

# DRAFT Chapter 3: Transitional Kindergarten Through Grade Three

## *Health Education Framework*

November 2018 Revision

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

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

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

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

## 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> administrators, curriculum specialists, and district  
11 personnel are in a unique and important position to inspire, encourage, teach, mentor,  
12 support, and guide young students in adopting healthy practices and positive health  
13 behaviors that will lead to a lifetime of good health.

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

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

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

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

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

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

58 practices of empathy and caring behaviors. Teachers, other educators, school  
59 counselors, administrators, and school nurses play an important role in navigating  
60 students to appropriate services and referrals within the school setting. Establishing a  
61 caring, respectful, inclusive, and compassionate classroom and school climate sets the  
62 foundation for many of the standards-based instructional strategies covered in this  
63 chapter.

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

### 75 **Health Education Standards for Kindergarten Through Grade Three**

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

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

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

- 101 • Nutrition and Physical Activity: K and 2
- 102 • Growth and Development: K, 1, and 3
- 103 • Injury Prevention and Safety: K and 1
- 104 • Alcohol, Tobacco, and Other Drugs: K and 2
- 105 • Mental, Emotional and Social Health: K, 2, and 3
- 106 • Personal and Community Health: K, 1, and 3

## 107 **Transitional Kindergarten**

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

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

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

135 **Nutrition**

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

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

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

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

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

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

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

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

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

219 **Partnering with your school:** Collaborate with the teacher librarian to identify books,  
220 videos, and other age-appropriate resources to share with your children on how a  
221 variety of nutritious foods help the body grow and keep them healthy. Work with your

222 school nutrition staff to arrange food tastings that correspond to the letter of the week or  
223 show children how food is prepared in their cafeteria. Be aware of and follow district and  
224 school policies on preparing or serving food in the classroom when planning activities.  
225 Work with school personnel to ensure that drinking water is easily available for all  
226 students and that water and milk <byh>(or plant-based alternative beverages, such as  
227 soy or almond)<eyh> are promoted over sugary beverages. <byh>The importance of  
228 water consumption and drinking water quality can be highlighted.<eyh> Investigate if  
229 your school is eligible for funding under the California Fresh Fruit and Vegetable  
230 Program, which provides fresh fruit and vegetable snacks to children. <byh>The U.S.  
231 Department of Agriculture’s (USDA) National School Lunch and School Breakfast  
232 Program are nutritious resources for students. Partner with nutrition experts such as the  
233 School District’s Food Service Department and the school cafeteria for  
234 information.<eyh> Information about these programs is available through the CDE  
235 Nutrition Division Web site. Invite students from a higher grade level or school  
236 administrators for <byh>a healthy food tasting to model healthy food choices<eyh> or to  
237 read books aloud to the children, such as *The Very, Hungry Caterpillar*, by Eric Carle  
238 and *Gregory, the Terrible Eater*, by Mitchell Sharmat,<byh> *The Vegetables We Eat* by  
239 Gail Gibbons, *Zora’s Zucchini* by Katherine Pryor.<eyh>

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

245 **Partnering with the family:** Encourage children to ask their family members’ about  
246 their childhood experiences with gardening or traditional family foods. Send home a  
247 newsletter about healthy foods drawn and written, with adult assistance, by the children.  
248 Suggest as a family activity that children will try one healthy food (such as a vegetable  
249 or fruit) or dish (made in or outside their home) that they do not usually eat—and ask  
250 parents, guardians, and caretakers, with the help of their children, to report on their

251 child's experience. <byh> Invite family members to visit class to help prepare healthy  
252 snacks for students, highlighting various foods from different cultures and traditions.  
253 Host a family cooking class or event for parents/guardians/caregivers. Consult the  
254 school's policy for food preparation and allergies.<eyh>

## 255 **Safety**

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

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

280 Games such as Red Light/Green Light and Simon Says can reinforce children's learning  
281 to listen to and follow instructions by providing opportunities to practice their skills for  
282 listening and following directions. Teachers can hang posters on the walls that illustrate  
283 the emergency procedure in a few simple steps and periodically prompt children to talk  
284 about the posters. Children can create drawings about the emergency procedures to  
285 help them remember the steps. Instruction should include practicing emergency  
286 procedures at different times throughout the school year and provide sufficient practice  
287 so that the children develop a routine for the procedure. Children should learn and  
288 practice the safety procedures for different places in the school (in the classroom, on  
289 the playground, in the school library) and what to do if the usual escape route is not  
290 available (e.g., fire or an intruder is blocking an exit). Children should also be introduced  
291 to and have opportunities to interact with other adults at the school who give directions  
292 during emergencies, such as the school principal, other teachers, school staff (e.g.,  
293 noon duty supervisors, classroom aides, administrative assistants). Children should also  
294 learn that police officers and firefighters come to the school for some emergencies and  
295 it is important to listen to and to follow their directions. Inviting police officers and  
296 firefighters to the classroom provides an opportunity to see these individuals as trusted  
297 adults who are helpers in the community.

298 Teachers need to be aware of the medical needs of the children in their classroom. If a  
299 child in the class has a food allergy to peanuts, for example, or other potentially life-  
300 threatening condition (e.g., asthma, diabetes, seizures, bee-sting allergy), work with the  
301 school or district nurse and the child's parent, guardian, or caretaker to establish  
302 emergency response procedures. Once the policy is approved and in place, the teacher  
303 or school nurse can explain to the children not everyone can eat the same foods and  
304 teach the appropriate response to the food-allergy emergency or emergency caused by  
305 other life-threatening conditions. Care must be taken ensure the confidentiality of the  
306 child with the condition and that the child is not stigmatized. As needed, teachers can  
307 seek advice from school or district credentialed school nurses, mental health staff, or  
308 social workers or the child's parents, guardians, or caretakers for stigma-free ways to

309 explain what might happen in a food-allergy emergency or other type of physical  
310 emergency without frightening the children.

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

325 Many children travel to and from school in a car or bus. For children who ride the bus,  
326 teachers and the bus driver need to work together to ensure that children are learning  
327 one set of rules. A bus driver or other school district transportation personnel can be a  
328 guest speaker and take the lead on establishing and communicating to the teachers and  
329 children the bus safety rules. Teachers reinforce bus safety by having all children, not  
330 just the children who take the bus to/from school, learn and practice bus safety.

331 Children can build “buses” in the classroom, using boxes, big blocks, or chairs, to play  
332 and practice bus safety. Teachers can use the time when children are waiting for the  
333 bus to remind them of the bus rules, such as staying in their seat, and ask them to recite  
334 and explain why the rules are important. At this age, children are interested in helping  
335 others be safe and being a role model can motivate children to practice safe behaviors.  
336 For example, a child can model waiting for the bus driver to signal that it is okay to get

337 on the bus before entering the bus. Look for resources from the National Highway  
338 Traffic Safety Administration.

