California Preschool/
Transitional Kindergarten

Learning Foundations

Health

Universal PreKindergarten

For Three-to-Five-and-a-Half-Year-Old Children in Center-Based, Home-Based, and TK Settings

Table of Contents

Introduction

The Preschool/TK Learning Foundations (PTKLF) in the domain of Health describe the knowledge and skills that set the groundwork for young children to be healthy and develop into healthy adults. The foundations describe what children should know about health and what health and safety **habits** they can develop through daily routines in a supportive learning environment. **Health** not only is the absence of disease or illness but also includes physical, mental, and emotional well-being.[1] While the Health domain in the PTKLF addresses health and safety knowledge and practices, the Social and Emotional Development domain addresses knowledge and skills related to children's mental and emotional well-being. Early childhood is an especially important time to learn about healthy habits and develop skills and behaviors that set young children on a path to healthy lifestyle choices throughout their lives. In partnership with families, early education programs can have an important impact on the health knowledge, skills, attitudes, and practices of the children and families they serve.

The foundations and examples in the Health domain reflect children's readiness to learn key health and safety concepts during early childhood, while recognizing children's diverse backgrounds and abilities. Young children can learn about healthy habits that influence their own health, such as brushing their teeth, washing their hands, eating a variety of foods, and using sunscreen appropriately. They also learn about protecting the health of the group by following health practices like covering their cough. Additionally, young children learn about safety, including preventive behaviors such as using a car seat, wearing a helmet on bicycles or tricycles, and responsive behaviors such as seeking help when needed.

The PTKLF provide guidance to all California early education programs, including transitional kindergarten (TK), federal and state preschool programs (for example, California State Preschool

Program, Head Start), private preschool, and family child care homes, on the wide range of Health knowledge and skills that children age three to five and a half typically attain when attending a high-quality early education program. Teachers can use the PTKLF to guide their observations, set learning goals for children, and plan for developmentally appropriate, equitable, inclusive practice, including how to design learning environments and create learning experiences that promote children's learning and development in the Health domain. Early education programs can use the PTKLF to select and implement curricula aligned with the PTKLF, guide the selection of assessments aligned with the PTKLF, design and offer professional development and coaching programs for educators to support understanding and effective use of the PTKLF, and enhance preschool through third grade (P–3) continuity across learning goals and practice in health.

Organization of Health Domain

Strands and Sub-Strands

The PTKLF in Health are organized into strands and sub-strands that address key health knowledge and habits children develop through high-quality early childhood experiences.

- **Understanding Health and Wellness:** This strand includes body awareness, body safety and boundaries, **nutrition, physical activity,** and sleep.
  - The body awareness sub-strand includes children's learning the names of their body parts, learning the roles of health care providers, and communicating about health and wellness.
  - The body and safety boundaries sub-strand includes foundations on children's ability to recognize and communicate about wanted and unwanted touches. Young children are generally capable of learning that physical touch should occur only when it is wanted by them and that an unwanted touch is never OK.[2]
  - The sub-strands of nutrition, physical activity, and sleep all relate to maintaining a healthy body and staying well. The health foundations include protective factors such as healthy eating, physical activity, and healthy sleep habits, which are crucial aspects of health and wellness that children begin to learn about in early childhood.[3] The foundations guide teachers to support children in staying active and making healthy food choices, which can have lasting protective health effects.
- **Health and Safety Habits:** This strand covers the health habits, or actions, that children do as part of their daily routines in an early education program. The four areas covered under health and safety habits are basic **hygiene,** including handwashing and habits that prevent **infectious diseases** and **infestations** (for example, wearing a mask), oral health (for example, brushing teeth), sun safety, and injury prevention.

Foundations Statements

Within each sub-strand in the Health domain are individual foundation statements that describe the competencies—the knowledge and skills—that children can be expected to demonstrate in a high-quality early education program. Children develop these competencies at different times and in different ways within their home, school, and community contexts. The foundation statements are intended to help teachers identify learning opportunities they can support.

Age Levels

Age-based foundation statements describe what children may often know and be able to do as a result of their experiences and unique developmental journey in Health. These statements are presented in two overlapping age ranges with full recognition that each child's development progresses over the early years with growth spurts and periods of skill consolidation in different domains at different points in time:

- An "Early Foundation" addresses knowledge and skills that children often demonstrate between three and four-and-a-half years of age.
- A "Later Foundation" addresses knowledge and skills that children often demonstrate between four and five-and-a-half years of age.

Use of Examples

For each level of any given foundation, examples illustrate the diverse ways children may demonstrate their knowledge and skills. Examples across the Early and Later foundation levels show development over time. The first examples in each foundation are aligned across the Early and Later age levels. Examples show how children may demonstrate a developing skill or knowledge as part of their everyday routines, learning experiences, and interactions with adults and peers. Examples also provide different ways in which children may demonstrate their developing skills in different contexts, whether indoors or outdoors, and in a range of activities throughout the day.

Multilingual learners possess foundational language abilities developed in the context of their relationships in their homes and communities. The use of their home language in the early education program serves as a powerful tool, supporting children's sense of belonging, bridging connections to their existing knowledge, and fostering deeper ties to their homes and communities. Examples in the home language of multilingual learners illustrate how multilingual children can further develop these foundational abilities by using their home language as part of

their learning and daily interactions with peers and adults in the early education program. In instances where a teacher may not be fluent in a child's home language, various strategies can encourage multilingual learners to use their home languages, allowing them to leverage all their linguistic capacities. To facilitate communication and understanding, the teacher can partner with staff or family volunteers who speak the child's home language. The teacher can also use interpreters and translation technology tools to communicate with families and gain insights about what a child knows and is able to do. All teachers should communicate with families about the benefits of bilingualism and how the home language serves as a critical foundation for English language development. Teachers should encourage families to promote their child's continued development of the home language as an asset for overall learning.

