteria breakfast items served to students and the importance

2608 of breakfast for academic performance, including increased concentration and

2609 alertness, and better performance in physical activity (2.1.3.N, Essential Concepts;

2610 2.7.1.N; Practicing Health-Enhancing Behaviors).

2611 More learning activities can be found in the California Department of Education's

2612 Healthy Eating and Nutrition Education website. The *Nutrition Education Resource*

2613 *Guide for California Public Schools, Kindergarten Through Grade Twelve* (CDE 2016)
2614 serves as a resource to plan, implement, and evaluate instructional strategies for a
2615 comprehensive nutritional education program and is available on the website.

2616 Along with proper nutrition, physical activity is essential to good health and wellbeing
2617 and plays a key role in the prevention of disease and illness such as heart disease and
2618 certain cancers in adulthood (CDC 2016b). Second graders continue to enjoy physical
2619 activity opportunities and practices that were established in earlier grades. Providing
2620 physical activity opportunities for students can support a lifetime of healthy habits and
2621 lower a child's risk for becoming obese and developing obesity-related diseases in
2622 adulthood (Office of the Surgeon General 2016). Regular physical activity builds
2623 strength, coordination, self-sufficiency, and confidence; enhances overall health; and
2624 can improve academic performance and sleep. Physical activity also decreases
2625 excessive time spent on technology (e.g., mobile phone, computer, tablet, television)
2626 (American Academy of Pediatrics 2017).

2627 The Physical Activity Guidelines for Americans (Office of Disease Prevention and
2628 Health Promotion <bgh>2018<egh>) state that children and adolescents (ages 6–17)
2629 should engage in 60 minutes (one hour) or more of physical activity a day. For more
2630 information and resources, search the President's Council on Fitness, Sports, &
2631 Nutrition with the U.S. Department of Health and Human Services; CDC Youth Physical
2632 Activity Guidelines; American College of Sports Medicine; or Physical Activity
2633 Guidelines for Americans with the Office of Disease Prevention and Health Promotion.
2634 In second grade, some students may be involved in organized sports or activities such
2635 as dance or martial arts. These are excellent activities, however, they should not be
2636 solely relied on as adequate physical activity. Specific sports and activities do not
2637 provide the necessary variety of movement required to promote physical development,
2638 and often do not provide as many minutes as perceived. However, some second-grade
2639 students may not be as active as others. Physical, social, economic, or mental barriers
2640 may hinder their engagement in activity. Some students may lack a safe environment
2641 for physical activity or prefer more sedentary activities such as entertainment media

2642 (video games, using the computer, or watching television). Students need teacher
2643 support to discover enjoyable physical activity options and analyze why physical activity
2644 is essential for a lifetime of good health practices. Teachers include students with
2645 special needs in the discussion by ensuring activities such as wheelchair basketball,
2646 swimming, or seated volleyball are mentioned as physical activities.

2647 Students identify and explore opportunities outside of school for regular participation in
2648 physical activity by researching ideas online (with the assistance of an adult when
2649 needed) and reviewing materials such as catalogs published by the local parks and
2650 recreation agency. In addition, no-cost ideas are explored such as walking to school
2651 instead of driving or taking the bus; nature walks; bike riding; walking their own pets or
2652 the pet of someone they know; dancing with friends; energetic playtime and indoor
2653 games; helping with chores around the house; swimming at a community, friend's or
2654 relative's pool; or going to the park to run and play. Students are encouraged to invite
2655 their parents, guardians, or caretakers to join them in the activities (2.1.8.N, Essential
2656 Concepts). Students create one physical activity goal they plan to implement and rate
2657 their success on a scale of one through five (five being the highest rating) at the end of
2658 the month. They then choose another goal to accomplish once their first goal is
2659 reached. Students track their progress toward their goal using a journal. A creative way
2660 to display students' progress toward meeting their goals is to collectively display the
2661 number of hours of physical activity in the form of a popular character progressing along
2662 a track or by showing a bicycle rider cycling down a road. A class goal may be 60
2663 minutes per day multiplied by the number of selected days multiplied by the number of
2664 students. Students can challenge other second grade classes in a friendly competition.
2665 Students with physical or visual disabilities are included by creating partner events
2666 during competitions. An award and certificates are given to recognize everyone's
2667 accomplishment (2.5.3.N, Decision Making; 2.6.2.N, Goal Setting). Further teaching
2668 strategies and learning activities for physical activity can be found in the *Physical*
2669 *Education Framework for California Public Schools: Kindergarten Through Grade*
2670 *Twelve* on the CDE Physical Education Curriculum Framework web page.

2671 **Partnering with your school:** Host a screening for parents, guardians, and caretakers
2672 of the free movie, *The Weight of the Nation for Kids: Confronting America's Obesity*
2673 *Epidemic*, or a similar movie, followed by a Question and Answer (Q&A) session and
2674 discussion with vetted guest speakers, the school nurse, <byh>school counselor,<eyh>
2675 <bgh>school psychologist,<egh> or other school health personnel (2.1.4.N, 2.1.7.N,
2676 2.1.9.N, Essential Concepts; 2.2.1.N, Analyzing Influences; 2.3.1.N, Accessing Valid
2677 Information). Consider starting a community garden or gardening area at your school to
2678 promote healthy, nutritious, and organic food options (2.1.4.N, 2.1.7.N, Essential
2679 Concepts).

2680 **Partnering with your community:** Students write a letter to their favorite restaurant
2681 headquarters encouraging them to offer healthier menu options <byh>or to the
2682 restaurant manager requesting a food item served that could be modified to become
2683 healthier<eyh> (2.5.2.N, Decision Making). Students take a field trip to a local working
2684 farm, organic market, <bgh>farmers<egh> market, <byh>organic or vegetarian
2685 restaurant.<eyh> Ask students to share information about an upcoming physical activity
2686 or nutrition event in their local community. Post nutrition and physical activity events and
2687 information on the classroom “community board” and add any events that students
2688 discover. Examples include notices about a family fun walk/run, an organized family
2689 bike ride, or cooking classes; fitness tips; and healthy recipes. Encourage students to
2690 enjoy the activities with family members, guardians, caretakers, and friends (2.1.8.N,
2691 Essential Concepts; 2.7.5.N, Practicing Health-Enhancing Behaviors).

2692 **Partnering with the family:** Good health begins with the entire family. Ask family
2693 members, guardians, and caretakers to share their favorite healthy recipes, including
2694 recipes reflective of their cultural or family traditions, for a class-created cookbook
2695 displaying all the shared recipes. Students decorate and title the cookbook. Each family
2696 receives a copy of the healthy class cookbook (2.8.1-2.N, Health Promotion).

2697 **Alcohol, Tobacco, and Other Drugs (A)**

2698 Second graders have the cognitive ability to distinguish between helpful and harmful
2699 substances (including alcohol, tobacco, and other drugs) (2.1.1.A, Essential Concepts)
2700 and to identify refusal skills when confronted or pressured to use alcohol, tobacco, or
2701 other drugs (2.1.7.A, Essential Concepts). Establishing safe and healthy behaviors for
2702 the use of medicine and household products as well as in response to ATOD use is
2703 important for a lifetime of healthy practices and accident prevention.

2704 After exploring various reasons for using medicines such as curing, halting, treating, or
2705 preventing illnesses, students are able to distinguish between helpful medicines and
2706 harmful substances (2.1.1.A, Essential Concepts). Students identify that a drug is a
2707 chemical that changes how the body and brain work (2.1.3.A, Essential Concepts) by
2708 labeling an anatomy diagram that shows the ingestion pathways of the substance
2709 (esophagus, stomach, and liver). Various scenarios can be explored with students role-
2710 playing or practicing saying “No,” walking away from the situation, changing the subject,
2711 and then notifying a parent, guardian, caregiver, or trusted adult (2.1.7.A, Essential
2712 Concepts; 2.4.1.–2.A, Interpersonal Communication). Non-verbal communication skills
2713 can be introduced and also practiced at this age.

2714 Some scenarios may be:

- 2715
- 2716 • You are at a friend’s house playing when your friend shows you an opened bottle
2717 of wine. Your friend drinks the wine, and then asks if you want some. What do
2718 you do?
 - 2719 • You are at school, and your friend’s older sister is smoking with her friends in the
2720 bathroom. They offer you and your friend <byh>an electronic smoking device to
2721 try.<eyh> What do you do?
 - 2722 • You learn that your older brother is taking strange white pills from a prescription
2723 bottle with your mom’s name on it. When he takes the pills he acts tired and silly.
2724 He tells you not to tell your parents, guardians, or caretakers that he is taking the
pills. What do you do?

- 2725 • Your best friend brings gummy bears in her backpack that she said her cousin
2726 gave her. She informs you that the gummy bears are “edibles” and have
2727 marijuana, or pot, in them. She asks you if you want to try one. What do you do?
- 2728 • You and your best friend share everything. He asks if you would like to try his
2729 medicine. What do you do?

2730 The scenarios can be facilitated by a school or public health nurse or onsite health
2731 services provider that the students know and trust. The school nurse or principal visits
2732 the class to talk about the rules for taking medicine at school. Students are encouraged
2733 to talk with their parents, guardians, or caretakers about the rules for taking medicine at
2734 home (2.1.5.A, Essential Concepts). Students are reminded that they should only take
2735 medication administered by a parent, guardian, caretaker, healthcare professional, or
2736 trusted adult (2.1.6.A, Essential Concepts). Empty, cleaned prescription bottles or
2737 photos of prescription bottles are used as examples. The purpose of childproof safety
2738 lids is explained to reinforce that students should not take medicines on their own.

2739 Students learn that some household products (e.g., bleach, paint, laundry detergent;
2740 most cleaning products, insecticides such as “bug spray”) and personal products that
2741 they commonly use (e.g., shampoo or sunscreen) are harmful when ingested or inhaled
2742 (2.1.2.A, Essential Concepts). Some products may also have ingredients that harm the
2743 environment. Students use technology to search online for pictures of household
2744 products and other potentially harmful substances. The pictures are placed on one of
2745 two posters labeled *safe* and *unsafe*; a photo is taken of the posters and then shared
2746 with parents, guardians, and caretakers. Students then make small red cautionary signs
2747 or stickers and ask their parents, guardians, or caretakers to place on the harmful
2748 products at home. The local poison control center may provide warning stickers in
2749 English and other languages. Teachers can contact the American Association of Poison
2750 Control Centers to locate a center near the school or obtain resources for instruction.