339 Passenger injuries may be avoided or less serious if children are using seatbelts and  
340 car seats properly while riding in a car. Teachers can help children develop this healthy  
341 habit by providing opportunities for them to practice proper buckling of seatbelts and  
342 safety straps. Songs about buckling up that involve motions are one way to help  
343 children remember to always fasten their seatbelts and safety straps. Play-house  
344 strollers and play cars with car seats, seatbelts or safety straps that children can buckle  
345 around dolls, puppets, and stuffed animals provide practice and remind children that car  
346 seats, seatbelts, and safety straps are ways to keep people safe—practicing buckling  
347 up also helps develop their fine motor skills.

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

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

359 **Partnering with the family:** As children learn school emergency procedures, inform  
360 parents, guardians, or caretakers about what the children are learning. Send home  
361 information about safe travel or how to develop a home/family plan for emergencies.  
362 Invite them to a school-wide carnival, bike rodeo, or car seat demonstration and safety  
363 check. Provide this information in the languages used in the children's homes.  
364 Encourage children to sing at home the safety songs they have learned. The school

365 nurse can educate families regarding when to keep their child home due to illness and  
366 when their child is well enough to attend school.

### 367 **Health Habits**

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

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

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

391 If the classroom environment supports <byh>tooth<eyh> brushing during the school  
392 day, teachers can take advantage of the opportunity to help children learn to brush their  
393 teeth in a manner that helps prevent tooth decay. A local chapter of a dental association  
394 or a local dentist may be able to provide instruction in the classroom on the proper teeth  
395 cleaning techniques and supply <byh>toothbrushes, toothpaste, and dental floss.<eyh>  
396 Some communities have mobile dental units supported by local health organizations  
397 that come to school sites to provide dental health services and education. The local  
398 public health department or school nurse may be able to identify community dental  
399 services <byh>or service providers.<eyh> Even without opportunities to brush their  
400 teeth in class, children can learn about the importance of cleaning their teeth and  
401 visiting the dentist. A dramatic play area with oversized models of teeth that children  
402 can brush with oversize toothbrushes provides opportunities for skills practice in an  
403 engaging way. Small <byh>toothbrushes<eyh> for children to use to brush the teeth of  
404 dolls and stuffed animals, books about brushing teeth and going to the dentist, and  
405 books about how animals use their teeth all support learning and promote healthy  
406 behaviors. Visual pedagogy such as posters placed near sinks and help students  
407 remember the steps of handwashing and tooth brushing and may be particularly  
408 effective for students with autism or other special needs.

409 In TK, children learn about internal body parts and their functions, the people who help  
410 them stay healthy, and how to tell an adult when they are not feeling well. In  
411 kindergarten, children will build on their knowledge of major body parts and their  
412 functions and continue to practice communication skills. Learning about internal (lungs,  
413 heart, brain, stomach, muscles, bones) and external (eyes, ears, skin) body parts and  
414 their functions connects to learning about eating a variety of foods and exercise. For  
415 example, TK children learn that Vitamin D from the sun and calcium from chick peas,  
416 tofu, white beans, <byh>leafy greens,<eyh> and dairy products make the bones that  
417 support their bodies stronger and the vitamins in carrots are good for their eyes. They  
418 learn that getting enough sleep and physical activity help their bodies grow and keep  
419 them healthy. Learning about their body parts and functions also connects to learning  
420 about safety and how to protect their bodies by following safety rules at school and at

421 home, such as wearing a helmet when riding a scooter to protect their brain. Knowing  
422 the names for body parts also helps children communicate discomfort when they do not  
423 feel well. Read-aloud books, pop-up books, videos, and diagrams on body parts and  
424 their functions help children “see inside their bodies.” Songs such as “Head, Shoulders,  
425 Knees, and Toes” and games in which children touch or point to their own external body  
426 parts (eyes, ears, knees, elbow) make learning fun and help develop children’s  
427 vocabulary.

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

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

450 before and after dramatic play. It is important to ensure clean drinking water is  
451 accessible and children can get a drink on their own. A song with motions that can be  
452 sung before recess or physical education instruction encourages children to drink water.

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

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

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

## 472 **Social-Emotional Development**

473 Social-emotional development is a separate domain in the preschool learning  
474 foundations and encompasses three strands: self, social interaction, and relationships.  
475 In kindergarten, these topics are in the mental, emotional, and social health content

476 area. The importance of social-emotional development in TK cannot be over  
477 emphasized.

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

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

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

498 It requires careful planning to create an environment in which children learn through  
499 play-based and inquiry-based activities that reflect their interests and curiosity. Children  
500 learn when the classroom supports open-ended creativity and dramatic play, using a  
501 variety of learning spaces and interest areas such as areas for blocks and  
502 manipulatives, science, art, dramatic play, outside climbing, drawing and writing, and  
503 sand-and-water activity. The classroom needs to provide spaces for large and small

504 group learning, quiet reading places, and outdoor play. There need to be sufficient  
505 materials (puppets, puzzles, blocks, toy cars) for children to share and supplies for  
506 drawing, writing, and creating art (CDE 2010b). Outdoor play areas should also support  
507 exploration and play. Providing outdoor play equipment they can safely master helps  
508 children build their confidence and develop their motor skills. Areas to run, jump, and  
509 spin offer movement options to help children stay focused during large group  
510 instruction. Dramatic play areas promote cooperative play and let children's  
511 imaginations soar. A cozy, quiet place can be a respite for children who feel  
512 overstimulated and are seeking a place to calm themselves and lower their stress.

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

532 Teachers and other adults in the classroom should be careful to respond to children's  
533 inappropriate behavior in a calm manner and offer suggestions for other ways to behave  
534 or solve a problem. Children can be taught strategies to express feelings and resolve  
535 conflicts. Teachers can create a classroom culture of helpfulness and problem-solving  
536 through puppets, conversations, songs, poems/raps, posters and books. Teachers help  
537 children learn to express in words their feelings and thoughts by teaching problem  
538 solving techniques and the vocabulary they need to communicate using classroom  
539 conversations, books, songs, chants, poems, and videos. By reading aloud to and with  
540 children a variety of books that reflect the diversity of the children including books about  
541 how to problem solve, communicate feelings, share, and cooperate, teachers provide  
542 the children age-appropriate models. Culturally and linguistically relevant songs,  
543 including songs in the primary languages and home dialects (e.g., African American  
544 English) of the children promote healthy relationships and a positive sense of self and of  
545 one's community.

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

555 **Partnering with your school:** The physical school site and all the adults at the site  
556 contribute to TK children's sense of wellbeing. Acquaint children with school personnel  
557 through walks around the school to the principal's office, the "big kids" playground, the  
558 school nurse's office, and the cafeteria, including the kitchen or other sections that  
559 children do not usually have access to. Make frequent visits to the school library/media  
560 center. Invite the principal, teacher librarian, school nurse, school administrative

561 assistant, cafeteria staff, noon duty supervisor, expanded learning teachers and  
562 directors, and other adults at the school to the TK classroom to read a story, teach a  
563 song, or watch children tell a story, sing, or perform a skit.