The examples can help teachers gauge where a child's development is, consider how to support their development within their current skill level, and build toward the next skill level in that foundation. Furthermore, while the examples may provide teachers with valuable ideas for how to support children's learning and development as children build their knowledge or skill in Health, they are a small subset of all the different strategies teachers may employ to support children's learning and development in this domain. At the end of this introduction, the section How Teachers Can Support Children's Health and Well-Being offers ideas for ways to support children's learning and development in Health.

Diversity in How Children Develop Health Knowledge and Habits

While the core concepts of health and wellness represented in this domain are universal and crucial for supporting a healthy lifestyle for all children, there are differences in how children may demonstrate their knowledge and practice of healthy habits, based on cultural and family backgrounds, languages they speak, and individual development, strengths, and needs.

Children of diverse cultural and language backgrounds

The foundations and examples in the Health domain represent children from diverse cultural and language backgrounds. For instance, mealtime examples show children celebrating their cultural foods with others by sharing family favorite foods and cultural eating practices. The examples in the domain also show children's awareness and knowledge of health care providers within their cultural communities. For instance, some children are familiar with health advocates in their communities that play the role of lay community health advocates, such as *promotoras* or Native nations and tribal community health care workers. These health advocates typically speak the home language of the family and share their cultural values and practices.

Cultures and families vary in norms around physical touch. While some cultures may use physical touch when interacting with each other (for example, when greeting, comforting), other cultures practice different norms of physical boundaries. However, children may encounter a variety of cultural norms and expectations regarding physical touch in early education programs. Teachers can communicate with families regarding children's comfort level with various types and amounts of touch to determine what is appropriate.

Children may express their skills and knowledge in their home language or a mix of the languages they know. For instance, children from Native nations and tribal communities may use a combination of tribal traditional words with English. Children from similar cultural and linguistic backgrounds may exhibit different ways of communicating and practicing their health and safety habits. Through thoughtful observation and working closely with children and their families, teachers can learn more about how different children express their health knowledge and skills.

Children with disabilities and special health care needs

The management of health conditions, prevention of complications, and promotion of health are critically important for all children, especially for children with **orthopedic impairments** or **other health impairments**. The examples in the Health domain illustrate how children with diverse needs and disabilities may express the behaviors described in the foundation statements. For instance, the examples show how children with asthma may communicate about their condition or that children with physical disabilities may need adaptive equipment to engage in healthy habits and practices. Children with orthopedic impairments or other health impairments may also have meal plans, feeding practices, and preferred physical activities that can all be incorporated into how they engage with and develop health knowledge and habits. The foundations encourage teachers to individualize health practices as needed. A well-developed individualized health care plan is

essential for the successful inclusion of children with disabilities or special health care needs. Some types of special health care needs may be referenced in the child's individualized education program (IEP). Ensuring that all children's health care needs are met requires families, teachers, and other specialists to work together to create and carry out an IEP that meets the child's unique needs.

Early education programs directly contribute to and extend children's knowledge and skills in the Health domain by providing a warm, nurturing environment that encourages children to be more independent in those behaviors. This approach is particularly helpful for children with orthopedic impairments or other health impairments for whom healthy habits and choices are very important for managing their health throughout life.

How Teachers Can Support Children's Health and Well-Being

Every child deserves to learn and grow in healthy and safe early education environments with trustworthy adults who model healthy and safe practices throughout the day.[4] Teachers have an important role in children's health education.

"Teacher" refers to an adult (for example, lead teacher, assistant teacher, child care provider) with responsibility for the education and care of children in an early education program, including a California State Preschool Program, a Transitional Kindergarten program, a Head Start program, other center-based programs, and family child care homes.

Trusting and Safe Environments for Children and Adults

A crucial element in supporting children's healthy development is to create trusting and safe environments for children and adults. The foundations aim to convey that in early education programs children are safe with adults and children. Children are learning self-control and self-regulation of their own frustration or anger by not hurting themselves or others in their community. With the support of trustworthy teachers who provide racially and culturally responsive care and build respectful relationships with all families, a school can be a safe place for everyone.[5] The domain underscores the importance of supporting teachers in building trust with children, establishing safety and predictability in the classroom, and empowering children to say "no" to hurtful or unwanted touches from peers or adults.[6] Altogether, these ideas contribute to a safe environment for everyone.

Setting Daily Routines and Habits

Another element central to children's development of health knowledge and practices is healthy nutrition habits. Early education programs should have a variety of healthy food choices at mealtimes and water available for everyone at predictable times.[7] Mealtime routines provide opportunities during the day to support young children's healthy nutrition knowledge and practices. Children learn that mealtimes involve nourishing their bodies and that we eat when hungry and stop eating when full. During **family-style meals**, children are also learning social skills such as waiting, turn taking, and sharing.

Children's experiences of mealtimes are rooted in cultural practices at home.[8] For instance, children may be exposed to specific eating utensils related to their family meals. Similarly, some children may not eat certain foods based on religious or cultural reasons. Teachers should create consistent and healthy mealtime routines while honoring children's diverse home experiences around food and mealtimes and working closely with families to gather information about those cultural practices.