2751 **Partnering with your school:** Students create an informative health education poster
2752 or mural to be displayed on campus to identify refusal skills when confronted or
2753 pressured to use ATOD (use a clear “no” statement, walk or run away, change the

2754 subject) (2.1.7.A, Essential Concepts). Students in upper grades visit the class and
2755 provide an approved presentation avoiding ATOD use.

2756 **Partnering with your community:** Guest speakers from the local Poison Control
2757 Center may provide presentations to children on the dangers of ingesting or inhaling
2758 household products. Speakers from anti-tobacco use organizations in the community
2759 can talk to students about the health consequences of smoking and secondhand smoke
2760 (2.1.2.A, Essential Concepts; 2.1.4.A, Interpersonal Communication).

2761 **Partnering with the family:** Local governmental agencies or community organizations
2762 create brochures on the ATOD and safe use of medicine, often in a number of
2763 languages, that can be shared with family members, guardians, and caretakers
2764 (Standard 1: Essential Concepts). With the assistance of the school nurse, teachers can
2765 obtain copies to send home with the students.

2766 **Mental, Emotional, and Social Health (M)**

2767 Second graders are developing a greater sense of the world around them. They are
2768 more competent at identifying their feelings and what causes them, but still find it
2769 challenging to communicate what they are feeling (Macmillan n.d.). According to the five
2770 competencies of the Collaborative for Academic, Social, and Emotional Learning
2771 (CASEL) (2017), as students continue with their early elementary learning, their *self-*
2772 *awareness* is still limited. For example, students may understand they are mad or sad
2773 but may not understand the more complex emotions they are experiencing such as
2774 embarrassment or disappointment. As they interact more with friends and peers,
2775 second graders begin to develop *social awareness* and an introductory understanding
2776 of social and cultural norms and cues. Second grade is an opportune time for students
2777 to learn introductory goal-setting skills and how to <bgh>**self-regulate**<egh> their
2778 emotions under the competency of *self-management*. As second graders develop their
2779 *relationship skills*, they are learning the art of communication and the importance of
2780 relationships such as making and keeping friends. As second grade students begin to
2781 make more of their own decisions independent of their parents, guardians, or

2782 caretakers, particularly in school and during their interactions with peers, *responsible*
2783 *decision-making* (a skill that is not inherent) is introduced as the foundation of healthy
2784 behaviors and wellness practices that will be particularly useful in later grades.

2785 Building on mental, emotional, and social health content ideally learned in kindergarten
2786 such as identifying and expressing emotions and showing cooperation and respect,
2787 students continue to apply standards-based competencies to build positive mental
2788 health practices. Students are also more aware of how to identify and manage emotions
2789 than in earlier grades. They learn that mental and emotional health is one component of
2790 overall health by referencing the wellness wheel (image below). Wellness wheels are
2791 printed for students to reference or can be used in activities to identify various
2792 components of wellness (2.1.1.–2.M. Essential Concepts; 2.2.1.M, Analyzing
2793 Influences). Students identify a variety of emotions by referencing emotions charts for
2794 children that display happy, sad, worried, and other facial expressions. Teachers
2795 provide periodic or daily check-ins during which students identify their emotions using
2796 the charts provided and write in their journals or logs about how they are feeling and
2797 why. New emotions can be introduced by sharing a short vignette of a second grader
2798 experiencing an emotion or reading a book that highlights a specific emotion such as
2799 stress (2.1.1.M, Essential Concepts).

2800 Wellness Wheel



2801

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

2802 Source: Substance Abuse and Mental Health Services Administration (SAMHSA) 2016

2803 In science, students learn that Earth events, for example, earthquakes or volcanoes can
2804 occur quickly or slowly (California Next General Science Standards <bbh>**[CA NGSS]**
2805 **CA NGSS 2-ESS1-1**<ebh> and that some changes caused by heating or cooling can
2806 be reversed (melting butter or freezing water) while some cannot (boiling an egg). In
2807 health education, students identify positive and negative ways of dealing with stress
2808 (2.1.9.M, Essential Concepts) and how to manage emotions appropriately in a variety of
2809 situations (2.7.1.M, Practicing Health-Enhancing Behaviors). This connection to science
2810 serves as a learning opportunity for students to compare when they have emotions of
2811 anger, frustration, or stress to an exploding volcano or earthquake. Students learn that
2812 unlike a boiled egg, they can cool down just as hot water can. They learn to cool down
2813 by: 1) removing themselves from the situation; 2) taking many deep breaths with belly
2814 breathing; 3) talking about their stress with a peer, parent, guardian, family member,
2815 caretaker, or trusted adult; or 4) taking a walk or listening to music to relax. They learn

2816 they should not hurt others, hurt themselves, hit or break things, or destroy property.
2817 Each student demonstrates an appropriate response in a role-play activity on what they
2818 will do the next time they are stressed or mad. Then, each student creates a page in an
2819 electronic-text format or by drawing and coloring a page for a collective book on ways to
2820 manage stress and anger (2.7.1.M, Practicing Health-Enhancing Behaviors).

2821 Students create a collective book with individual page inserts of drawings and words
2822 that depict healthy ways to express affection, love, friendship, and concern (2.1.8.M,
2823 Essential Concepts) and the positive ways that peers and family members show
2824 support, care, and appreciation for one another (2.1.11.M, Essential Concepts). The
2825 pages are bound and shared on family-teacher night and with other classes.

2826 Students problem-solve solutions to different scenarios to demonstrate ways to express
2827 needs and wants appropriately and how to ask for help from a trusted adult or from
2828 friends (2.4.1.–2.M, Interpersonal Communication) in order to have those needs and
2829 wants met. Such scenarios require students to use a decision-making process to
2830 problem-solve in situations where they feel threatened; they feel sad, depressed, or
2831 worried; someone is pressuring them to do something they do not want to do; or they
2832 are scared or worried about something or someone (2.5.1.M; Standard 5: Decision
2833 Making). Students can learn and practice this simple technique to ask adults for help
2834 (2.4.2.M, Interpersonal Communication) (Adapted from Coffee in Telljohann 2015):

- 2835
- Say, “I need your help.”
 - 2836 • In one sentence, tell what the person did or how they made you feel.
 - 2837 • In one sentence, explain what you have done to solve the problem yourself.
 - 2838 • Repeat, “I need your help.”

2839 **Four-Step Decision Making Process for Pre-Kindergarten through Grade 2**



2840

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>.

2841 Source: The Colorado Education Initiative (2015)

2842 Students in higher grades may serve models of responsible behavior by sharing when
2843 they had to overcome a challenging situation. If your school uses a restorative justice
2844 approach to handle conflicts, remind students about its principles and processes. It is
2845 important for students to practice conflict-resolution approaches before they are
2846 confronted by a situation involving fear, stress, anger, loss, or grief. Examples may be
2847 when a friend is doing something dangerous like playing with matches and fire or your
2848 parents, guardians, or caretakers are fighting and you are worried they will separate or
2849 divorce. Students learn to:

- 2850
- define the problem.
- 2851
- negotiate with the other person or talk to someone else regarding the situation.
- 2852
- find a win-win solution.

2853 Students identify feelings and emotions associated with loss and grief by first sharing if
2854 they have lost a family member, friend, pet, or object. The teacher reads aloud the
2855 book, *Yellow Balloon* (2014) by Tiffany Papageorge. The book tells a story about a
2856 young boy who loses his best friend, a yellow balloon, when it unexpectedly flies away.

2857 Students then draw and color their lost loved one or friend holding a yellow balloon.
2858 Students write a paragraph on how they identify with the book's character or how they
2859 felt in losing the person or pet and how they will remember them. Other topics can be
2860 introduced in the same format such as a loved one receiving cancer treatment with *You*
2861 *Are The Best Medicine* by Julie Aigner Clark (2010) or *Tear Soup: A Recipe For Healing*
2862 *After Loss* by Pat Schwiebert and Chuck DeKlyen (2005) about a family's loss and the
2863 importance of memories as ingredients for healing. Other activities such as planting a
2864 memorial garden or tree; creating a memorial scrapbook or ornament; or a tissue box
2865 activity in which students make and decorate a tissue box to insert notes in
2866 remembrance of those they have lost can be incorporated (2.1.6.M, Essential
2867 Concepts). Teachers should be prepared to connect students to supportive resources
2868 as this may be a triggering activity for some. Students are encouraged to discuss the
2869 activity at home with their parent, guardian, or caretaker to further process the
2870 experience.

2871 Students learn that friends are not just people at school. Friends may be from the
2872 neighborhood, at places within the community, siblings, children of your caregiver, a
2873 "Big Brother" or "Big Sister" (of Big Brothers Big Sisters of America), family members
2874 such as cousins, or even pets. Students describe how to make a commitment to be a
2875 good friend (2.1.12.M, Essential Concepts; 2.6.1.M, Goal Setting) by writing a caption
2876 for an electronic photograph or drawing of themselves with a friend. They glue the
2877 picture on a paper large enough to write on and decorate. They list three or more ways
2878 they will be a good friend before decorating the paper. Students can also use
2879 technology to find, download, and print images of friends to create a collage on which
2880 they list ways to be a good friend.

2881 It is important for students to learn the concept of setting personal boundaries at a
2882 young age. Students who learn about personal boundaries are better equipped to self-
2883 protect through the use of personal power, refusal skills, and being able to tell a trusted
2884 adult about harmful or emergency situations such as abuse and inappropriate touching.
2885 Teachers guide students in identifying trusted adults, as not all adults are safe or

2886 “trusted.” Have students explain why it is important to talk about feelings with parents,
2887 guardians, caretakers or trusted adults (2.1.1.M, 2.1.3.M, Essential Concepts; 2.7.1.M,
2888 Practicing Health-Enhancing Behaviors). Students may feel safe disclosing abuse if
2889 they have identified a number of trusted adults. Students often identify their teachers
2890 and other school staff as trusted adults. If a student discloses abuse or there is reason
2891 to suspect child neglect or abuse, teachers must follow mandated reporting laws. After
2892 filing the mandated report, teachers should follow school and district policies for next
2893 steps. (See the section on mandated reporting in the Introduction chapter for additional
2894 information.)