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

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

## 586 **Kindergarten**

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

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

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

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

615 Through programs, policies, and learning opportunities, schools play a key role in  
616 establishing positive environments that promote and support healthy practices and  
617 behaviors such as regular physical activity and good nutrition (CDC 2017a).  
618 Kindergarten is an opportune time for students to learn how to eat a healthy diet and  
619 make physical activity part of their daily lives.

620 A healthy diet includes a variety of foods including traditional and cultural foods to meet  
621 the nutritional needs of a growing body and limited consumption of foods that are high in  
622 calories but provide few, if any, nutrients (Academy of Nutrition and Dietetics 2017,  
623 CDC 2017). <byh>The Dairy Council of California (2018) defines variety as a diverse  
624 assortment of foods and beverages across and within all food groups – dairy, fruits,  
625 vegetables, grains, and protein foods (Dietary Guidelines of Americans; USDA  
626 2018).<eyh> Search the United States Department of Agriculture (USDA) and other  
627 reliable, medically accurate resources for current food groups and recommended  
628 portion sizes. <byh>There is more than one way to eat healthfully and everyone has  
629 their own eating style. Healthy eating patterns encompass all food and beverage  
630 choices over time, providing an adaptable, personalized framework tailored to one's  
631 preferences, culture, tradition and budget. Choosing a variety of nutrient-rich foods from  
632 all food groups – dairy, fruits, vegetables, grains, and protein foods for a healthy eating  
633 pattern.<eyh>

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

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

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

664 Classroom Example: Breakfast Cereal Advertisements

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

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

672 Standard:

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

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

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

685 Ms. V begins the lesson by asking her students if they know what an advertisement is  
686 and if they have ever seen one. While most students have seen advertisements on  
687 television or online, they may not have heard the word *advertisement*. Ms. V is prepared  
688 to tell about some advertisements from current television programs or online videos that  
689 her students may have watched. After students have responded to the question and  
690 share information about advertisements they have seen, Ms. V asks students if they  
691 know what the purpose of advertisements is. Not many students answer the question,  
692 so she asks students to discuss it with a buddy sitting next to them and then share with  
693 the group what they think the purpose is. Once she is certain that students understand  
694 the purpose of advertisements is to get them to buy something, she knows the students  
695 are ready to move to the next part of the lesson. Because the students are having

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

698 As the song ends, Ms. V asks the students to sit in small groups with the three or four  
699 people next to them. Ms. V shows the students cut-out front panels from the boxes of  
700 several popular cereals, ones that are likely to have been advertised. She gives each  
701 group a box panel and asks the students to look closely at the pictures on the box  
702 panel. Ms. V then asks each group of students to discuss what they like about the box  
703 panel and if they have seen an advertisement about the cereal. After a few minutes, Ms.  
704 V asks each group to report out their discussion on the two questions. She prompts the  
705 students by restating the questions. After all the groups have reported, Ms. V asks the  
706 students to show by raising their hands if they would like to buy the cereal because they  
707 liked the pictures on the box panel or the advertisement about the cereal they have  
708 seen. Ms. V counts the hands and tells the class how many students want to buy the  
709 cereal because they like the advertisement. She makes the point that this is the purpose  
710 of advertisements—to make them want to buy something.

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

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

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

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

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

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

747 Physical Activity Guidelines for Americans: Active Children and Adolescents

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

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

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

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

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

770 Classroom Example: Choosing Active Play Options

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

775 Standard:

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

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

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

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

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

- 799 • Walk fast (thumbs up)
- 800 • Run in a circle (thumbs up)
- 801 • Play video games (thumbs down)
- 802 • Skip to the other side of the play space (thumbs up)
- 803 • Play cards (thumbs down)
- 804 • Dance (thumbs up)
- 805 • Play hopscotch (thumbs up)
- 806 • Practice yoga (thumbs up)
- 807 • Ride a bike (thumbs up)
- 808 • Watch television (thumbs down)
- 809 • Do Karate, Tae Kwon Do, Tai Chi, or other martial arts (thumbs up)
- 810 • Pretend to be an airplane flying high in the sky (thumbs up)
- 811 • Walk like an elephant (thumbs up)
- 812 • Roll in a wheelchair like a racecar (thumbs up)
- 813 • Play seated volleyball or catch/throw (thumbs up)

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

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

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

829 Nutrition and Physical Activity Learning Activities

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

832 Food Group Fun

833 Students name a variety of healthy foods by sorting healthy food examples (photo cards  
834 of food, plastic toy foods, or felt cut outs of various foods) and by placing them in the  
835 correct area of a giant plate marked as a divided circle on the classroom floor or carpet.

836 Students can also color and cut sample healthy food items and glue them on a paper  
837 plate. <byh>Students can also prepare snacks including all of the food groups, such as  
838 whole grain tortilla wraps with bean dip and diced vegetables inside. Consult the  
839 school's policy on preparing and serving food in the classroom and check for nut and  
840 other food allergies.<eyh> Students are encouraged to share and identify the healthy  
841 foods they ate this week. <byh>Teachers are encouraged to recognize that legumes  
842 and vegetables are high in lean protein when referencing the protein group.<eyh> See  
843 the USDA MyPlate Web site for free resources.

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

845 Healthy Snacks—Yum

846 During snack time, students identify and discuss a variety healthy snacks they like such  
847 as carrots and bananas. Pictures of healthy snacks can be shared with students.

848 Students are asked to point to their teeth, eyes, and skin as they learn that calcium-rich  
849 foods such as <byh>milk, cheese, almonds, tofu, and collard greens<eyh>are important  
850 for strong bones and teeth and that vegetables give us good eye sight, help us see in  
851 the dark like superheroes, and help heal cuts and scratches. Proteins such as chicken,  
852 beans, <byh>peas, soy products, nuts, seeds, and<eyh> peanut butter help us to be  
853 strong by building muscles. Students enjoy flexing their biceps to show off their  
854 muscles.

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

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

857 Healthy Colors of the Rainbow Snacks

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

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

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

868 Breakfast Display

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

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

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

882 Breakfast Around the World—Breakfast in My World!

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

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

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

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

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

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

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

910 Friendship Pocket

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

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

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

922 A is for Apple, Square is for Sandwich

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

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

933 Fruit and Vegetable Explorers

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

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

945 Dramatic Play

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

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

951 Gardening for Health

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

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

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

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

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

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

### 981 **Growth and Development (G)**

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

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

1000 In science, kindergarten students learn that plants and animals—including humans—  
1001 need certain things like water, food, and sunshine to grow and survive <bbh>(California  
1002 Next General Science Standards [CA NGSS] K-LS1-1) <ebh> and they discover how  
1003 people can affect the survival of plants and animals <bbh>(California Environmental  
1004 Principles and Concepts [CA EP&Cs], Principle III).<ebh> In health, students learn that  
1005 living things grow and mature (K.1.1.G, Essential Concepts). These connections to  
1006 growth and development provide opportunities to apply knowledge in science to health  
1007 education as students compare how humans grow and mature to other animal and plant  
1008 life cycles. Students discover how living things grow and mature by interacting and  
1009 caring for class pets such as fish, hermit crabs, guinea pigs, hamsters, rabbits, bearded  
1010 dragons, or other lizards. Students can be empowered to choose which pets the  
1011 classroom adopts by voting and collectively naming and caring for the pet. Teachers  
1012 should check with parents, guardians, and caretakers for any allergies in addition to the  
1013 school and district's allergy and animal policy. Plants also provide a care-taking

1014 opportunity for children. Seeds can be planted in containers and grown under grow  
1015 lights or near bright windows. School gardens also provide an opportunity to  
1016 demonstrate this concept (see the Nutrition and Physical Activity section).  
1017 Kindergartners learn water is essential to all life forms and some living things, such as  
1018 plants, use energy from the sun to make their own food.