Modeling Healthy Habits and Providing Children Opportunities for Self-Care

As part of children's daily routines, it is important for teachers to model self-care such as basic hygiene and other health practices.[9] For example, teachers can model handwashing: "Now, I'm washing my hands before getting ready for lunch so I don't spread germs onto the food." Or, after staying home with a cold, saying, "I missed you yesterday when I was sick at home. My body needed time to rest, and I didn't want anyone else to get sick."

Just as important, teachers need to trust children's capacity to take on some (not all) responsibility for self-care and health behaviors that benefit themselves and the group. For example, understanding health and wellness concepts and practicing health and safety habits allow children to articulate how they are feeling individually and that behaviors such as handwashing and covering their cough benefit everyone (including adults). The health and wellness concepts and habits children learn in early childhood set the foundation for well-being throughout their lives.

Endnotes

1 World Health Organization. 2023. Constitution. https://www.who.int/about/governance/constitution.

2 Megan Manheim, Richard Felicetti, and Gillian Moloney, "Child Sexual Abuse Victimization Prevention Programs in Preschool and Kindergarten: Implications for Practice," *Journal of Child Sexual Abuse* 28, no. 6 (2019): 745–757.

3 National Institutes of Health. 2023. About NICHD. U.S. Department of Health and Human Services. https://www.nichd.nih.gov/about.

4 American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education, *Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs*, 4th ed. (Itasca, IL: American Academy of Pediatrics, 2019). https://nrckids.org/CFOC.

5 Jesse Scott, Lindsey S. Jaber, and Christina M. Rinaldi, "Trauma-Informed School Strategies for SEL and ACE Concerns during COVID-19," *Education Sciences* 11, no. 12 (December 2021): 796.

6 Dewi Puspitasari, Chusna Maulida, and Norma Noviyanto, "'Say No Bad Touch': The Use of Puppet Show to Promote Children's Awareness of Their Private Parts," *Muwazah* 11, no. 2 (December 2019): 263–278.

7 Ellyn Satter, "Eating Competence: Definition and Evidence for the Satter Eating Competence Model," *Journal of Nutrition Education and Behavior* 39, no. 5 (September 2007): S142–S153.

8 Katherine R. Arlinghaus et al., "Authoritative Parent Feeding Style Is Associated with Better Child Dietary Quality at Dinner Among Low-Income Minority Families," *The American Journal of Clinical Nutrition* 108, no. 4 (2018): 730–736; Traci A. Bekelman et al., "An Ecocultural Perspective on Eating-Related Routines Among Low-Income Families with Preschool-Aged Children," *Qualitative Health Research* 29, no. 9 (November 2019): 1345–1357; Amber E. Vaughn, Chantel L. Martin, and Dianne S. Ward, "What Matters Most—What Parents Model or What Parents Eat?" *Appetite* 126 (July 2018): 102–107.

9 Laura M. Lessard et al., "The Health Status of the Early Care and Education Workforce in the USA: A Scoping Review of the Evidence and Current Practice," *Public Health Reviews* 41, no. 2 (January 2020): 1–17.

Preschool/Transitional Kindergarten Learning Foundations in the Domain of Health

Children communicate their health knowledge and skills in a variety of ways, both verbally and nonverbally. Their communication may include verbal ways of communicating in their home languages, the language of instruction, or a combination of languages, or through the use of augmentative and alternative communication devices. It may also include nonverbal ways of communicating such as drawing and modeling with different materials or expressing through movement, actions, or role-play.

Strand: 1.0 — Understanding Health and Wellness

Sub-Strand — Body and Health Awareness

Foundation 1.1 **Identifying and Naming Body Parts**

Early 3 to 4 ½ Years	Later 4 to 5 ½ Years
Identify and correctly name a few external body parts (for example, elbow, head, private body parts) and a few internal body parts (for example, bones, brain, heart) and demonstrate limited knowledge of their functions.	Identify and correctly name several external body parts (for example, elbow, head, private body parts) and internal body parts (for example, bones, brain, heart) and demonstrate more detailed knowledge of their functions.

Early Examples

- A child communicates, “Food goes into my tummy,” while pointing to their stomach.

A child in a wheelchair sings along with the song, “Head, shoulders, knees, and toes,” while pointing to the corresponding body parts.

Later Examples

- A child touches their own chest, takes a big breath, exhales, and communicates, “Lungs help us breathe.”

A child comments in Spanish, “The heart pumps blood. It keeps us alive.”

(continued on following page)

■ Matching icon indicates alignment of examples across age-ranges

(continued)

Foundation 1.1 **Identifying and Naming Body Parts**

Early
3 to 4½ Years

Later
4 to 5½ Years

Early Examples (continued)

In the bathroom, a child comments in their home language, "Pee pee comes out of my weenie*!"

At mealtime, a child responds to another child, "You have food on your nose!"

Later Examples (continued)

When asked what the brain does, the child responds, "My brain helps me think."

In the bathroom, a child says, "I use my penis to pee."

*Some children may not use the anatomically correct name for their private body parts. It's important to work with families to use terms that they feel comfortable using with their child. Research suggests that using the anatomically correct names for private body parts promotes healthy body image and children's personal safety (Kenny and Wurtele 2008).