2895 In previous years, students began foundational learning about setting boundaries and
2896 appropriate and inappropriate touching. Second graders continue to build on this
2897 knowledge and are ready to define boundaries and personal space. As students explore
2898 what it means to have boundaries, they can also identify examples of their own
2899 boundaries and practice enforcing those boundaries. One way to demonstrate the
2900 concept of boundaries is to use hula hoops to represent personal space. Students carry
2901 the hula hoop around their bodies to form personal space that cannot be entered by
2902 another person. This activity helps students visualize personal space and practice
2903 maintaining boundaries. Students walk around and try not to bump into other students’
2904 hula hoops. If students begin to bump into each other, pause the exercise and remind
2905 students to respect each other’s boundaries. After the activity, students talk about how
2906 they felt when someone bumped into their hula hoop. Teachers explain every person is
2907 different and desires different amounts of personal space at different times and personal
2908 boundaries can change, even for the same person, depending on the student’s comfort
2909 level. Students should also be taught that the amount of personal space they prefer may
2910 vary from person to person. It is up to the student to decide what their comfort level is
2911 with each person. Students practice what they would do if they feel uncomfortable or
2912 are hurt by someone else, such as tell a trusted adult (2.4.2.M, Interpersonal
2913 Communication). If hula hoops are not available, students may also stretch out their
2914 arms to create personal space around their bodies. Second graders may be familiar

2915 with the phrase “stand an arm’s length away” from other classroom activities and can
2916 use the same idea to communicate personal space.

2917 Students can follow this boundary activity with a worksheet that identifies personal
2918 boundaries and how touch boundaries might be different with different people. Using the
2919 worksheet, students can identify people in their lives and circle which forms of touch
2920 they are comfortable giving to or receiving from that individual.

2921 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>

2922

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

2923 These activities can serve as lead-ins to discussions about appropriate touch and
2924 healthy relationships. Students can understand that a *relationship* is how any two
2925 people are connected and can include relationships with family, friends, caregivers,
2926 classmates, neighbors, and teachers. As students build relationship and decision
2927 making skills, they learn that healthy relationships begin with respect. Through teacher-
2928 led discussions, students define respect and consider about what it means to respect
2929 another person, including asking before entering another person’s personal space. A
2930 healthy relationship is when both people who are connected respect each other—
2931 students respect parents, guardians, caretakers, teachers, and classmates, **and**
2932 **in return respect is returned to oneself.** This understanding is the first step in
2933 forming healthy relationships. *Asha’s Mums: Respecting Differences* by Rosamund
2934 Elwin and Michele Paulse (1990) is a book that can be used to demonstrate respect for
2935 individuals and groups.

2936 Fostering healthy relationships can also encourage students to work and play
2937 cooperatively (2.1.10.M, Essential Concepts). Students may develop more meaningful
2938 relationships with peers and friends, which may also result in cliques and some
2939 classmates feeling excluded. Teacher need to remind students about respecting others
2940 and that healthy relationships are important to maintaining positive health. This includes
2941 objecting to teasing and showing respect for individual differences (2.1.7.M, Essential
2942 Concepts; 2.7.2.M, Practicing Health-Enhancing Behaviors; 2.8.1.M, Health Promotion).
2943 During class discussions, students share how they might feel if they are teased or
2944 bullied. A book to illustrate the impact of teasing and the importance of acceptance is
2945 *Yoko* by Rosemary Wells (2009). Another option is *Something Else* by Kathryn Cave
2946 (1994). Students understand that teasing and bullying can negatively impact the mental,
2947 emotional, and social health of themselves and others and can explain what it means to
2948 be emotionally or mentally healthy (2.1.2.M, Essential Concepts).

2949 **Partnering with your school:** Students promote an anti-bullying environment in their
2950 school by coloring and decorating blank puzzle-piece diagrams that are then connected
2951 together with the slogan, “We All Fit In Here” at the top. Students distribute small puzzle

2952 pieces to other students who have been told what the puzzle pieces represent (ideally
2953 students in other classes and grade levels) during recess, lunch, and after school when
2954 they observe someone being kind to another person. Students are reminded bullying
2955 can occur online as well as face-to-face and the school has rules against all forms of
2956 bullying (2.1.7.M, Essential Concepts; 2.8.1.M, Health Promotion).

2957 **Partnering with your community:** Students learn that there are important community
2958 resources for both students and adults with mental health challenges. They become
2959 aware that, if someone is feeling sad, they can obtain assistance from a trusted adult to
2960 see a therapist or locate free services in the community. Students meet a school
2961 counselor <bgh>or school psychologist<egh> by inviting him or her to speak to the
2962 class about the job responsibilities and the importance of providing support for those
2963 who are experiencing unsettling emotions or challenges (2.3.1.–2.M, Accessing Valid
2964 Information).

2965 **Partnering with the family:** Students share their Wellness Wheel with their family,
2966 guardian, or caretaker and discuss ways to stay healthy in each of the seven
2967 dimensions of health. Teachers identify and make available to parents, guardian, and
2968 caretakers the people, agencies, and resources that can provide support for different
2969 sections of the Wellness Wheel (2.2.1.M, Analyzing Influences).

2970 **Grade Three**

2971 Third grade is an important year for most children as their personal wellness practices,
2972 health behaviors, and life skills such as study habits are being established; these skills
2973 will last a lifetime. At this grade level, the majority of eight- and nine-year-old students
2974 who are transitioning to the upper elementary grades are developing greater textual
2975 analysis skills and may have an increased ability to think critically and support their
2976 ideas with evidence. Their ability to write longer, more detailed, structured texts; learn
2977 more complex vocabulary; and organize information is generally improving. Students
2978 this age are typically competent readers and read multiple-chapter books about a
2979 variety of subjects, books in a series, and books with more fully developed characters.
2980 Most third grade students are also becoming proficient in using technology to research,
2981 write, and apply what was learned from the research. For example, students research
2982 online how to plant a vegetable garden; then summarize their findings in a written “how
2983 to plant a vegetable garden” paper; finally, they apply their learning by actually planting
2984 a garden. Physically, most children’s gross and fine motor development are almost fully
2985 developed at this age and will continue to be refined as growth continues (Ackerman
2986 2017, Wood 2007).

2987 Third graders typically enjoy and seek the approval of their friends, are motivated by a
2988 sense of achievement, have increased curiosity and interest in exploration, and begin to
2989 reveal a moral consciousness (Morotz 2015). Third grade students learn about personal
2990 growth and development that is occurring within their own bodies and the cycle of birth,
2991 growth, aging, and death; the benefits and importance of mental, emotional, and social
2992 health; continued strategies for positive health practices; how to distinguish between
2993 communicable (infectious) and non-communicable (chronic) diseases; and ways to
2994 protect and preserve the environment. Students discover that there are many ways they
2995 can improve the local environment such as planting a school garden which produces
2996 vegetables that are part of healthy eating. This discovery allows them to recognize that
2997 decisions they make about activities like composting waste and saving water can affect

2998 the health of the natural world <bbh>(CA EP&Cs, Principle V)<ebh> and their
2999 community's environment.

3000 Three of the six content areas are covered in the third grade health education
3001 standards: Growth and Development; Mental, Emotional, and Social Health; and
3002 Personal and Community Health. All eight overarching standards are addressed in third
3003 grade when instruction includes all three content areas. When appropriate for students'
3004 needs and interests, teachers are encouraged to incorporate content areas for which
3005 there are no standards in grade three.

3006 **Growth and Development (G)**

3007 Generally, third-grade students are excitable and inquisitive and are gaining a greater
3008 sense of empathy, social awareness, and the importance of providing appropriate
3009 responses to others. Students this age may be interested in sports and organized
3010 physical activities such as dance, martial arts, gymnastics, and swimming. Third grade
3011 students also typically take interest in leisure and recreational activities such as music,
3012 riding a bicycle, or skateboarding; and they may participate in organized activities
3013 (Ackerman 2017, Morotz 2015).

3014 Students are generally eager to continue learning growth and development concepts
3015 that were introduced in kindergarten and first grade. However, they are typically ready
3016 to learn more complex concepts related to growth and development including how the
3017 body functions (3.1.3.G, Essential Concepts), what type of behaviors promote growth
3018 and development (3.5.1.G, Decision Making; 3.7.1.G, Practicing Health-Enhancing
3019 Behaviors), and the human life cycle from birth to death (3.1.1.G, Essential Concepts).
3020 Third graders also discover how best to communicate with parents, guardians,
3021 caretakers, and trusted adults regarding growth and development (3.3.1.G, Accessing
3022 Valid Information; 3.4.1.G, Interpersonal Communication).

3023 In science, students learn that organisms have unique and diverse life cycles but all
3024 have in common birth, growth, reproduction, and death <bbh>(California Next

3025 **Generation Science Standards [CA NGSS] CA NGSS 3-LS1-1).**<EBH> Students also
3026 use evidence to support that traits can be influenced by the environment <bbh>**(CA**
3027 **NGSS 3-LS3-2)**<ebh> and that those traits can be influenced by changes to the
3028 environment caused by human activities <bbh>**(CA EP&Cs, Principle II).**<ebh> As
3029 students learn about the life cycle of birth, growth, aging, and death in living things, they
3030 also learn that one’s environment can have an impact on various stages of the life cycle.
3031 These connections to growth and development provide opportunities to apply
3032 knowledge in science to health education as students compare the human life cycle to
3033 other animal life cycles. Integrated science and health education activities
3034 demonstrating the human life cycle are featured below (3.1.1.G, Essential Concepts).

3035 Students discover milestones typically associated with the human life cycle. The
3036 following age ranges are posted on large poster paper around the room: infant: 0–1;
3037 toddler: 1–3; child: 4–10; adolescent (teenager): 11–18; young adult: 19–39; middle-
3038 aged adult: 40–65; older adult: 66 and older. Students first reflect and may even list
3039 which family members, friends, or other adults they know are in each of the various
3040 stages of life. Teachers provide students a list of common developmental and life
3041 milestones such as: learning to talk, walk, read, write, ride a bike, and drive; going to
3042 middle and high school; graduating high school; getting a job; learning a trade;
3043 attending and graduating college and graduate school; voting for the first time; enjoying
3044 a career; taking a first trip to another country; getting married; raising children; retiring
3045 from work; aging, and having grandchildren. Students are encouraged to add other
3046 milestones to the list. After discussion in pairs or small groups, students select an age
3047 range for each milestone. The entire class then discusses the idea that some people
3048 encounter these milestones at different times or not at all and that not everyone’s
3049 milestones will look the same. Students may note, for example, that some milestones
3050 may look different for someone with a learning or physical disability (for example
3051 reading or riding a bike). They also explore what milestones they are or are not looking
3052 forward to and why. Students are encouraged to then share what they learned from this
3053 activity with their parents, guardians, caretakers, or other adults by asking them to share
3054 the growth and development milestones they are looking forward to (3.4.1.G,

3055 Interpersonal Communication). An extension of this activity provides the student with an
3056 opportunity to interview their parent, guardian, caretaker, grandparent, or other adult
3057 regarding how that person feels about aging, retirement, and growing older (3.3.1.G,
3058 Accessing Valid Information). (Adapted from Public Broadcasting System [PBS]
3059 Learning Media California: Birth, Growth, and Development).