1019 Singing songs and reciting poems about bones and body parts is a fun and engaging  
1020 way students learn more about their bodies. Students sing the “Skeleton Dance” song  
1021 while pointing along to their corresponding body parts. “The toe bones connected to the  
1022 foot bone. The foot bone’s connected to the ankle bone. The ankle bone’s connected to  
1023 the shin bone...” Students also enjoy singing and dancing to the “Hokey Pokey” or the  
1024 familiar “Head, Shoulders, Knees, and Toes.” Additional books and song books include  
1025 *Inside Your Outside: All About the Human Body* by Tish Rabe (2003) and *My*  
1026 *BodyWorks: Songs About Your Bones, Muscles, Heart and More!* by Jane and Steven  
1027 Schoenberg (2014). Students also learn about select body parts such as the heart  
1028 which pumps to circulate our blood. They place their hand over their heart to feel their  
1029 heart beating. They learn that the brain is located inside our heads and helps us think,  
1030 memorize, and learn (K.1.5.G, Essential Concepts). In the example below, students  
1031 name and describe the five senses (K.1.6.G, Essential Concepts). One of the five  
1032 senses can be explored each day.

1033 Classroom Example: My Five Senses

1034 **Purpose of the Lesson:** Students explore various activities to name and describe the  
1035 five senses.

1036 **Standards:**

- 1037 • K.1.6.G Name and describe the five senses (Essential Concepts).  
1038 • K.1.5.G Name body parts and their functions (Essential Concepts).

1039 **Supplies:**

- 1040 Sample foods for tasting salty, sweet, bitter, and sour.
- 1041 Braille books
- 1042 Plastic glasses, safety goggles, eye patch, sun glasses
- 1043 Sample instruments or an electronic device to play instruments
- 1044 Cotton balls
- 1045 Flavor extracts
- 1046 Sample items for the touch activity that have different textures: nail file, marshmallow, a  
1047 cotton ball, rubber spider, a piece of satin
- 1048 Students in Ms. C's kindergarten class are very curious about every subject and excited  
1049 to learn more about how their body functions. This week the students will learn about  
1050 their five senses: taste, sight, hearing, smell, and touch.
- 1051 Ms. C first reads aloud the books *My Five Senses* (1989, 2015) by Alike and *Look,*  
1052 *Listen, Taste, Touch, Smell* by Pamela Hill Nettleton (2004).
- 1053 Monday. Taste: Students learn that they are going to taste different items to see which  
1054 ones are salty, sweet, sour, or bitter. Students learn that their tongue has little things on  
1055 it called taste buds that help taste food. Students first wash their hands or use hand  
1056 sanitizer. Ms. C's students discover salty foods by tasting a cracker, sweet with a raisin,  
1057 sour by tasting a lemon slice, and bitter with unsweetened chocolate on a plate.  
1058 Children enjoy talking to one another about what they taste and discover with each new  
1059 experience.
- 1060 Tuesday. Sight: Ms. C's students then learn that our eyes are important for seeing.  
1061 Sight is explored by students identifying what letters they can see with both eyes open  
1062 and then covering their left or right eye with a seeing-eye chart that is printed from an  
1063 online resource. Braille books Ms. C checked out from a local library are then explored

1064 and felt by the students as she explains that some people are unable to see (blindness),  
1065 or have very poor vision, even with glasses (severe visual impairment). Braille books  
1066 allow blind people to feel words for reading, rather than see them. The students then  
1067 enjoy exploring a pair of plastic eye glasses and trying on sunglasses, safety goggles,  
1068 and pirate eye patches, noting the difference in their eyesight.

1069 Wednesday. Hearing: Students discover that there are many sounds all around us and  
1070 that their ears are used for hearing. Ms. C plays sounds on an electronic device and by  
1071 playing various instruments and bells while the student's eyes are covered. Each  
1072 student takes turns playing an instrument or sound for their peers while the other  
1073 students guess which sound they hear. Students learn that just like with vision, some  
1074 students have hearing loss or cannot hear at all (deafness). These students may wear  
1075 hearing aids in order to hear well. Students also learn about hearing protection and  
1076 safety practices such as not listening to loud music with or without headphones.

1077 Thursday. Smell: The kindergarten students learn that smell is an important sense and  
1078 the nose is also an important sensory organ for breathing, smell, taste, and even  
1079 keeping them safe and healthy. Students smell various extracts such as lemon,  
1080 cinnamon, or mint on a cotton ball and identify the mystery scent. Students also learn  
1081 that smelling can inform us of an emergency occurring such as smelling smoke, fire, or  
1082 a gas leak.

1083 Friday. Touch: Ms. C explains that feeling occurs from different special things called  
1084 nerves that we have in our hands, muscles, and skin. Students enjoy discovering  
1085 different touch senses by feeling different textured objects in a box and describing the  
1086 feel of the different objects including a nail file, marshmallow, a cotton ball, rubber  
1087 spider, and a piece of satin.

1088 Ms. C tells the students that keeping their senses healthy by going to the doctor, eye  
1089 doctor, and dentist is important for their health and wellbeing. Students share that they  
1090 enjoyed the activity and ask which body part they are going to learn about next.

1091 Students describe their own physical characteristics and name ways in which people  
1092 are similar and ways in which they are different (K.1.2.–3.G, Essential Concepts) as  
1093 they create self-portraits. Each student is provided a pre-made (prepared by the teacher  
1094 in advance) life-size “I Am Me” cut out to decorate and personalize with what they like to  
1095 do. For example, students who love to dance or play soccer may decorate their cutout  
1096 with ballet shoes or a soccer ball. Students discover they have many qualities in  
1097 common as well as other qualities that make them unique when they tell about their “I  
1098 Am Me” in class. The message that we all have special qualities is emphasized by the  
1099 teacher in a supportive, inclusive tone. The life-size student self-portraits, which may be  
1100 stuffed with newspaper or paper filling, are fastened together as if holding hands in a  
1101 display of unity in the classroom or the school. See the Mental, Emotional, and Social  
1102 Health (M) section for additional teaching strategies that cover these two standards  
1103 (K.1.2.–3.G, Essential Concepts).