Foundation 1.2 **Communicating About Health Needs**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Communicate to an adult, with varying specificity and accuracy, about feeling uncomfortable, not feeling well, or a special health need.	Consistently communicate to an adult about feeling uncomfortable, not feeling well, or a special health need and can identify a solution.

Early Examples

- A child tells the teacher, “My head hurts.”
- A child communicates to their teacher in Spanish, “Peanuts make me sick.”
- A child tells the teacher in their home language, “I want to go inside.”
- A child communicates, “My tummy hurts,” when noticing the need to have a bowel movement.

Later Examples

- A child gestures to their head, communicates to the teacher that their head hurts, and asks to lie down.
- A child with asthma starts to wheeze and says to the teacher using American Sign Language, “I need my inhaler.”
- A Deaf child lets an adult know that their hearing aid is not working by pointing to their ear and signing or saying, “I need help. It’s broken.”
- A child communicates to the teacher using a mix of English and their home language, “My tummy hurts. I want to call my mom.” The teacher says, “OK, let’s call mom” in the child’s home language.

■ Matching icon indicates alignment of examples across age-ranges

Foundation 1.3 **Understanding the Role of Health Care Providers**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Communicate their basic understanding that health care providers keep people well and help them when they are not well.	Communicate more specific knowledge on how health care providers keep people well and help them when they are not well.

Early Examples

- While in the dramatic play area, a child pretends to be a doctor and communicates that medicine makes people feel better.
- A child communicates to a peer in Arabic, "I'm going to see my speech teacher to play games."
- A child explains that dentists take care of teeth and that doctors and nurses give medicine to help sick people feel better.
- In the dramatic play area, a child acts the part of the nurse and puts a bandage on a peer's pretend scraped knee.

Later Examples

- A child communicates that the doctor or nurse may give a shot, pill, or other medicine to help keep them feeling better.
- A child communicates to a peer using a mix of English and their home language, "I'm going to see my speech teacher to practice talking."
- A child with diabetes explains that the school nurse helps them with their insulin.
- A child explains that "a *promotora** came to our house and talked to us about healthy eating." They further explain that the *promotora* also "helped Mommy get ready for my new baby brother to be born."

*A *promotora* is a lay community health worker who works in Spanish-speaking communities.

■ Matching icon indicates alignment of examples across age-ranges

Sub-Strand — Body and Safety Boundaries

Foundation 1.4 **Recognizing and Communicating About Body Boundaries**

Early 3 to 4 ½ Years	Later 4 to 5 ½ Years
Recognize and communicate, with adult support, about body boundaries, including wanted touches (for example, hug from a peer, high five with a teacher) and unwanted touches (for example, hitting, pushing, inappropriate touches). Tend to follow trusted adults' guidance about body boundaries.	Demonstrate an ability to recognize and communicate about body boundaries, including wanted touches (for example, hug from a peer, high five with a teacher) and unwanted touches (for example, hitting, pushing, inappropriate touches). More consistently and independently follow and use trusted adults' guidance about body boundaries.

Inappropriate touches include any touch that makes children feel uncomfortable and are not for keeping them healthy, clean, and/or safe (CDE 2023).

Early Examples

- A child communicates to another child, "Hey, you hit me!" A teacher notices this exchange and tells the child who hit their peer, "When you hit them, that hurt them and made them sad. Can you try again to communicate what you need?"

A child who uses a wheelchair signals to a teacher for help when going to the bathroom. The teacher approaches them and asks, "Do you need help wiping?" The child nods and responds in Mandarin, "Yes."

Later Examples

- A child sees their peer being pushed by another child and intervenes, "Pushing is not nice!"

A child tells the teacher, "Can you come to bathroom? I'm going to pee. Don't look!" The teacher responds, "OK, I will go with you, but I'm not looking."

(continued on following page)

■ Matching icon indicates alignment of examples across age-ranges

(continued)

Foundation 1.4 **Recognizing and Communicating About Body Boundaries**

Early
3 to 4½ Years

Early Examples (continued)

A teacher notices a child who appears sad. They ask the child whether something happened, and the child uses their communication device to tell them that a peer pushed them.

When the teacher asks whether they would like a hug from a peer, a child communicates, "No," while shaking their head and showing facially and physically that they are uncomfortable about the hug. The teacher tells the peer, "Look, your peer is telling you that they are uncomfortable and don't want to be hugged right now."

Later
4 to 5½ Years

Later Examples (continued)

A child approaches a peer that is crying and asks them, "Sad? Need a hug?" The peer nods, "Yes," and opens their arms to receive a hug from their peer.

A teacher overhears a child say, "Stop" to a peer. When the teacher approaches them, the child says, "He keeps touching my hair."

Sub-Strand — Nutrition

Foundation 1.5 **Identifying Foods**

Early 3 to 4 ½ Years	Later 4 to 5 ½ Years
Identify a few specific foods.	Identify a larger variety of foods and know some of the related food groups.

Early Examples

- A child who is visually impaired reaches into a bag of fruits and vegetables, selects one, and says, "This is a mushy banana."
- In the dramatic play area, children talk about their favorite types of fruit. A child says, "My mom always buys lots of mangoes. I eat them every day."
- In the morning circle, a child shares, "I had rice, Spam, and eggs for breakfast."
- A child shares, "My *tío* [uncle] made me a *licuado de papaya* [papaya shake in Spanish]."
- During pretend play, a child communicates "making naan"* as they flatten out playdough.