3060 Students complete question stems on major lifecycle events and discuss their answers
3061 in small groups. A group note taker shares with the entire class what their group
3062 discussed. Students then write a reflective summary on the discussion. Question stems
3063 may include:

- 3064 • As a baby or toddler, my parents, guardians, or caretakers told me I was...
- 3065 • Being in third grade is...
- 3066 • I am excited to be a teenager because...
- 3067 • A good thing about being an adult...
- 3068 • Something that is scary about being an adult is...
- 3069 • Older people like my grandparents or my neighbor...
- 3070 • An important thing about death is...

3071 Accessing free videos from medically accurate resources, third grade students view the
3072 life cycle of various living things. Students can research online or via the school's library
3073 and write a paper comparing and contrasting life cycles. Student research topics could
3074 include: which animals lay eggs; which animals breastfeed like human babies; which
3075 animal species live for very short periods of life; and which animals live shorter or longer
3076 lives than humans. Students can also write short reports on suggested readings such as
3077 *Tom, Johnny, and the Growing Arm Bone* (2016) by Anat Shabi and Arjun Mohan,
3078 *Changing You!: A Guide to Body Changes and Sexuality* (2009) by Gail Saltz, or *It's Not*
3079 *the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends* (2008) by
3080 Robie Harris (3.1.1.G, 3.1.2.G, Essential Concepts). <bbh>(This activity also supports
3081 third-grades students in writing informative/explanatory texts consistent with the

3082 [California Common Core Standards for English Language Arts/Literacy \[CA CCSS for](#)
3083 [ELA/Literacy\], CA CCSS ELA/Literacy W.3.2.\)](#)<ebh>

3084 Students recognize there are individual differences in growth and development (3.1.2.G,
3085 Essential Concepts) by first learning most babies were about 19–21 inches long at birth.
3086 In preparation for the activity, students ask their parent, guardians, or caretakers their
3087 length at birth. If unknown, students can use 18 inches. Working in pairs, students first
3088 measure and mark on large vertical paper their birth height using a tape measure.
3089 Students then measure their current height and display their measurement next to their
3090 birth height, calculating how much they have grown since birth. Students then work
3091 collectively to compare how much they have grown in height and creatively display the
3092 class measurement findings anonymously in pie charts, line plots, or bar graphs. The
3093 teacher shares that all humans grow at their own pace and differences in growth and
3094 height are normal. <bbh>[\(This activity can be connected to the standards CA CCSS for](#)
3095 [Mathematics 3.MD.3–4 and CA NGSS 3-LS1-1.\)](#)<ebh> Using reliable websites,
3096 students research and identify various factors that impact human growth. Factors such
3097 as heredity, nutrition, and hormones related to growth spurts may be identified (3.1.2.G,
3098 Essential Concepts).

3099 In third grade, students are excited to learn about their external and internal body parts
3100 and their functions (3.1.3.G, Essential Concepts). Internal systems such as the
3101 muscular skeletal, respiratory, and digestive systems, along with key organs such as
3102 the heart or brain, are explored by drawing life size body outlines on large pieces of
3103 paper. Students then research where each major body part is located. To not
3104 overwhelm the students, teachers focus instruction on select major anatomical organs
3105 such as the heart, brain, lungs, stomach, liver, large intestine, or small intestine.
3106 Students then creatively draw, color, and label their body parts and write one fact about
3107 how each body part works. Students then decorate their diagram with features such as
3108 hair, eyes, nose, mouth, and nails and post around the room. A banner displaying, “We
3109 celebrate our differences and our likenesses” or other similar statements offer
3110 encouragement for peers to respect individual differences in growth and development

3111 (3.8.1.G, Health Promotion). Teachers can integrate students' knowledge of the internal
3112 and external organs and physical differences when providing content on nutrition and
3113 physical activity in addition to describing how each organ functions during select
3114 activities.

3115 Students work in small groups to research and create a trivia game based on their
3116 assigned body system. For example, "Q: What is the largest organ?" "A: Your skin."
3117 Students also create songs, poems, or hip-hop rhymes to explain functions of various
3118 organs. Integration of art and science instruction is encouraged as students trace, color
3119 and label various body parts. Activities that integrate these important body systems
3120 referencing the literary resources mentioned above can also be explored (3.1.3.G,
3121 Essential Concepts). <bbh>(This activity also supports CA CCSS for ELA/Literacy
3122 W.3.10. for third grade students in writing.)<ebh> Students this age are also highly
3123 interested in the digestive and reproductive organs. When providing instruction on
3124 sexual and reproductive organs, teachers can introduce the concept that gender does
3125 not always match the sexual and reproductive organs described. For example, teachers
3126 may share, "In the classroom, we may use the term 'female reproductive organs' but
3127 some people <byh>who identify as<eyh> male have these organs. The actual
3128 anatomical name for organs is utilized.

3129 Educators should inform parents, guardians, or caretakers and students before
3130 implementing the following activity to ensure there are no food allergy or other eating-
3131 related issues that must be taken into consideration when planning and implementing
3132 activities that involve tasting food. Students can explore various senses such as taste.
3133 Using an anatomical diagram of the tongue, students first label the major components of
3134 the tongue and then map where salty, sweet, bitter, and sour are located by dabbing a
3135 Q-tip with diluted samples of saltwater, sugar water, vinegar, and unsweetened
3136 grapefruit juice on their own tongue. Sight is then explored by labeling the anatomical
3137 structure of the eye. Sample eye-test charts, braille books, and eye glasses are
3138 provided for students to explore. Hearing is then discovered with students first
3139 diagraming the anatomical structure of an ear. Sounds are then identified by hearing

3140 various noises at different volumes while their eyes covered. Students learn that smell is
3141 an important sense and the nose is also an important sensory organ for taste and even
3142 safety. Students first label the major anatomical components of the nose. They then
3143 smell various extracts such as lemon, cinnamon, or mint on a cotton ball and identify the
3144 mystery scent. This activity provides students with an opportunity to learn that some
3145 people are unable to see (blindness), or have very poor vision, even with glasses
3146 (severe visual impairment). Some are able to see well with glasses or contact lenses.
3147 Braille books allow blind people to feel words for reading, rather than see them. Just like
3148 with vision, some students have hearing loss or can't hear at all (deafness). These
3149 students may wear hearing aids and have other special equipment in the classroom
3150 such as speakers or FM systems worn by the teacher, in order to hear well. Students
3151 then write a paper on the function of one identified sensory organ. Students are then
3152 able to identify the major internal and external body parts and their functions.

3153 <bbh>(This activity also supports CA CCSS for ELA/Literacy for third grade students in
3154 writing.)<ebh>

3155 Around ages eight or nine, most students understand the finality of death and begin to
3156 conceptualize that it is something that happens within the body. Although students this
3157 age understand that death is universal and happens to each person and all other living
3158 things, they may still consider death to be associated with elderly people. Death is also
3159 an important part of the lifecycle that students encounter at some point. Comprehensive
3160 curriculum on the lifecycle ideally includes a few assignments on death and dying to
3161 enable students to process this important stage. Note that teachers should never insert
3162 their own opinions on death and dying or use euphemistic or religious verbiage or
3163 language. Teachers should inform families before engaging in discussion or instruction
3164 on death and dying as some students may experience memories or strong emotional
3165 responses. Students recall someone or a pet that was close to them who died. If
3166 students have not experienced personal loss, they may consider someone famous who
3167 they were fond of who died. Students write a letter to the person or pet who has died.
3168 The letters include how they felt when the death occurred; what they miss about the
3169 person or pet; what they would want to say to the pet or person; and how they will

3170 remember the person or pet. Each student indicates on the back of their letter if they are
3171 comfortable with the teacher sharing their letter out loud. The teacher shares only the
3172 letters of students who are comfortable. An extension of this assignment may be to
3173 make a memory book of the loved one who has died (Adapted from Telljohann 2015).
3174 Other activities such as writing a poem, selecting a tribute song to be played for the
3175 loved one, planting a memorial garden or tree, decorating a t-shirt, or an art project such
3176 as a painting can be incorporated. Teachers should be prepared to connect students to
3177 supportive resources as this may be a triggering activity for some. <bg>Teachers,
3178 school counselors, social workers, or school psychologists can acknowledge and affirm
3179 student's feelings of sadness, grief, or disappointment and even happy memories that
3180 may arise.<eg> Students are encouraged to discuss the activity at home with their
3181 parent, guardian, or caretaker to further process the experience. (3.1.1.G, Essential
3182 Concepts). <bb>(This activity also supports CA CCSS for ELA/Literacy W.3.10.)<eb>

3183 In the classroom example below, students discover how healthy behaviors promote
3184 healthy growth and development. Additional learning activities for growth and
3185 development follow the classroom example.

3186 Classroom Example: 12 Weeks of Health

3187 **Purpose of the Lesson:** Students are learning more about their growth and
3188 development. By engaging in twelve weeks (three months) of healthy behaviors, they
3189 learn a variety of strategies for promoting healthy growth and development.

3190 **Standards:**

- 3191 • 3.5.1.P Examine why a variety of behaviors promote healthy growth and
3192 development (Assessing Valid Information).
- 3193 • 3.7.1.P Determine behaviors that promote healthy growth and development
3194 (Practicing Health-Enhancing Behaviors).
- 3195 • 3.2.1.P Explain how individual behaviors and one's family and school influence
3196 growth and development (Analyzing Influences).

3197 **Supplies:**

3198 Index cards or writing paper

3199 Short, free health videos on nutrition, physical activity, and growth and development

3200 Log books (optional)

3201 Students in Ms. D's class are learning about how their bodies grow and develop; and
3202 they are achieving a greater understanding of how their actions influence their lives. Ms.
3203 D would now like students to discover new health practices to support positive growth
3204 and development and a lifetime of good health.