1104 Students also learn about individual differences, including gender, from a very early  
1105 age. Gender socialization begins before children start school—students may believe  
1106 that different norms are associated with people of particular genders by the time they  
1107 enter kindergarten. While this understanding may be limited, students can still begin to  
1108 challenge gender stereotypes in a way that is age appropriate. While students may not  
1109 fully understand the concepts of gender expression and identity, some children in  
1110 kindergarten and even younger have identified as transgender or understand they have  
1111 a gender identity that is different from their sex assigned at birth. This may present itself  
1112 in different ways including dress, activity preferences, experimenting with dramatic play,  
1113 and feeling uncomfortable self-identifying with their sex assigned at birth. However,  
1114 gender non-conformity does not necessarily indicate that an individual is transgender,  
1115 and all forms of gender expression should be respected. *My Princess Boy* by Cheryl  
1116 Kilodavis is an age-appropriate book that can be used to demonstrate gender  
1117 differences and inclusion. (See the Access and Equity chapter for additional information  
1118 about inclusive instruction.)

1119 Dispelling myths about gender expectations in kindergarten can lay the groundwork for  
1120 acceptance, inclusiveness, and an anti-bullying environment in schools. Gender non-  
1121 conformity and physical characteristics are often at the root of many forms of bullying.  
1122 As students learn to accept differences and unique characteristics of others, they also  
1123 learn about the characteristics of bullying and how to avoid being a bully (K.1.3.G,  
1124 K.1.6.–7.S, Essential Concepts; K.7.2.M, Practicing Health-Enhancing Behaviors).  
1125 Discuss gender with kindergarteners by exploring gender stereotypes and asking open-  
1126 ended questions, such as what are preferred colors, toys, and activities for boys/girls,  
1127 and then challenging stereotypes if presented. Throughout this discussion, show  
1128 images of children around the same age who do not conform to typical gender  
1129 stereotypes. Examples do not have to be exaggerated or overt. Simple differences,  
1130 such as colors or toy preferences, can demonstrate acceptance of gender non-  
1131 conformity.

1132 **Partnering with your school:** Students host a classroom open house for other grades  
1133 to come visit the class pets or plants and classroom and hear the kindergarten students  
1134 talk about the life cycle (K.1.1.G, Essential Concepts). In classrooms that do not have  
1135 pets, student drawings or photo collages of different pets can be displayed. Teachers  
1136 should check with parents, guardians, or caretakers for any pet allergies in addition to  
1137 the school and district’s allergy and animal policy.

1138 **Partnering with your community:** Members of the community who defy traditional  
1139 stereotypes (e.g., women firefighters, male nurses, and <byh>stay-at-home  
1140 fathers/guardians/caretakers)<eyh> could be invited as guest speakers to share about  
1141 their jobs and to serve as role models and myth busters. Be sure to include individuals  
1142 of all genders, including people who are transgender. Students write and illustrate a  
1143 collective letter requesting a healthcare professional to speak to the class. Dental  
1144 providers may offer free dental health checks <byh>and identify students in need of  
1145 care. Dental providers may also offer other preventive services such as fluoride  
1146 treatments (with parental consent).<eyh> School nurses can provide mandated vision  
1147 and hearing assessments for all kindergarteners. As a part of this process, school

1148 nurses may provide referrals for follow-up with community vision, hearing<byh>, and  
1149 dental<eyh> services providers. In addition, students, families, teachers and staff may  
1150 reach out to their school nurse as a health resource at any time (K.1.4.G, Essential  
1151 Concepts).

1152 **Partnering with the family:** Parents, guardians, and caretakers help reinforce that  
1153 every child has similarities but is also unique and special. Families are encouraged to  
1154 share their own experiences with growth and development with their child and read  
1155 books such as *All Families Are Special* by Norma Simon and Teresa Flavin (2003)  
1156 together at home (K.1.3.G, Essential Concepts).

1157 **Injury Prevention and Safety (S)**

1158 Prevention skills established in kindergarten provide a foundation for safety practices a  
1159 child can incorporate into time spent at school, home, and in the community (K.1.1.S,  
1160 Essential Concepts).

1161 Pedestrian safety is an important skill introduced in kindergarten and grade one that is  
1162 ideally reinforced throughout the entire school year as well as in higher grade levels.  
1163 Students explain ways to stay safe when riding a bus or vehicle, crossing the street,  
1164 riding a bicycle, or playing (K.1.3.S, K.1.8.S, Essential Concepts; K.7.2.S, Practicing  
1165 Health-Enhancing Behaviors). At this age, it is important to emphasize that ideally  
1166 students should never walk near traffic without an adult present. Comprehensive  
1167 pedestrian safety curriculum and materials for kindergartners are available online from  
1168 the California Department of Public Health PedSafe Program, the National Highway  
1169 Traffic Safety Administration's Walking Safely Near Traffic, National Center for Safe  
1170 Routes to School's Kindergarten Pedestrian Safety Lessons from the Maryland  
1171 Pedestrian and Bicycle Safety Education Program, and the Colorado Department of  
1172 Transportation's Pedestrian Safety Lesson Plans: Kindergarten through Third Grade.  
1173 After students are shown various street safety signs and the light signals for "walk/don't  
1174 walk," the teachers asks if they have seen the signs or signals before and then explain  
1175 their meanings. Students also learn what green light, red light, and yellow light mean.  
1176 Reinforcement of key safety skills is emphasized in both song and reenactments of  
1177 looking left, right, and then left again before crossing the street and fastening your seat  
1178 belt while riding in your car seat, vehicle, or bus. Crossing guards can assist with  
1179 practice sessions on school grounds.

1180 For learning appropriate bus safety skills, a mock bus can be made with chairs, big  
1181 blocks, or cardboard boxes that students paint. Seatbelts can be donated or child seats  
1182 are borrowed for practicing vehicle safety skills. Students learn they should never stand  
1183 or walk close to a bus or never run into the street or chase a ball into the street while  
1184 waiting for the bus. They also learn not to approach the bus door until it opens and the  
1185 importance of staying seated while riding in the bus. Concepts mastered in the

1186 classroom are then applied outside in controlled settings such as the playground using  
1187 cones, mock signs, and chalked lane designations. Depending on resources and with  
1188 administrator and parent permission, teachers may use the school's parked bus in the  
1189 school parking lot to demonstrate the concepts learned. Students make reflective  
1190 orange vests with construction paper and carry yellow signs displaying "slow children  
1191 crossing" and practice walking in an intersection while holding an adult's hand. Students  
1192 learn why it is important to be visible to traffic (K.1.3.S, K.1.8.S, Essential Concepts;  
1193 K.7.2.S, Practicing Health-Enhancing Behaviors).

1194 A bike rodeo can be implemented in a controlled setting. Large classes can be split into  
1195 two or more smaller groups with a teacher's aide or parent volunteers. Students are  
1196 required to wear their bicycle helmets and ride only in designated areas to practice  
1197 safety regulations when riding one's bike. The local police department, bicycling club, or  
1198 children's organization may have existing bike rodeo programs or be able to provide  
1199 bicycles and other equipment for the event (K.1.3.S, K.1.8.S, Essential Concepts;  
1200 K.7.2.S, Practicing Health-Enhancing Behaviors).