Later Examples

- A child selects foods from two food groups at the snack table and comments, "I picked two kinds of food—an apple and string cheese."
- A child describes what a green bean feels like and identifies it as a vegetable when touching one inside a bag.
- A child says, "I had strawberries and blueberries for breakfast," and tells the other children how they picked both fruits when visiting a farm over the weekend.
- After working in the class garden, a child names foods that are grown in the ground, such as yams, carrots, and onions.
- At lunchtime, a child says, "I'm allergic to dairy. No milk or cheese for me."

*Naan is a traditional Indian flatbread found in South and Central Asian cuisine.

■ Matching icon indicates alignment of examples across age-ranges

Foundation 1.6 **Communicating Fullness and Hunger**

Early 3 to 4 ½ Years	Later 4 to 5 ½ Years
Demonstrate an emerging ability to communicate their own fullness and hunger to an adult. Anticipate mealtime routines but show a limited capacity to wait for the next meal.	Communicate more consistently their fullness and hunger to an adult. Anticipate mealtime routines and wait a little longer for a meal.

Early Examples

- A child arrives in the morning and communicates, "My tummy is making noise." The teacher asks, "I heard your tummy, too! Are you hungry?" The child nods, "Yes."

At snack time, a child appears to be full as they play with their food, moving it back and forth with a fork. The teacher asks, "Are you done eating?" The child responds in Vietnamese, "Yes."

A Deaf child approaches their teacher and uses pictures to ask the teacher for a snack. The teacher signs to the child, "It's almost time for lunch. You have a few more minutes to finish playing with fire trucks." The child communicates, "OK," and nods.

During a family-style lunch, a child shakes their head, "No," when the teacher offers a second serving of pasta.

Later Examples

- A child says, "My tummy is making noise. I'm hungry. When can we eat?"

At snack time, a child stops eating and shakes their head, "No," as they use their communication device to communicate, "All done. Full. Go play."

After craft time, a child asks the teacher, "Is it lunchtime? I'm hungry." The teacher replies, "Lunch is in 10 minutes. Would you please help me by putting out the napkins?" The child responds, "OK."

When listening to *The Very Hungry Caterpillar*, a child communicates, "That's too much food for my belly."

■ Matching icon indicates alignment of examples across age-ranges

Foundation 1.7 **Understanding a Variety of Foods**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Demonstrate an emerging understanding that eating a variety of food helps them grow and feel good. Choose familiar foods, including familial and cultural foods, although occasionally are open to trying new foods.	Demonstrate an understanding that eating a variety of food helps the body grow and feel good. Choose from a greater variety of foods at mealtimes, including familial and cultural foods.

Early Examples

- A child states, "I like tofu and cabbage, just like my grandpa. We use chopsticks."

During a family-style meal, a child self-serves broccoli and carrots and communicates, "Look at all the colors."

A child chooses a serving of a familiar food at lunch and refuses to try a small taste of a new food.

Later Examples

- A child communicates, "Teacher, my grandma made me chicken, rice, and corn because it helps me grow and play."

A child communicates, "My snack is healthy because it has two fruits—bananas and apples."

A child packs an imaginary lunch using many different kinds of food while playing in the play kitchen area and communicates to a peer, "This will help me grow strong!"

(continued on following page)

■ Matching icon indicates alignment of examples across age-ranges

(continued)

Foundation 1.7 **Understanding a Variety of Foods**

Early
3 to 4½ Years

Early Examples (continued)

When asked which vegetables they would like to grow in their class garden, one child communicates, "bok choy"; another responds, "tomatoes"; a third one says, "peas"; and a fourth responds, "collard greens."

A child communicates in Spanish at group time, "I made tamales* with grandma. I want one now."

*Tamales are a Mesoamerican dish made with masa (ground corn meal) that is steamed in a corn husk or banana leaf.

Later
4 to 5½ Years

Later Examples (continued)

A child tells a peer who is eating a chicken sandwich at lunch, "I eat chicken, but mom doesn't eat chicken."

While trying tamales for the first time during mealtime, a child shares about a food eaten during a holiday or special occasion, "I helped my mom make challah** for Rosh Hashanah."

**Challah is a type of braided bread. It is often eaten on Jewish holidays or ceremonial occasions.

Healthy eating routines include eating a variety of fruits, vegetables, grains, proteins, and dairy (or fortified alternatives) and foods and beverages that are rich in nutrients and limited in added sugars, saturated fat, and sodium (USDA 2023).

Sub-Strand — Physical Activity

Foundation 1.8 **Recognizing the Body's Response to Physical Activity**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Recognize, with adult support, the body's response to physical activity (for example, heart beating fast, sweating, needing water) and indicate the need to be physically active outdoors or indoors.	Recognize, with less or limited adult support, the body's response to physical activity (for example, heart beating fast, sweating, needing water) and demonstrate an emerging understanding that being active is healthy. More consistently and with less adult support indicate the need to be physically active outdoors or indoors.

Early Examples

- On the playground, a child communicates to a teacher, "Running makes my heart go fast!"

On a hot day, after running around outside, a child complains about feeling hot and tired. The teacher says, "It looks like your body is working hard. Your face is red, and you are sweating. Let's sit down in the shade. Do you want water?" The child nods their head, "Yes."

A child with a physical disability plays basketball in their wheelchair. When they return to the classroom, the teacher asks, "Was playing basketball fun?" They respond, "Yes. I'm sweaty."

After a long period of sitting, a child stands up and says, "Outside! Outside!"

Later Examples

- During outdoor play, a child communicates, "Playing jump rope makes my legs strong and my body happy."