3205 To prepare for this activity, Ms. D first asks students, What are some ways we can be
3206 healthy? and What we can do to support our growing bodies including developing
3207 healthy muscles and bones? Students share their responses. Some of the responses
3208 are drinking water, eating vegetables and fruits, not drinking soda, riding a scooter or
3209 skateboard to school while wearing a helmet, remembering to use their asthma inhaler
3210 or other medically prescribed medications when needed, brushing their teeth at least
3211 twice a day, washing their hands, getting plenty of sleep, recycling plastics and
3212 aluminum at home, or following traffic laws and looking both ways when crossing the
3213 street. Ms. D then shows students a free health video, shares various photos of children
3214 engaging in healthy actions, or has students read an article on healthy behaviors.

3215 Students then write as many healthy behaviors and practices as they can think of on
3216 index cards or paper, one per card or piece of paper. Ms. D reminds students that ideas
3217 should be fairly simple and general enough so everyone can accomplish the activity at
3218 home, in the community, or at school. Students anonymously submit their ideas. Each
3219 Monday, Ms. D removes an index card or paper and reads the healthy behavior or
3220 practice that the class will engage in for that particular week and how the behavior or
3221 practice supports growth and development. Ms. D is considerate of any students with
3222 physical disabilities and those who may be on medically specialized diets and suggests
3223 modifications to the behavior or practice. Students learn that the behavior or practice is

3224 a goal. How students specifically accomplish the goal is up to them. Students may want
3225 to share with the class what they plan to do to reach that goal. Students track their
3226 weekly progress for each new goal by logging the frequency and duration of their
3227 activity in their log books. Each month the frequency of and hours spent in their
3228 activities are totaled in students' log books and then submitted to Ms. D. Students
3229 compare their monthly log with their previous month by subtracting the previous month
3230 from the new month and showing the difference of their new additional hours in a
3231 separate page of their log book. At the end of the three months, students are surprised
3232 not only by the variety of healthy activities they have tried and participated in, but also
3233 by the amount of time they have spent enjoying various healthy activities to support
3234 their growth and development.

3235 Growth and Development Learning Activities

3236 **Essential Concepts:** 3.1.3.G Identify major internal and external body parts and their
3237 functions; **Personal and Community Health:** 3.1.4.P Identify life-threatening conditions
3238 (e.g., heart attacks, asthma attacks, poisoning).

3239 Heart Adventure Challenge Course

3240 Students identify the major internal and external body parts and their functions.

3241 Students research the function of each component of the heart and how to strengthen
3242 their heart. Students are led through a short obstacle course with heart-strengthening

3243 activities. Students are challenged to use the obstacle course throughout the school

3244 year. <byh>As an extension of this activity, students take their heart rate following the
3245 activity or recess or wear a pedometer or use a pedometer app to track their steps. An

3246 optional discussion that sometimes there are heart emergencies when the heart stops

3247 and needs to be restarted can be introduced including a review of 9-1-1 protocol, how to

3248 call for help, and how CPR can help keep a heart beating until medical personnel help

3249 arrives.<eyh>

3250 Standard 3-3.5.S Demonstrate how to dial 9-1-1 or other emergency numbers and how
3251 to provide appropriate information.

3252 **Essential Concepts:** 3.1.3.G Identify major internal and external body parts and their
3253 functions.

3254 Acronym Fun

3255 Students identify the major internal and external body parts and their functions by
3256 creating an acrostic poem (a poem where the first, last, or other letters in a line spell out
3257 a particular word or phrase) to remember the various body systems and functions. A
3258 word bank is posted of the key terms for the students to see before the activity begins.
3259 Students choose which body parts to include in their poem and are not expected to
3260 include every part they have learned about.

3261 **Essential Concepts:** 3.1.3.G Identify major internal and external body parts and their
3262 functions.

3263 Group Skeletal Puzzle

3264 Students identify the major bones of the skeletal system and their primary function. After
3265 instruction and their research activities, students create a large skeletal system by
3266 connecting and properly labeling the bones in the correct order. Bone-shapes can be
3267 printed from online sources or resources like Halloween skeletons can be used.

3268 **Essential Concepts:** 3.1.2.G Recognize that there are individual differences in growth
3269 and development.

3270 **Decision Making:** 3.5.1.G Examine why a variety of behaviors promote healthy growth
3271 and development.

3272 **Practicing Health-Enhancing Behaviors:** 3.7.1.G Determine behaviors that promote
3273 healthy growth and development.

3274 My Growth and Development Influences

3275 Students examine behaviors promote healthy growth and development by researching
3276 how one's individuality, living situation, and school impact growth and development.
3277 Examples may include eating healthy foods that contain proper nutrients such as
3278 calcium for healthy bones or obtaining the proper amount of sleep ensures one's brain
3279 is healthy and ready to learn. Students then identify one behavior they plan to
3280 incorporate into their lives to support their growth and development. The information
3281 found can be displayed in a creative way such as infographics or posters that promotes
3282 health-enhancing behaviors.

3283 **Essential Concepts:** 3.1.1.G Describe the cycle of birth, growth, aging, and death in
3284 living things.

3285 **Essential Concepts:** 3.1.2.G Recognize that there are individual differences in growth
3286 and development.

3287 **Decision Making:** 3.5.1.G Examine why a variety of behaviors promote healthy growth
3288 and development.

3289 Class Pets and Plants

3290 Students recognize that there are individual differences in growth and development by
3291 enjoying, interacting, and caring for class pets such as fish, hermit crabs, turtles, guinea
3292 pigs, hamsters, rabbits, bearded dragons, or other lizards. Plants also provide a care-
3293 taking opportunity for children. Seeds can be planted in containers and grown under
3294 grow lights or bright windows in the classroom. Students can be empowered to choose
3295 which pets the classroom adopts by voting and collectively naming and caring for the
3296 pet. Students also enjoy collecting research data on a hypothesis or predictor of what
3297 will occur with the plant or animal as it grows and develops over time. In teams,
3298 students create a care guide for the class pet that includes the nutrition and physical
3299 activity needs of the pet to connect life science with health. Teachers should consider
3300 students with possible allergies and check school or district policy. Students are
3301 encouraged to write informational texts about the classroom pet. <bbh>(This activity
3302 connects to science standard CA NGSS 3-LS1-1.)<ebh>

3303 **Essential Concepts:** 3.1.3.G Identify major internal and external body parts and their
3304 functions.

3305 Our Digestive System

3306 Students first learn to identify the major internal body parts and their functions of their
3307 digestive system by watching a short video on the digestive track. They learn that the
3308 digestive track moves food through their body and that nutrients like fiber, calcium, and

3309 protein are absorbed as they digest food. Students then research online and label the
3310 major parts of the digestive track used for food digestion, writing a short description for
3311 each. As a fun follow up activity, they form a line and pass a healthy packaged snack to
3312 one another to signify each organ that contributes to the digestive track beginning with
3313 the teeth, tongue, throat, pharynx, esophagus, stomach (liver, gallbladder, pancreas
3314 work alongside stomach), small intestine, and large intestine. Similar to a progressive
3315 memory game, as the snack is received, the student has to recall each previously
3316 stated body part and then state the addition of their assigned body part until all parts of
3317 the digestive track are named. Creative options can be added such as the pancreas
3318 stating, “Too much sugar is hard on me!” Students then enjoy their healthy snack.
3319 Teachers should consider students with possible food allergies and check school or
3320 district policy.

3321 **Partnering with your school:** Students can promote campus-wide awareness on how
3322 to show respect for students with individual differences by creating posters, flyers, or
3323 other creative mechanisms showing friends of different backgrounds and abilities. A
3324 creative slogan such as *We Are All One* is developed by the students as part of the
3325 event.

3326 **Partnering with your community:** Students examine a variety of behaviors that
3327 promote health by participating in an American Heart Association Jump Rope for Heart
3328 event or Dance-A-Thon at school. Students distribute heart health education as part of
3329 the community event and fundraiser (3.5.1.G, Decision Making; 3.7.1.G; Practicing
3330 Health-Enhancing Behaviors).

3331 **Partnering with the family:** Students initiate conversations on growth and
3332 development with parents, guardians, caretakers, or trusted adults by interviewing them
3333 and asking; what they remember as some of their milestones in growing up such as *the*
3334 *first time they learned how to ride a bike; were they taller, the same, or shorter than the*
3335 *other children in school and how it made them feel; or how they feel about aging and*
3336 *retirement.* Educators should be sensitive to and aware of foster or displaced children

3337 who may have not spent much of their lives with a current family member. In this
3338 situation, students can interview a teacher, the principal, <byh>a school<eyh>
3339 counselor, a family friend, or another trusted adult. Students write a report on their
3340 interview findings and share their interviews with classmates (3.3.1.G, Accessing Valid
3341 Information; 3.4.1.G, Interpersonal Communication).

3342 **Mental, Emotional, and Social Health (M)**

3343 Most third graders are very inquisitive and excitable. Many third-grade students are
3344 progressing from having a limited sense of social awareness to a greater sense of how
3345 their actions impact others. They are generally discovering how to provide more socially
3346 acceptable, appropriate responses; are able to be self-critical; and assume some
3347 responsibility for their actions. Often impressed with themselves, they actively seek
3348 praise from teachers and family members, guardians, and caretakers (Macmillan n.d.).

3349 Third grade is an important time of personal and social growth for most students.
3350 According to the five competencies of the Collaborative for Academic, Social, and
3351 Emotional Learning (CASEL) (2017), as students enter late elementary they begin to
3352 have greater *self-awareness* and further understanding their range of emotions and
3353 what causes them. *Social awareness*, the ability to understand and respect the
3354 perspectives of others, is developing allowing students to better manage and control
3355 their emotions when interacting with their peers. Third graders are developing *self-*
3356 *management* so activities such as goal-setting can be well received. As third graders
3357 develop their *relationship skills*, they are focusing on friendships. *Responsible decision-*
3358 *making* (a skill that is not inherent) at this grade sets the foundation for a lifetime of
3359 healthy behaviors.