1201 Kindergartners enjoy learning through dramatic play. Using play phones, students act  
1202 out various scenarios and learn they should not engage in conversations with strangers  
1203 or share personal information with strangers on the phone. Such information includes  
1204 whether or not they are alone at home or any personal information such as their name  
1205 or address (K.4.2.S, Interpersonal Communication). Students are encouraged to  
1206 discuss the rules for safe phone use with their family. Students learn how to respond  
1207 appropriately if approached by strangers by first identifying who strangers are (anyone  
1208 you do not know) then reading aloud *The Berenstain Bears Learn About Strangers*  
1209 (1985) by Stan Berenstain. Students then role play various scenarios and learn if a  
1210 stranger approaches them at home, in a car, or on the street to walk away quickly and  
1211 find a trusted adult to inform of the situation. Role playing should also address strangers  
1212 who may use treats or animals, such as candy or puppies, to lure students. Students  
1213 may struggle with ignoring or defying adults as they are being socialized to follow rules  
1214 and respect authority figures; they will need practice to be comfortable protecting their

1215 personal boundaries. Students further learn if they are home alone or their parent,  
1216 guardian, or caretaker is busy they should not open the door to strangers. Students  
1217 learn they should be aware of strangers on the school campus (if going to office or  
1218 bathroom) and practice assertive skills such as saying "Get away!" or "This is not my  
1219 parent!" loudly and quickly going back to class or the school office to tell a trusted adult.  
1220 (K.5.2.S, Decision Making).

1221 Classroom Example: Recognizing an Emergency

1222 **Purpose of Lesson:** Students identify emergency situations and how to respond and  
1223 request help should an emergency occur.

1224 **Standards:**

- 1225 • K.1.2.S, Identify emergency situations (Essential Concepts).
- 1226 • K.4.1.S Demonstrate how to ask a trusted adult for help or call 9-1-1 (Interpersonal  
1227 Communications)
- 1228 • K.5.1.S, Identify situations when it is necessary to seek adult help or call 9-1-1  
1229 (Decision Making).

1230 **Supplies:**

1231 Photo printouts of emergency personnel

1232 Large paper displaying three circles

1233 To introduce the topic of how to handle emergency situations, Ms. L first asks if anyone  
1234 has heard of or experienced an emergency. Examples such as someone was hurt and  
1235 had to go to the hospital or someone was lost are shared. Students are then asked if  
1236 they know anyone who is a doctor, nurse, police officer, or firefighter. Students learn  
1237 that these people are all examples of emergency personnel. Students are shown photos  
1238 or drawings from books of various examples of emergency personnel. Three circles,  
1239 each labeled with an emergency situation, are drawn on large paper. Following a brief  
1240 overview describing emergency scenarios for each, students choose which person

1241 should be called in various situations. Ms. L prompts the students to point to the  
1242 emergency personnel that can help if they see smoke coming from a house on their  
1243 street. Emergency situations such as an earthquake can be role played; or fire safety  
1244 can be practiced with stop, drop, and roll or crawl on your knees to safety. Ms. L invites  
1245 a guest speaker from the fire department and local emergency management services to  
1246 provide education on emergency protocol, <byh>including introducing students to an  
1247 automated external defibrillator (AED) as an important emergency rescue device. Mr.  
1248 L's school does have an AED. The location and how students can assist in showing  
1249 emergency personnel in locating the AED is shared.<eyh> Students draw or color  
1250 pictures of various emergency responders such as firefighters, police officers, and  
1251 emergency services personnel. Students practice calling 9-1-1 with phone models or  
1252 toys. They enjoy singing (to the tune of Bingo! *There is a number you can call when you*  
1253 *need someone's help. You call 9-1-1. You call 9-1-1. You call 9-1-1, And someone will*  
1254 *help you!*). Students learn the importance of always calling 9-1-1 first in an emergency  
1255 and to call others only after 9-1-1 has been called. Students further learn that 9-1-1  
1256 should only be called in a true emergency such as someone being unconscious; if they,  
1257 a family member, or friend are in danger; an earthquake has occurred; or there is a fire.  
1258 Students practice reciting their address and phone number to a 9-1-1 dispatcher.  
1259 Students then use stuffed animals dressed in various emergency responder outfits or  
1260 emergency response toy vehicles for play and to establish familiarity with emergency  
1261 personnel. Special consideration should be made for inclusion of students with  
1262 disabilities or limited abilities and emergency plans should include safety procedures  
1263 appropriate to their specific needs. A large paper replicating a giant phone pad is  
1264 provided to students who enjoy jumping on or pressing their hands on corresponding  
1265 numbers and identifying numbers such as 9-1-1. Ms. L shares read-alouds and picture  
1266 books for further resources for learning such as *Emergency!* by Margaret Mayo (2015), *I*  
1267 *Can Be Safe* by Pat Thomas (2012), *Time to call 9-1-1* by Ron Berry (2013), *Impatient*  
1268 *Pamela Calls 9-1-1* by Mary Koski (2004), and *Ambulances* (2007) by Gary M.  
1269 Amoroso. Ms. L is pleased to discover the CDC offers free *Color Me Safe* coloring

1270 books for printing in English and Spanish that can be integrated with curricula and  
1271 shared with students' families.

1272 Read alouds and age-appropriate videos help students understand and explain the  
1273 dangers of weapons and the importance of telling a trusted adult if they see or hear  
1274 about someone having a weapon (K.1.12.–13.S, Essential Concepts). Students engage  
1275 in dramatic play to show how to tell a trusted adult when they, or a friend, find a weapon  
1276 (K.8.1.S, Health Promotion). Students are first asked to identify what types of  
1277 community helpers have to carry a gun for their job by circling the correct community  
1278 helpers on their activity sheet. (Search Virginia Board of Education's [VBE] Elementary  
1279 School Gun Safety Guidelines and Curriculum.) Students identify a police officer and  
1280 someone in the military. Students then hear the story of *The Bushes* (VBE) about four  
1281 young friends playing in the park near their home when they find a gun in the bushes.  
1282 Through group discussion, students respond to what they would do for various safety  
1283 scenarios chosen from topics covered in this content area. From the story, students  
1284 learn to: 1) leave the gun alone, 2) leave the area, and 3) tell a trusted adult  
1285 immediately. For an example of gun safety in a home setting, please refer to the first  
1286 grade Injury Prevention and Safety section.

1287 While discussing the danger of stranger interaction is important for young children, it is  
1288 equally important to discuss their safety with anyone, including people that may be  
1289 identified as trusted adults or family. It is critical to teach students about the concept of a  
1290 "trusted" adult, a safe person with whom they can share information when they feel  
1291 uncomfortable. All familiar adults are not necessarily "trusted" or safe. Child sexual  
1292 abuse is most often perpetrated by a person that the child knows and trusts (American  
1293 Psychological Association, 2011). Kindergarten children may not understand  
1294 appropriate and inappropriate touch, especially if their learning is limited to "stranger  
1295 danger" and "no-touch zones" on the body, usually indicating areas that are covered by  
1296 swimsuits or underwear. Beyond the "swimsuit" description of private body parts,  
1297 students should be empowered to recognize any touching that makes them  
1298 uncomfortable as inappropriate. In the context of child sexual abuse, *grooming* is a

1299 process in which a perpetrator establishes a connection with the child victim, gains their  
1300 trust, and escalates from appropriate to inappropriate touching while normalizing the  
1301 physical contact. Perpetrators may also shower the child with attention, gifts, and  
1302 affection; isolate them from friends and family; and use secrecy, guilt, and/or threats to  
1303 deter the child from seeking help (The National Center for Victims of Crime, 2012).