A child shows a peer their Armenian dance and says, "This is the special dance I do after school with my sisters and cousins. When we dance fast, my heart goes fast!"

On a hot day, a child sits down in the shade and expresses to their teacher, "I ran a lot. I need water."

On the way out the door to the playground, a child says to their peer, "Running is fun. Let's race to the slide!"

■ Matching icon indicates alignment of examples across age-ranges

Sub-Strand — Sleep

Foundation 1.9 **Recognizing and Indicating When Tired**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Recognize, with adult support, when they are tired and express tiredness with a range of behaviors. Demonstrate limited ability to follow sleep routines consistently.	Indicate when they are tired with a range of behaviors and demonstrate an emerging ability to understand that sleep and rest are part of keeping their bodies healthy. Follow sleep and rest routines more consistently.

Early Examples

- During rest time, a child says, “No nap. Play!” The teacher responds, “We can play after rest time.” The child settles into rest time as the teacher puts on relaxing music.

A child rubs their eyes and yawns. The teacher asks them, “Are you feeling tired? If you rest, you will regain your energy!” The teacher helps them find a quiet zone, and the child lies down to rest.

After a reminder from the teacher, a child grabs their teddy bear and says, using a mix of English and Cantonese, “Time to sleep,” as the child gets comfortable for a nap.

Later Examples

- During rest time, a child expresses to a peer, “Shhh! I’m resting,” when the peer taps them on the shoulder and tries to talk to them.

A child puts a baby doll to sleep in the dramatic play area with a thermometer to signal that the doll is sick and says in their home language, “Time to sleep. If you sleep, you’ll feel better soon.”

After coming inside, a child removes their jacket and uses their communication device to tell the teacher that they are tired and yawns.

■ Matching icon indicates alignment of examples across age-ranges

Strand: 2.0 — Health and Safety Habits

Sub-Strand — Basic Hygiene

Foundation 2.1 **Handwashing**

Early 3 to 4 ½ Years	Later 4 to 5 ½ Years
Demonstrate knowledge of some steps in the handwashing routine.	Demonstrate knowledge of most or all steps in the handwashing routine.

Handwashing procedures include turning on the water, moistening hands, applying soap, lathering for 20 seconds, cleaning between fingers and the backs of the hands, rinsing, drying hands, and turning off the water (adapted from the *California Childcare Health Program of the University of California, San Francisco*).

Early Examples

- After playing outside, a child washes their hands, but does not use soap or dry their hands.

A child with a developmental disability puts soap on their hands and, with the teacher's hands guiding them, rubs their hands together, rinses, and turns off the water.

A child washes their fingers and parts of their hand but does not wash between their fingers.

Later Examples

- After playing outside, a child washes their hands, but only washes them for 10 seconds.

During handwashing, a child shows a peer how to wash their hands properly, while singing the ABC song. Then they communicate, "Oops! I forgot to dry my hands."

After using the bathroom, a child who is nonverbal goes to the sink and follows all the directions for washing hands, pointing to each picture prompt.

■ Matching icon indicates alignment of examples across age-ranges

Foundation 2.2 **Preventing Infectious Diseases**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Practice health habits that prevent infectious diseases and infestations (for example, lice) with adult instruction and modeling.	Practice health habits that prevent infectious diseases and infestations (for example, lice) with limited adult instruction and modeling.

Early Examples

- When reminded, at different times, a child coughs in their sleeve, blows their nose in a tissue, and avoids touching blood.
- When reminded, a child washes their hands before helping to prepare a snack, after using the bathroom, and before eating.
- With adult support, a child follows guidance for not sharing hats, forks, or toothbrushes.
- With adult support, a child wears a mask at school during high-risk periods of infectious diseases, such as COVID-19 or the flu.

Later Examples

- A child sneezes into their sleeve while playing, gets a tissue to blow their nose, throws the tissue in the wastebasket when finished, and then washes their hands when prompted.
- Watching a peer pick up an apple slice from the floor, a child communicates, “Eating dirty food can make you sick.”
- A child carefully drinks water from a drinking fountain without touching the spout.
- A child with a chronic respiratory condition says in their home language, “I wear my mask so I don’t get sick when my peers cough.”

■ Matching icon indicates alignment of examples across age-ranges

Sub-Strand — Oral Health

Foundation 2.3 **Toothbrushing**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Demonstrate knowledge and follow some steps of the toothbrushing routine with adult supervision and instruction.	Demonstrate knowledge and follow more steps of the toothbrushing routine and demonstrate knowledge of when toothbrushing should be done with limited adult supervision and instruction.

Toothbrushing procedures include placing a pea-sized amount of fluoride toothpaste on a soft-bristled toothbrush and brushing the inside, outside, and chewing surfaces of teeth for two minutes (adapted from the *California Childcare Health Program of the University of California, San Francisco*).

Early Examples	Later Examples
■ After the teacher demonstrates, a child uses a toothbrush to brush their outer teeth and then spits.	■ With some teacher guidance, a child applies a smear of toothpaste from their own tube or a piece of wax paper, brushes all three sides of the teeth (outsides, insides, and chewing surfaces), rinses, and spits.
A child brushes their teeth after mealtimes when prompted and needs help to apply toothpaste.	A child communicates, “I brush my teeth when I wake up and when I go to bed.”
After finishing breakfast, a child takes an adaptive toothbrush, begins to make brushing motions in their mouth, rinses the brush, and communicates in Tagalog, “Done!”	A child goes to the block center and asks a peer who finished eating lunch, “You didn’t brush. *¿Por qué?* [why in Spanish].”
A child picks up a toothbrush and communicates, “I only use my own to brush my teeth.”	