3360 Building on mental, emotional, and social health content ideally learned in prior grades
3361 such as identifying emotions, demonstrating cooperation and respect, and knowing how
3362 to ask for help for mental and emotional needs, students continue to apply standards-
3363 based competencies to build positive mental health practices. Role-playing, modeling,
3364 and performance-feedback approaches and case studies are effective for learning

3365 mental health content as they engage the interest of students and elicit skill application.
3366 Students problem-solve various solutions to different complex scenarios where it is
3367 important to seek help or assistance from a trusted adult. Such scenarios require
3368 students to problem-solve in situations where they feel threatened; they feel sad,
3369 depressed, or worried; someone is pressuring them to do something they do not want to
3370 do; or they are scared or worried about something or someone (3.3.1.M, Accessing
3371 Valid Information). Students use this simple technique to ask adults for help (Coffee in
3372 Telljohann 2015) (3.5.2.M, Decision Making):

- 3373 • Say, “I need your help.”
- 3374 • In one sentence, tell what the person did or how they made you feel.
- 3375 • In one sentence, explain what you have done to solve the problem yourself.
- 3376 • Repeat, “I need your help.”

3377 Students in higher grades may serve as models of responsible behavior by sharing
3378 when they had to overcome a challenging situation. Students may enjoy creating their
3379 own scenarios for various role-playing activities in which responsible decision-making
3380 skills can be applied (3.4.2.M, Interpersonal Communication; 3.5.1.M, Decision Making).
3381 It is important for students to practice conflict-resolution approaches before they are
3382 confronted by a situation involving fear, stress, anger, loss, or grief (3.7.1.M, Practicing
3383 Health-Enhancing Behaviors). Examples may be anger and hurt from a conflict with a
3384 friend or experiencing stress when parents, guardians, or caretakers leaving you with a
3385 babysitter for the night. Students learn to:

- 3386 • Define the problem
- 3387 • Negotiate with the other person or talk to someone else regarding the situation
- 3388 • Find a win-win solution

3389

3390 Five-Step Decision Making Process for Grades Three through Five

The Model



3391

3392 Long Description of Five-Step Decision Making Process for Grades Three through Five
3393 available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link5>.

3394 Source: The Colorado Education Initiative (2015)

3395 Third-grade students are approaching early adolescence and have a greater
3396 understanding of self and others, including individual differences (3.1.2.G, Essential
3397 Health Concepts; 3.4.2.G, Interpersonal Communication). This awareness helps
3398 students better identify emotions, build healthy social behaviors, and think critically
3399 about influences on growth and development (3.2.1.G, Analyzing Health Influences;
3400 3.5.1.G, Decision Making; 3.7.1.G, Practicing Health Enhancing Behavior). Third grade
3401 students are highly interested in peer relationships and friendships and care more about
3402 how they are viewed by peers than in earlier grades. Because of this developmental
3403 stage, students are more aware of individual differences and the influences that shape
3404 perspectives about personal characteristics. It is a critical time for students to learn the
3405 importance of rejecting teasing and bullying (3.8.2.M, Health Promotion) and promoting
3406 a positive and respectful school environment (3.8.1.M, Health Promotion).

3407 Students may differ in physical appearance, gender expression, activity preferences,
3408 ability, and behavior. It is important to create an inclusive and welcoming environment
3409 for all students and to encourage peers to show respect for others regardless of these
3410 differences (3.8.1.G, Health Promotion). Through this kind of learning environment and
3411 modeling of respect, students will also be able to demonstrate the ability to support and
3412 respect people with differences (3.8.3.M, Health Promotion). This is also important for

3413 helping students learn how to build and nurture healthy relationships. (For additional
3414 information on creating an inclusive learning environment, see the Access and Equity
3415 chapter.)

3416 Because third graders have been learning about personal boundaries, consent, bullying,
3417 gender, and healthy relationships since kindergarten, they should be familiar with these
3418 concepts. As students' cognitive abilities advance, so does their level of understanding
3419 and ability to practice health enhancing behaviors. Students in third grade are ready for
3420 a more advanced discussion about boundaries to help them think critically and
3421 understand the importance of personal boundaries for privacy, safety, and expression of
3422 emotions (3.1.4.M, Essential Health Concepts). If willing, students can share examples
3423 of personal boundaries after they participate in an activity in which they identify and list
3424 some examples of their own personal boundaries. Before the activity, teachers explain
3425 that boundaries can refer to touch, types of play, types of conversations, and time spent
3426 with another person. For example, a student may identify a boundary as being
3427 comfortable talking about their feelings with a parent, guardian, or caretaker. Another
3428 example could be that a student identifies being uncomfortable hugging neighbors.

3429 A possible worksheet could include:

- 3430 • With my friends, I am comfortable/uncomfortable (*circle one*)
- 3431 • With my parents, guardians, or caretakers I am comfortable/uncomfortable (*circle*
3432 *one*)
- 3433 • With my siblings, I am comfortable/uncomfortable (*circle one*)
- 3434 • With my neighbors, I am comfortable/uncomfortable (*circle one*)
- 3435 • With my teacher, I am comfortable/uncomfortable (*circle one*)

3436 Students who are able to identify their personal boundaries are more likely to enforce
3437 them, which is a self-protective skill. Students partner with a classmate and practice
3438 how to communicate directly, respectfully, and assertively regarding personal
3439 boundaries (3.4.1.M, Interpersonal Communication). This skills practice allows students
3440 to learn not only how to communicate about their own boundaries, but also how to

3441 communicate about and respect the personal boundaries of others. In second grade,
3442 students conceptualize personal boundaries through the use of a hula hoop. In third
3443 grade, students discuss how those boundaries can vary with different people and
3444 different situations. For example, Jose might feel comfortable giving his parents,
3445 guardians, or caretakers a hug but does not feel comfortable hugging his older brother.
3446 Boundaries are also flexible, meaning Jose might want to hug his older brother
3447 sometimes but not always. Students explore examples of flexible boundaries which can
3448 be demonstrated through the use of jump ropes or another form of rope. Students can
3449 lay the jump rope on the ground around them in the form of a circle, making it wider or
3450 smaller depending on their boundaries. Teachers ask students questions about their
3451 boundaries and instruct them to adjust their personal boundary circle accordingly. The
3452 teacher may explain that the jump rope represents boundaries and ask, “What are your
3453 boundaries for hugs? Do you have a big boundary and need a lot space? This means
3454 that you might only be comfortable with hugs from a small number of people. Or, do you
3455 have a smaller boundary and you’re comfortable with hugs from lots of different
3456 people?” Teachers should demonstrate how the boundary space changes as they
3457 explain the question. Similarly, teachers can also ask about students’ boundaries
3458 regarding sharing their name with others, playing with classmates on the playground,
3459 and sharing feelings with others, for example. It is important for students to understand
3460 that only they can change their boundaries and if their boundaries are crossed, they
3461 should tell a trusted adult. Students can also practice communicating and enforcing their
3462 boundaries with one another. Classmates can take turns responding to each other as
3463 though the other student had crossed a boundary line, which offers an opportunity to
3464 practice communicating the need for boundaries to be respected through verbal and
3465 non-verbal communication.

3466 When discussing trusted adults, students remember from previous learning that not all
3467 adults are considered safe or “trusted” and think critically about how to identify trusted
3468 adults. Students are able to further identify and access trusted adults and resources at
3469 home, at school, and in the community that can help with social, emotional, and mental
3470 health concerns (3.3.1.M, Accessing Valid Information). Teacher-led discussion provide

3471 opportunities for students to evaluate situations in which a trusted adult should be asked
3472 for help (3.5.2.M, Decision Making). Some examples include discussing inappropriate
3473 touching, bullying, or feelings of discomfort about specific individuals. Students learn
3474 that in these situations, they can ask for help from a trusted adult. When discussing
3475 telling an adult, teachers help students understand the difference between “telling” and
3476 “tattling.” *Tattling* only gets someone in trouble, but *telling* can get someone out of
3477 trouble. Ask students to think critically about the difference and provide examples. If a
3478 student discloses abuse or there is reason to suspect child abuse or neglect, teachers
3479 must follow mandated reporting laws. After filing the mandated report, teachers should
3480 follow school and district policies for next steps. (See the section on mandated reporting
3481 in the Introduction chapter for additional information.)

3482 Students in third grade learn more about healthy relationships, including the benefits of
3483 having positive relationships with family and friends (3.1.3.M, Essential Health
3484 Concepts). Building positive relationships also helps develop support systems, which
3485 students can rely on if they need to tell a trusted adult or friend about uncomfortable or
3486 threatening situations (3.3.2.P, Accessing Valid Information).

3487 Threatening situations may extend beyond in-person interactions, and students in third
3488 grade should be made aware of Internet safety. Third graders may begin utilizing online
3489 resources more for research, other school assignments, and recreational purposes.
3490 Students learn the school rules for Internet use and can explain the rules are meant to
3491 help protect students from online dangers and also to prevent cyber bullying. With the
3492 teacher facilitating, students discuss “netiquette” and the importance of using the
3493 Internet for good purposes. Some third graders may also have access to social media.
3494 Students respond to hypothetical questions posed by the teacher to generate critical
3495 thinking about potentially dangerous situations they may encounter online. Some
3496 examples include:

- 3497 • What would you do if someone online asked for your name or address or to send
3498 a photo?

- 3499 • What would you do if you saw or read something online that made you feel
3500 scared or confused?
- 3501 • What would you do if someone was being mean or rude to you online?
- 3502 • What would you do if noticed someone was being mean or rude to another
3503 person online?

3504 With instruction, students learn that in these kinds of situations, they should always talk
3505 to or tell a trusted adult. Students should also be aware of how their actions online could
3506 impact others. When discussing bullying and encouraging students to promote a
3507 positive and respectful school environment, teachers explain that this also applies to
3508 Internet usage and behavior online and through social media. Students are encouraged
3509 to reject bullying and teasing of others and to report any kind of bullying behavior to a
3510 trusted adult. Students can create a contract for Internet safety that includes telling a
3511 trusted adult in specific situations and a commitment to be kind to others.

3512 Two useful resources for Internet safety are the *Model School Library Standards for*
3513 *California Public Schools, Kindergarten Through Grade Twelve* (CDE 2011) and
3514 KidSmartz.org, a program of the National Center for Missing & Exploited Children that
3515 includes age appropriate printouts and guidelines. Additional learning activities are
3516 found below.

3517 Mental, Emotional, and Social Health Learning Activities

3518 **Interpersonal Communication:** 3.4.1.M Demonstrate how to communicate directly,
3519 respectfully, and assertively regarding personal boundaries.