1304 Students must learn that they have the right to determine who gets to touch their bodies  
1305 and when, even if someone is considered a safe or trusted adult—this includes parents,  
1306 guardians, or caretakers (K.1.5.S, Essential Concepts). It is important to model  
1307 respecting and setting boundaries with students in kindergarten. Rather than only  
1308 teaching children that there are appropriate and inappropriate places for touch on the  
1309 body (public and private parts), teach children that “good” and “bad” touch also has to  
1310 do with a person’s level of comfort and discomfort (K.1.4.S, Essential Concepts). Many  
1311 kindergarteners may not be aware of concepts of personal space and boundaries.  
1312 Explain to students that inappropriate or bad touch could be anywhere on the body if it  
1313 makes them scared or uncomfortable: “If someone wants to give you a hug and it  
1314 makes you feel bad in your head or your heart, or you get a bad feeling in your tummy,  
1315 then you can tell someone you trust like a parent or teacher.”

1316 Often times, young children are taught early on to reciprocate physical affection when it  
1317 comes to family and family friends. However, it is never too early to empower children to  
1318 set boundaries, express comfort and discomfort in various situations, and use their  
1319 personal power to say “no” to unwanted touch—even if that touch is typically considered  
1320 “safe” (K.1.4.–5.S, Essential Concepts). For example, a parent may request that a child  
1321 hug an aunt or grandparent. If the child seems uncomfortable or says “no,” their  
1322 discomfort should be recognized and their voice heard, rather than forcing the child to  
1323 follow through on this request. This teaches children that it is okay to say “no” to  
1324 unwanted touch, which can help prime young learners for more advanced discussions  
1325 about boundaries and consent in later years (K.1.5.S, Essential Concepts).

1326 Some children may experience abuse by a parent, guardian, or caretaker, so it is  
1327 important to help children identify multiple trusted adults and think critically about what

1328 makes an adult “trusted” (K.1.4.G, K.1.3.M, Essential Concepts; K.3.1.M, Accessing  
1329 Valid Information). Ask students how they know if someone is safe, and guide children  
1330 in discussing examples of situations that require the help of a trusted adult and have  
1331 children practice telling a trusted adult (K.1.11.S, Essential Concepts). Children should  
1332 also understand that inappropriate touch by an adult could be considered an emergency  
1333 situation, in which a child may need to tell a safe and trusted adult immediately or call 9-  
1334 1-1 (K.3.1.S, Accessing Valid Information; K.4.1.S, Interpersonal Communication;  
1335 K.5.1.S, Decision Making).

1336 Students will need to practice these protective skills frequently, including opportunities  
1337 outside of the classroom and at home. Partnering with the family is critical to reinforce  
1338 learning and to support students in exercising their personal power and setting  
1339 boundaries. Hold a meeting to inform parents, guardians, or caretakers about the topic,  
1340 increase awareness and understanding of its importance, and create buy-in for parents,  
1341 guardians, or caretakers to reinforce skills practice at home. Invite a local agency that  
1342 specializes in educational trainings on consent and sexual assault to provide relevant  
1343 information to parents, guardians, and caretakers and further explain the need for early  
1344 protective skills and empowerment.

1345 Another example of how to introduce the concept of personal boundaries and consent is  
1346 to use live and even stuffed animals. For example, invite a special guest to bring in a  
1347 dog that has been specially trained to work with students in a classroom setting. Often  
1348 times, students will be eager to pet the furry friend. Begin a discussion about the need  
1349 to ask the dog’s owner for permission before petting the dog. If the owner gives  
1350 permission, students are taught to allow the dog to sniff the back of the student’s hand  
1351 before proceeding. Explain that the dog has boundaries and can sometimes feel unsafe.  
1352 Ask students what a dog might do if it feels unsafe or does not want to be touched.  
1353 Students may say “growl,” “bark,” or “hide.” Ask students if dogs actually say “no” or if  
1354 they can just tell by the way a dog is acting. Explain that the same can be true for  
1355 humans too—that sometimes friends and classmates might not say “no,” but that does  
1356 not mean “yes.” Reference a feelings chart to talk about what facial expressions might

1357 indicate that a person does not want a hug or other physical contact (K.1.1.M, Essential  
1358 Concepts). If students would like to pet the dog, have them practice asking the owner's  
1359 permission one at a time. After students get the owner's permission, students are  
1360 instructed to ask the dog "Can I pet you?" while allowing the dog to smell the back of  
1361 their hand. Remind students to pay attention to the dog's behavior for indicators of  
1362 affirmative consent. For students who have pet allergies or do not wish to pet the dog,  
1363 ask if they would like to practice with a stuffed animal.

1364 Students can also practice asking permission to hug or high-five friends and teachers.  
1365 Teachers model this as well and do not hug or high-five students without permission.  
1366 Teachers also remind students to ask permission if they notice that a student starts to  
1367 hug them or another student without asking. A simple question such as, "Can I give you  
1368 a hug?" can begin to set the foundation for a lifetime of respecting boundaries and  
1369 understanding consent. These concepts are also important to consider when  
1370 implementing group activities, such as holding hands in a circle or holding hands while  
1371 on a field trip. Rather than having children hold hands to stay connected and safe, try  
1372 using a rope that all students can hold. Forcing children to hold hands in any situation  
1373 contradicts teaching boundaries and consent. Teaching students that their "no" matters  
1374 and respecting their boundaries is critical in creating a sense of personal power and  
1375 teaching children to similarly respect the boundaries of others (K.7.2.M, Practice Health-  
1376 Enhancing Behaviors). Teachers and parents, guardians, and caretakers must work  
1377 collaboratively to teach and support children while they learn and practice these skills.

1378 **Partnering with your school:** Peer education can be a powerful tool for delivering  
1379 health education content. Invite students in the upper elementary grades to visit the  
1380 class to discuss ways they stay safe when crossing streets, riding a bicycle, or playing  
1381 (1.1.8.S, Essential Concepts).

1382 **Partnering with your community:** Students take a field trip to visit a fire or police  
1383 station to see how and where community helpers such as emergency personnel work  
1384 (K.3.1.S, Accessing Valid Information; K.4.1.S, Interpersonal Communication; K.5.1.S,  
1385 Decision Making).

1386 **Partnering with the family:** Sending a note home to parents, guardians, and  
1387 caretakers encouraging them to introduce and reinforce the concepts learned in this unit  
1388 in a calm, reassuring, gentle but serious manner. Families are encouraged to have an  
1389 emergency preparedness plan in place and a sign or poster in an accessible location on  
1390 when to call 9-1-1.