■ Matching icon indicates alignment of examples across age-ranges

Sub-Strand — Sun Safety

Foundation 2.4 **Practicing Sun Safety**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Practice some sun-safe actions (for example, wearing sunscreen, drinking water) with adult support and guidance.	Practice sun-safe actions (for example, wearing sunscreen, drinking water) with less adult support and guidance.

Early Examples

- When prompted by an adult, a child goes to the cubby and takes a sun hat to wear when going outside to the playground.

A child allows adults to apply sunscreen to their skin before going outside.

A child gets a drink of water during active outdoor play when reminded by the teacher.

Later Examples

- Before going outside, a child says, "I need sunscreen* because I need it to protect my skin."

While playing tag outside with peers, a child seeks shade and tells peers using a mix of English and their home language, "Hey, let's play under the tree."

After playing outside in the yard, a child says in their home language, "I'm thirsty," and gets a drink of water.

*Sunscreen is cream or lotion that protects all skin tones from potentially harmful sun rays and reduces the risk of developing skin cancer later in life. It is beneficial for all children to use measures of sun protection, including sunscreen.

■ Matching icon indicates alignment of examples across age-ranges

Sub-Strand — Injury Prevention

Foundation 2.5 **Following Safety Rules**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Follow indoor and outdoor safety rules (that is, any rules that protect children from danger, risk, or injury) with adult support and prompting.	Follow indoor and outdoor safety rules (that is, any rules that protect children from danger, risk, or injury) with less adult support and guidance.

Early Examples

- A child follows the rule to walk when inside the classroom, though they need a reminder when they get excited.
- With prompting by an adult, a child uses their own helmet when riding a wheeled toy.
- Referencing the elevated sand table, a child with a physical disability tells another child, “No! Don’t climb on the sand table. You’re going to make it fall.”
- A child slides down the slide, feet first, with adult supervision and prompting.

Later Examples

- A child reminds another child, “The teacher said, ‘don’t throw sand’!”
- A child checks to make sure the bottom of the slide is clear before sliding down.
- While on an accessible merry-go-round, a child comments to another child in Arabic, “That spot is for my friend’s wheelchair.”
- A child uses their own helmet and buckles the chin strap most of the time when riding a wheeled toy.
- A child holds up one hand and says, “Para!” (stop in Spanish) when another child is running in the classroom.

■ Matching icon indicates alignment of examples across age-ranges

Foundation 2.6 **Following Emergency Routines**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Demonstrate an ability to follow emergency routines (for example, fire drill, earthquake drill) after instruction and practice with adult support and guidance.	Demonstrate increased independent ability to follow emergency routines (for example, fire drill, earthquake drill) after instruction and practice with some adult guidance.

Early Examples

- A child follows the teacher's instructions to line up and exit the building during a fire drill.

During a practice evacuation drill, a child who is blind holds hands with a buddy to stay together in line after being prompted by a teacher.

During a practice fire drill, a Deaf child points to a flashing alarm light and signs "fire" to a teacher before joining peers in line.

Later Examples

- With some adult guidance, a child lines up according to the practiced routine when the teacher announces that it is an emergency.

At circle time, a child describes that 911 is the number to call if someone is hurt.

During a practice fire drill, a loud alarm goes off. A child with a sensory processing disorder goes to the cubby, puts on noise-canceling headphones, and joins their classmates in line.

■ Matching icon indicates alignment of examples across age-ranges

Foundation 2.7 **Following Transportation and Pedestrian Safety Rules**

Early **3 to 4 ½ Years**	**Later** **4 to 5 ½ Years**
Show an emerging ability to follow transportation and pedestrian safety rules with adult instruction and supervision (for example, look both ways before crossing the street, help buckle the harness straps in a car seat).	Show increased ability to follow and understand transportation and pedestrian safety rules with adult support and supervision (for example, look both ways before crossing the street, help buckle the harness straps in a car seat).

Early Examples

- After instruction, a child stops at the curb and looks at an adult to be sure it is safe to cross.

A child keeps their wheelchair between the white lines at a crosswalk, when prompted by an adult.

When on a walk in the neighborhood, a child notices a stop sign and communicates to the group, "Stop."

Later Examples

- Modeling an accompanying adult's actions, a child stops at the curb, looks both ways, and keeps looking for cars while crossing, staying within the lines of a crosswalk.

In the dramatic play area, a child tells a doll in Spanish, "Let's buckle up in the car seat before we go to the store."

A child comments to the teacher, "I helped my mom with my baby brother's car seat this morning, and I sit by him. I can't sit in the front seats."

■ Matching icon indicates alignment of examples across age-ranges

Glossary

family-style meals. Meals where food is in common dishes from which children serve themselves. Children pass the serving dishes from child to child and serve themselves with appropriate assistance. Caregivers participate in the meal, modeling good eating habits and taking part in conversations.

habits. Behaviors that children learn throughout the day because they are incorporated into their everyday routines (for example, handwashing).

health. The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

hygiene. Practice of maintaining health and preventing disease through cleanliness.

infectious diseases. Illnesses that are spread by germs, including viruses, bacteria, parasites, and fungi, which can enter the body to cause sickness.

infestation. The presence of a large number of pests (for example, lice or pinworms).

nutrition. The biological process of taking in food for the resources needed to live and grow.

orthopedic impairment. A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (for example, poliomyelitis, bone tuberculosis), and impairments from other causes (for example, cerebral palsy, amputations, and fractures or burns that cause contractures).

other health impairment. Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that adversely affects a child's educational performance due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette's syndrome.

physical activity. Any body movement produced by skeletal muscles resulting in the expenditure of energy.