3520 Repeat, Refuse, Alternative

3521 Students demonstrate how to communicate directly, respectfully, and assertively
3522 regarding personal boundaries by practicing using two different techniques for
3523 communicating about personal boundaries. **Option 1:** Repeat the refusal using eye
3524 contact; **Option 2:** Suggest an alternative activity to what is being suggested. Prompts

3525 may include *I will repeat...*, *I will refuse by...*, *I may suggest the following alternative or*
3526 *other activity or option...*

3527 Students work in small groups to role play various scenarios presented on index cards
3528 or paper. Students practice what to say when they are stressed or concerned about
3529 something. The teacher or selected student(s) demonstrates each technique first, then
3530 the students practice communication skills in small groups.

3531 **Practicing Health-Enhancing Behaviors:** 3.7.1.M Evaluate effective strategies to
3532 cope with fear, stress, anger, loss, and grief in oneself and others.

3533 Helping Myself, Helping Others

3534 Students evaluate strategies to cope with fear, stress, anger, loss, and grief in oneself
3535 and others by reflecting on and listing what they do when they feel stressed, worried,
3536 angry, or sad. Options for responses to emotions can also be explored via valid online
3537 resources. Students then explore how to help others who are feeling fearful, stressed,
3538 worried, or sad. Suggestions are provided by the student such as talking to a trusted
3539 adult about their feelings, exercising, listening to music, taking deep breaths before
3540 reacting, or reframing the challenge or disappointment by setting a new goal. Students
3541 evaluate which activities they find effective and would use. Students are encouraged to
3542 keep their list in their health journal or folder to reference when they feel any of the
3543 emotions discussed. Activities may be voluntarily practiced in class such as sharing
3544 one's favorite music or practicing breathing exercises together. As an extension of this
3545 activity, students create a class bulletin board featuring pictures of healthy coping
3546 mechanisms.

3547 **Goal Setting:** 3.6.1.M Make a plan to help at home and show responsibility as a family
3548 member.

3549 **Essential Concepts:** 3.1.2.M Describe the importance of assuming responsibility within
3550 the family and community.

3551 **Essential Concepts:** 3.1.3.M Explain the benefits of having positive relationships with
3552 family and friends.

3553 A Supportive Family Member

3554 Students describe a plan to help at home and be a responsible family member after
3555 reading various books that provide examples of the qualities of a supportive family
3556 member such as *And Tango Makes Three* or *Tres con Tango* by Justin Richardson and
3557 Peter Parnell (2015) or *Frog and Toad Are Friends* by Arnold Lobel (2003). Students
3558 write a paragraph or two about ways they can be a responsible family member.

3559 <bbh>(This activity also supports students in writing informative/explanatory texts, CA
3560 CCSS for ELA/Literacy W.3.2.)<ebh>

3561 **Partnering with your school:** Students read the book, *The Juice Box Bully:*
3562 *Empowering Kids to Stand Up to Others* (2010) by Bob Sornson and Maria Dismondy.
3563 This book poses the question, *Have you ever seen a bully in action and done nothing*
3564 *about it?* Children in the book get involved instead of being bystanders and allowing the
3565 character, Pete, to bully and tease others. Pete’s classmates teach him about The
3566 Promise, a commitment not to bully others. Students lead a Promise school campaign
3567 with anti-teasing and anti-bullying posters, posts to the school’s website and social
3568 media sites, assembly and public address system (PA) announcements, and by taking
3569 an active stance in the Promise. The school principal provides awards for the group of
3570 students or individuals whose behavior exemplified The Promise throughout the school
3571 year. Students may also promote a No Name Calling Week campaign in January.
3572 Research No Name Calling Week online for resources (3.1.1.M, 3.1.3.M, Essential
3573 Concepts; 3.8.1–3.M Health Promotion). <bbh>(This activity also supports the CA
3574 CCSS for ELA/Literacy for third grade students in writing informative/explanatory texts,
3575 W.3.10.)<ebh>

3576 **Partnering with your community:** Children’s Mental Health Awareness Month is
3577 typically celebrated the first week of May. Consider hosting a campus-wide awareness
3578 event with a guest speaker to show support and respect for people with differences
3579 (3.8.3.M, Health Promotion). Students learn that there are important community
3580 resources for people with mental health challenges for both students and adults. They
3581 become aware that if someone is feeling sad, they can see a therapist or locate free
3582 services in the community with the assistance of a trusted adult. Students invite the
3583 school psychologist or social worker (who may be from another school or within the
3584 district) to speak to the class about their job responsibilities and the importance of
3585 providing support for those who are experiencing unsettling emotions or challenges
3586 (3.3.1.M, Accessing Valid Information; 3.5.2.M; Decision Making).

3587 **Partnering with the family:** Students create a poster of three ways they plan to help at
3588 home and show responsibility as a family member (3.1.2.M, Essential Concepts;
3589 3.6.1.M, Goal Setting). Under each goal, students create a grid or weekly calendar to
3590 track when each of their tasks is accomplished. Star stickers are distributed for students
3591 to place on their grid each time a goal is reached. Parents, guardians, or caretakers are
3592 also encouraged to provide a positive affirmation when a goal is met.

3593 **Personal and Community Health (P)**

3594 Many third graders are becoming more interested in sports and physical activity than in
3595 prior years and are learning more about how their internal and external body functions.
3596 They are also typically developing more of an interest in friends and the world around
3597 them, making personal and community health an important content area upon which to
3598 focus. Teachers and administrators play an important role and have responsibility in the
3599 promotion of personal, community, and environmental health and helping students
3600 understand that their own actions can affect the environmental health of others in their
3601 community <bbh>(CA EP&Cs, Principle V).<ebh>

3602 Chronic diseases have replaced infectious diseases as the top causes of morbidity and
3603 mortality when compared to a century ago (World Health Organization 2017b).

3604 Approximately 20 million children in the United States live with a chronic illness, with
3605 asthma being the most common (CDC 2017a). Despite marked progress in medical
3606 care for children, including immunizations and routine screenings, children's health
3607 issues such as obesity, asthma, diabetes, dental <byh>caries,<eyh> attention deficit
3608 hyperactivity disorder, and autism spectrum disorders continue to be important health
3609 considerations in California and across the nation. Many children still experience
3610 challenges accessing healthcare along with a myriad of health disparities in their
3611 everyday life that negatively impact academic performance and success (CDC 2017a).
3612 Teachers and other educators are in influential positions to empower their third grade
3613 students to value and respect their personal health for the dual purposes of achieving
3614 optimal health and improving academic performance outcomes. Third grade provides
3615 opportunities to implement standards-based instructional strategies to help students
3616 gain the knowledge and skills to adopt a lifetime of good health practices.

3617 Learning opportunities focused on personal health are essential to ensure a lifetime of
3618 positive health practices. Standards-based instructional strategies and application
3619 opportunities that allow third graders to make informed decisions that promote their
3620 personal health can be easily integrated and implemented throughout the daily
3621 curriculum. Instruction should build upon the student competencies achieved in prior
3622 grades by now focusing on skill practice such as demonstrating refusal skills, applying
3623 decision-making processes, and setting goals. An example may be a student politely
3624 declining to play video games with a friend and suggesting they go outside and play
3625 basketball or play in a park for physical activity to reach their daily physical activity goal
3626 of 60 minutes of exercise.

3627 Students discover the difference between communicable (infectious) and non-
3628 communicable diseases (chronic diseases) by researching examples of each online.
3629 Students provide class presentations using a creative technological program on
3630 prevention or risk-reduction tips for a chosen infectious or chronic disease (3.1.1.P,
3631 Essential Concepts). They learn that bacteria and viruses attack the body's immune
3632 system when an infectious disease is transmitted and is living in one's body. Students

3633 participate in mock reenactments such as never sharing eating or drinking utensils or
3634 not handling food or drinks used by any other person (3.1.2.P, 3.1.5.P, Essential
3635 Concepts). In pairs, students practice various assertive refusal skills and risk-reduction
3636 tips that they have identified and written on individual cards (3.1.1.P, Essential
3637 Concepts). Examples of refusal skills include politely declining to share eating or
3638 drinking utensils used by another person (3.4.1.P, Interpersonal Communication).
3639 Students write a positive health practice goal that they will practice daily and accomplish
3640 (3.6.1.P, Goal Setting) for one month to lower their risk for both an infectious disease
3641 and a chronic disease (3.1.3.P, Essential Concepts). Students' goals (with their names
3642 removed) are creatively displayed in the classroom to encourage classmates to adopt
3643 healthy practices beyond their own goals. Additional learning activities on personal and
3644 community health following the classroom example. In the classroom example below,
3645 students learn that healthy behaviors can be learned from family, friends, and other
3646 influences.

3647 Classroom Example: Healthy Family, Healthy Friends, Healthy Me!

3648 **Purpose of the Lesson:** Students are learning how culture, family, friends, and the
3649 media influence positive health practices. By creating a collective mural, students
3650 demonstrate how family, friends, and others influence positive health practices.

3651 **Standards:**

- 3652 • 3.2.1.P Identify how culture, family, friends, and media influence positive health
3653 practices (Analyzing Influences).
- 3654 • 3.1.5.P Describe how a healthy environment is essential to personal and community
3655 health (Essential Concepts).

3656 **Supplies:**

- 3657 • Very large scroll of paper to create a mural
- 3658 • Printer to print photos or online pictures

3659 Students in Ms. E's class are learning more about body systems and are being
3660 introduced to infectious and chronic diseases. They are beginning to have a greater
3661 understanding of the influences around them that affect their wellbeing. Ms. E would
3662 now like students to discover how family, friends, and the media influence positive
3663 health practices.

3664 To prepare for this activity, Ms. E asks the students to observe the positive health
3665 practices of their family members, guardians, caretakers, and friends over the next
3666 week and to write brief notes describing their observations. Students obtain an existing
3667 photo or draw a picture of themselves engaged in a healthy activity such as brushing
3668 their teeth or participating in physical activity. Media examples of healthy behaviors
3669 seen on television or online are also shared by the students and Ms. E. Students
3670 describe examples of positive health practices such as a family member who exercises
3671 by taking a long walk each day or who cooks a healthy meal that includes many
3672 vegetables; a sibling who pushes her brother's wheelchair to the park and then plays
3673 catch with him; a friend who rides their bicycle to and from school and always wears a
3674 helmet; a friend who just joined a soccer team; or a website that advertises a recycling
3675 program. Every day, Ms. E checks in with the students and asks them to report positive
3676 health practices they have observed so far. After one week, students bring their
3677 personal photos and drawings or download images from reliable websites to illustrate
3678 the positive health practices of others that they observed. With permission, they can
3679 also include photos of their friends or family members engaging in the activities.
3680 Students discuss with one another their observations and enjoy sharing the photos,
3681 drawings, and images they have collected. Photos and drawings of the students
3682 engaged in healthy activities are featured in the middle of the mural. The photos,
3683 drawings, and images are collectively pasted onto a mural that displays words the
3684 students have painted, "Healthy Family, Health Friends, Healthy Me!" The principal asks
3685 Ms. E to post the mural in the main school hallway outside the office.

3686 This interdisciplinary classroom example incorporates health education, science, and
3687 environmental topics.

3688 Classroom Example: I Can Make a Difference!

3689 **Purpose of the Lesson:** Students discover an environmental health challenge in their
3690 school or local community and create and implement a project to help resolve the
3691 challenge. By working together to resolve the littering and waste that occur in the lunch
3692 area, they recognize that they can help resolve a local environmental health problem.

3693 **Standards:**

- 3694 • 3.8.2.P Encourage others to promote a healthy environment (Health Promotion).
- 3695 • 3.1.6.P Discuss how reducing, recycling, and reusing products make for a healthier
3696 environment (Essential Concepts).
- 3697 • 3.1.5.P Describe how a healthy environment is essential to personal and community
3698 health (Essential Concepts).
- 3699 • **EP&C I:** The continuation and health of individual human lives and of
3700 human communities and societies depend on the health of the natural systems that
3701 provide essential goods and ecosystem services.
- 3702 • **EP&C V:** Decisions affecting resources and natural systems are based
3703 on a wide range of considerations and decision-making processes.
- 3704 • **CA NGSS 3–5-ETS1-1** Define a simple design problem reflecting a
3705 need or a want that includes specified criteria for success and constraints on
3706 materials, time, or cost.
- 3707 • **CA NGSS SEP-3** Planning and Carrying Out Investigations

3708 **Supplies:**

- 3709 • Poster paper
- 3710 • Printer to print photos or online pictures

3711 Students in Mr. A's class are learning how the littering and food waste that takes place
3712 every day during lunchtime can spread beyond the schoolyard and may pollute the
3713 nearby coastal waters. Earlier in the year they learned how polluted water can affect
3714 their health and the health of their community **(CA EP&C I).** They are
3715 starting to make connections between their actions and the health of the environment.

3716 To kick off this activity, Mr. A takes the students to the lunch area and asks them to
3717 make a drawing and write brief notes about what they saw. After they have made their
3718 drawings and notes, Mr. A starts a class discussion with the questions, “What did you
3719 see in the lunch area?” and “How did it get there?” Students share, for example, that
3720 they saw paper and plastic litter on the ground, the overflowing trash cans, and some
3721 food getting thrown away. It was a windy day and several said that they saw litter
3722 blowing out of the lunch area, into the schoolyard, and off into the street.

3723 Mr. A asked students to work in small groups and discuss why it is important to come up
3724 with a solution to the problem of food waste and litter on campus <bbh>(CA EP&C
3725 V).<ebh> With those reasons in mind, he tells students to develop some simple criteria
3726 to compare the design solutions they create to resolve these problems <bbh>(CA
3727 NGSS 3–5-ETS1-1).<ebh> Based on the criteria they established, students develop a
3728 variety of design solutions. When the small groups report out, they share ideas such as:
3729 starting a compost bin and placing it near the lunch area to collect waste food; telling
3730 the custodian what they saw and asking that the garbage cans be emptied twice during
3731 lunch to prevent overflow; and conducting a poster campaign to tell other students
3732 about the environmental health problems caused by waste and littering.

3733 The students decide to start an “I Can Make a Difference!” poster campaign. After just
3734 two weeks of monitoring they observed that the amount of litter and food waste on
3735 campus had decreased by 50% <bbh>(CA NGSS SEP 3).<ebh>

3736 Personal and Community Health Learning Activities

3737 **Essential Concepts:** 3.1.4.P Identify life-threatening conditions (e.g., heart attacks,
3738 asthma attacks, poisoning).

3739 **Accessing Valid Information:** 3.3.1.P Recognize individuals who can assist with
3740 health-related issues and potentially life-threatening health conditions (e.g., asthma
3741 episodes or seizures).

3742 Help! It's a Life-threatening Emergency: Call 9-1-1

3743 Students use classroom and valid electronic resources to identify common life-
3744 threatening emergencies specific to their age group (e.g., epilepsy and seizures, food
3745 allergies, diabetic emergencies, poisoning) and their symptoms along with
3746 recommended solutions for each emergency. Students should specifically include when
3747 to call 9-1-1 for assistance and who to ask (e.g., teacher or school nurse) for medical
3748 assistance at school. Populations with special needs such as students with disabilities
3749 should be included. Students learn that 9-1-1 should only be called in a true emergency
3750 such as someone needing help because they are unconscious; if they themselves or
3751 their family members or friends are in danger; or there has been an event where others
3752 are in danger such as an earthquake or fire. 9-1-1 should never be called as a joke or
3753 prank as this prohibits someone from receiving lifesaving attention. Free emergency
3754 response posters from American Heart Association or American Red Cross can be
3755 displayed in the classroom. (This activity is connected to the Model School Library
3756 Standards on accessing and using information.)

3757 **Essential Concepts:** 3.1.2.P Describe how bacteria and viruses affect the body.

3758 **Essential Concepts:** 3.1.3.P Identify positive health practices that reduce illness and
3759 disease.

3760 **Practicing Health-Enhancing Behaviors:** 3.7.1.P Evaluate ways to prevent the
3761 transmission of communicable diseases.

3762 Yucky Picnic

3763 Students describe how bacteria and viruses affect the body and identify positive
3764 practices that reduce illnesses by researching online the common foods that are a risk
3765 for food poisoning and their related symptoms. Foods include potato salad, eggs, egg
3766 salad, and peanut butter (salmonella); salads and undercooked meat (e-coli); ice cream
3767 (listeria); and berries (Hepatitis A). Students cut out shapes of the high-risk foods and
3768 make a collective collage for the classroom or cafeteria. Each shape contains a
3769 prevention message on how to avoid the food illness.

3770 **Essential Concepts:** 3.1.3.P Identify positive health practices that reduce illness and
3771 disease.

3772 **Practicing Health-Enhancing Behaviors:** 3.7.1.P Evaluate ways to prevent the
3773 transmission of communicable diseases.

3774 Infectious Disease Shields

3775 Students identify ways to prevent transmission of communicable disease by creating
3776 colorful symbolic European Medieval or Middle Ages shields made with poster board
3777 and markers that display one effective way to prevent an infectious (communicable)
3778 disease from spreading. They obtain information on disease prevention and ideas for
3779 designing their shields from online resources. Ideas may include using hand sanitizer,
3780 covering one's mouth and nose with one's arm when sneezing or coughing, washing
3781 hands, using gloves, or not sharing a drink with someone who is sick. Shields are
3782 displayed in a designated area in school or in the classroom. Students present their
3783 shields and describe their prevention idea to students in earlier grades.

3784 **Essential Concepts:** 3.1.6.P Discuss how reducing, recycling, and reusing products
3785 make for a healthier environment.

3786 **Practicing Health-Enhancing Behaviors:** 3.7.2.P Demonstrate ways to reduce, reuse,
3787 and recycle at home, at school, and in the community.

3788 **Health Promotion:** 3.8.2.P Encourage others to promote a healthy environment.

3789 Environmental Health Challenge

3790 Students describe and demonstrate ways to reduce, reuse, and recycle and encourage
3791 others to promote a healthy environment by engaging in environmental conservation
3792 initiatives such as recycling, water conservation, or minimizing pollution. <bgh>The

3793 fourth “R” of “Rot” can be considered for inclusion if the student’s school is a

3794 **composting campus.**<egh> Students can participate in a park, beach, river, lake, or
3795 school cleanup effort. To minimize air pollutants, students can walk or carpool to school
3796 or bring a refillable water bottle. Third-grade classes could challenge other classes in a
3797 competition on which class collectively conserves the most. Environmental health
3798 education messages can be distributed through posters, assemblies, the school’s
3799 website, and newsletters.

3800 **Partnering with your school:** Students recognize other students who are engaging in
3801 a positive health practice by giving them a sticker or ribbon that signifies they are a

3802 Health Hero. The premise of this activity is that it does not take a huge act to make a
3803 difference, but small acts of positive health behaviors are important to one’s overall

3804 health. Stickers are supplied to the students. Students are provided with examples of
3805 commendable actions such as eating a healthy lunch, refusing a sugary beverage,

3806 riding a bike to school, visiting the dentist or doctor, recycling, or choosing physical
3807 activity over sedentary activities. Health Heroes can be honored weekly, monthly, or

3808 by grading period. Students can also recommend Health Heroes by filling out a slip
3809 provided at the main office and placed in a box. Different classes can take turns

3810 reading, reviewing, and selecting the winners based on the criteria listed (commendable
3811 actions). Students and teachers publicize the Health Heroes campaign through various

3812 campus mechanisms including the morning circle, school assemblies, bulletin boards,
3813 school newspapers and website, and public announcements. (3.2.1.P, Analyzing

3814 Influences; 3.8.1.P, 3.8.2.P, Health Promotion).

3815 **Partnering with your community:** Who Can I Call? Following a discussion and role-

3816 playing scenarios of third grade students feeling threatened, students research and
3817 discover who to call if they are feeling threatened (3.3.2.P, Accessing Valid Information).
3818 Students create a contact card to place in their backpack or other easily accessible
3819 place. Each card contains information for various contacts such as the teacher, school
3820 nurse, principal, <byh>school<eyh> counselor, <bgh>school psychologist,<egh> parent,
3821 guardian, caretaker, trusted adult, or community organization. Students also enjoy a
3822 field trip to a fire department or emergency response unit to see firsthand how these
3823 agencies respond to such emergencies as heart attacks and poisonings (3.1.4.P,
3824 Essential Concepts).

3825 **Partnering with the family:** Contact the American Red Cross, American Heart
3826 Association, Poison Control Center, Epilepsy California, or emergency medical services
3827 to request educational materials on healthy practices, when to call for emergency
3828 health, and community resources to assist after an emergency (multi-language
3829 materials are available in some areas) for students to take home and share with their
3830 family (3.8.1.P, 3.8.2.P, Health Promotion).

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