References and Source Materials

American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2019. *Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and education programs*. 4th ed. American Academy of Pediatrics. https://nrckids.org/CFOC.

Arlinghaus, Katherine R., Kirstin Vollrath, Daphne C. Hernandez, Shabnam R. Momin, Teresia M. O'Connor, Thomas G. Power, and Sheryl O. Hughes. 2018. "Authoritative Parent Feeding Style Is Associated with Better Child Dietary Quality at Dinner Among Low-Income Minority Families." *The American Journal of Clinical Nutrition* 108 (4): 730–736.

Bekelman, Traci A., Laura L. Bellows, Lauren Clark, Darcy A. Thompson, Geri Kemper, Morgan L. McCloskey, and Susan L. Johnson. 2019. "An Ecocultural Perspective on Eating-Related Routines Among Low-Income Families With Preschool-Aged Children." *Qualitative Health Research* 29 (9): 1345–1357.

Bell, Janice F., Jeffrey S. Wilson, and Gilbert C. Liu. 2008. "Neighborhood Greenness and 2-Year Changes in Body Mass Index of Children and Youth." *American Journal of Preventive Medicine* 35 (6): 547–553.

California Childcare Health Program of the University of California, San Francisco. 2021. "Toothbrushing." https://cchp.ucsf.edu/resources/posters/toothbrushing.

California Childcare Health Program of the University of California, San Francisco. 2018. "Wash Your Hands Properly." https://cchp.ucsf.edu/content/wash-your-hands-properly.

California Department of Education (CDE). 2023. Health Education Framework. https://www.cde.ca.gov/ci/he/cf/.

Carle, Eric. 1994. *The Very Hungry Caterpillar*. London, England: Puffin.

Centers for Disease Control and Prevention. 2023. Promoting Healthy Behaviors. https://www.cdc.gov/healthyschools/healthybehaviors.htm.

Guyer, Bernard, Sai Ma, Holly Grason, Kevin Frick, Deborah Perry, Alyssa Wigton, and Jennifer McIntosh. 2008. *Investments to Promote Children's Health: A Systematic Literature Review and Economic Analysis of Interventions in the Preschool Period*. Baltimore, MD: Women's and Children's Health Policy Center, John Hopkins Bloomberg School of Public Health.

Karavida, Vasiliki, Eleni Tympa, and Athina Charissi. 2020. "Forest Schools: An Alternative Learning Approach at the Preschool Age." *Journal of Education & Social Policy* 7 (4): 115–120.

Kemple, Kristen M., JiHyun Oh, Elizabeth Kenney, and Tina Smith-Bonahue. 2016. "The Power of Outdoor Play and Play in Natural Environments." *Childhood Education* 92 (6): 446–454.

Kenny, Maureen C., and Sandy K. Wurtele. 2008. "Preschoolers' Knowledge of Genital Terminology: A Comparison of English and Spanish Speakers." *American Journal of Sexuality Education* 3 (4): 345–354.

Lessard, Laura M., Katilyn Wilkins, Jessica Rose-Malm, and M. Chaplin Mazzocchi. 2020. "The Health Status of the Early Care and Education Workforce in the USA: A Scoping Review of the Evidence and Current Practice" *Public Health Reviews* 41 (2): 1–17.

Manheim, Megan, Richard Felicetti, and Gillian Moloney. 2019. "Child Sexual Abuse Victimization Prevention Programs in Preschool and Kindergarten: Implications for Practice." *Journal of Child Sexual Abuse* 28 (6): 745–757.

Meyer, F., and J. Enax. 2018. "Early Childhood Caries: Epidemiology, Aetiology, and Prevention." *International Journal of Dentistry* 2018 (Article ID 1415873): 1–7.

National Institutes of Health. 2023. About NICHD. U.S. Department of Health and Human Services. https://www.nichd.nih.gov/about.

Puspitasari, Dewi, Chusna Maulida, and Norma Noviyanto. 2019. "'Say No Bad Touch': The Use of Puppet Show to Promote Children's Awareness of Their Private Parts." *Muwazah* 11 (2): 263–278.

Satter, Ellyn. 2007. "Eating Competence: Definition and Evidence for the Satter Eating Competence Model." *Journal of Nutrition Education and Behavior* 39 (5): S142–S153.

Scott, Jesse, Lindsey S. Jaber, and Christina M. Rinaldi. 2021. "Trauma-Informed School Strategies for SEL and ACE Concerns during COVID-19." *Education Sciences* 11 (12): 796.

Shaw, D. G. 2005. "Brain Fitness for Learning." *New Teacher Advocate* 13 (2): 6–7.

U.S. Department of Agriculture (USDA). 2023. What Is MyPlate? https://www.myplate.gov/eat-healthy/what-is-myplate.

Vaughn, Amber E., Chantel L. Martin, and Dianne S. Ward. 2018. "What Matters Most—What Parents Model or What Parents Eat?" *Appetite* 126:102–107.

World Health Organization. 2023. Constitution. https://www.who.int/about/governance/constitution.