### 1391 **Alcohol, Tobacco, and Other Drugs (A)**

1392 Children under six comprise nearly half (48 percent) of all unintentional poison  
1393 exposures with over a million cases of poisoning occurring each year. Followed by  
1394 cleaning and personal care products, cleaning substances and pain medications rank  
1395 second highest for poisoning incidences of those six and under (American Association  
1396 of Poison Control Centers 2015). Establishing safe and healthy behaviors for medicine  
1397 usage, household products, and exposure to secondhand, and even <by>**third-hand**  
1398 **smoke**<eyh> (residual nicotine and other chemicals left on indoor surfaces by tobacco  
1399 smoke) is important for a lifetime of healthy practices and accident prevention beyond  
1400 kindergarten.

1401 After exploring various reasons for using medicines such as being sick, students learn  
1402 that medicines can be helpful or harmful. They learn that doctors recommend medicines  
1403 for people when they are sick or to help them feel better. Parents, guardians and  
1404 caregivers can also buy some medicines at stores without a doctor's prescription like  
1405 cough syrup or vitamins. Students discover that medicines and vitamins, which can be  
1406 pills and liquids, are used to make us healthy when we are sick or prevent an illness  
1407 from occurring (K.1.1–2.A, Essential Concepts). Empty bottles or pictures of over-the-  
1408 counter medicines can be shown as examples. Students learn that the reason  
1409 medicines and vitamins, even their gummy or edible vitamins, are kept in a medicine  
1410 cabinet up high in the bathroom is to keep them away from children. The teacher and  
1411 students discuss that some medicines, including gummy vitamins, are flavored like  
1412 cherry or strawberry to taste good to both children and adults but should never be eaten  
1413 like candy. Students learn that medicines and vitamins should only be given to them by  
1414 a parent or trusted adult as they can be poisonous (cause us to become very sick or

1415 even die) if taken improperly (K.1.3.A, K.1.9.S Essential Concepts). Various scenarios  
1416 can be explored with students role playing or practicing saying, “No. I need to ask my  
1417 mom, dad, or caregiver” and notifying a trusted adult. Students use a decision-making  
1418 model to consider how to respond to various scenarios. The image below illustrates a  
1419 decision-making model for use with students up to grade two.

1420 Four-Step Decision Making Process for Pre-Kindergarten through Grade 2



1421

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>.

1422 Source: The Colorado Education Initiative (2015)

1423 Some scenarios may be:

- 1424
- You are at a friend’s house playing but start to feel sick. Your friend’s mom offers you some medicine to make you feel better. What do you do?
- 1425
- You find an open medicine bottle with pills or gummy vitamins that look like candy lying on a table. What do you do?
- 1426
- Your mom gives you some cough medicine that tastes good, like grape candy. You are not feeling sick anymore but want to taste the medicine again. What do you do?
- 1427
- You see your little two-year old brother playing with a bottle of pills. What do you do?
- 1428
- You see your little two-year old brother playing with a bottle of pills. What do you do?
- 1429
- You see your little two-year old brother playing with a bottle of pills. What do you do?
- 1430
- You see your little two-year old brother playing with a bottle of pills. What do you do?
- 1431
- You see your little two-year old brother playing with a bottle of pills. What do you do?
- 1432

- 1433 • Your best friend likes that both of you do the same things. You are using your  
1434 asthma inhaler and she also wants to use your asthma inhaler. What do you do?
- 1435 • You are at the babysitter's home and you see a container of a cleaning product in  
1436 the bathroom and want to help clean. Should you touch it?
- 1437 • Your grandparent makes crafts out of wood. You see a bottle of something used  
1438 to paint the wood. The bottle is open. Should you smell or touch it?

1439 Students conclude by drawing two trusted adults who can give them medicine (K.1.3.A).  
1440 Free publications in English and Spanish of *Medicine Is Not Candy* by Heather Brogan  
1441 and the Poison Control Center (2008) can be downloaded by searching the Children's  
1442 Hospital of Philadelphia. *Poison Alert! My Tips to Avoid Danger Zones at Home* by Gina  
1443 Bellasario and Holli Conger (2014) can also be read to students.

1444 Students explore why secondhand smoke is bad for them and should be avoided  
1445 (K.1.5.A, Essential Concepts). Students read aloud and then color the free poem,  
1446 *Daddy Bull Puffed Cigars That Provoked* by the American Heart Association (2008).  
1447 Cigars can be replaced with the word cigarettes if students are not familiar with cigars.  
1448 Students are then asked, *How does Daddy Bull's family feel about his smoking?*  
1449 Students share they dislike it very much. Points are made that even though Daddy Bull  
1450 is the one who is smoking, his family also smells and breathes his cigar or cigarette  
1451 smoke. We call the smoke from Daddy Bull, "secondhand smoke" as it is not from you  
1452 smoking but from Daddy Bull. Students share if they ever smelled secondhand smoke  
1453 and what they thought of the experience. Students play the game *Smokes and Ladders*,  
1454 a version of the popular children' game, *Chutes and Ladders*, which is downloadable for  
1455 free from the Smoking Isn't Cool Toolkit from the Ontario Canada Health Department.  
1456 The game also provides an opportunity to engage in a discussion on secondhand  
1457 smoke. For example, when a player lands on someone who is smoking in the car that  
1458 player must move back spaces. Students learn that secondhand smoke is not healthy  
1459 for them and can cause diseases such as asthma, allergies, and cancer. They also  
1460 learn that in the state of California, smoking in a car with a child is illegal. Students  
1461 become acquainted with Maddie who has allergies from her grandfather smoking in the

1462 house from the book, *Smoking Stinks!!* by Kim Gosselin (2002). When this book is read  
1463 aloud, students learn that Maddie's lack of sleep from her grandfather's coughing and  
1464 smoking is causing her to lose focus in school. Students are empowered to learn it is  
1465 best to move away from the smoke or open a window for ventilation. <byh>**See**  
1466 **California Department of Education's (CDE's) Tobacco-Use Prevention Education**  
1467 **Funding (TUPE) for further age appropriate educational resources.**<eyh>

1468 **Partnering with your school:** The school or district's nurse visits the class to discuss  
1469 medicine safety with the children and what occurs when a student needs to take  
1470 medicine while at school. Partner with the school's teacher librarian to develop health  
1471 content reading lists and resources. Students create posters about the dangers of  
1472 secondhand and third-hand smoke that are placed around the school campus (K.1.1.–  
1473 3.A, K.1.5, Essential Concepts).

1474 **Partnering with your community:** Guest speakers from the American Cancer Society,  
1475 American Lung Association, or American Heart Association can serve as informative  
1476 guests who can speak to students on the dangers of secondhand smoke. The local  
1477 Poison Control Center may also provide presentations to children on safety. Ask these  
1478 and other agencies for health education materials in languages other than English  
1479 (K.1.4.–5.A, Essential Concepts).

1480 **Partnering with the family:** Health education brochures on the content covered in this  
1481 section are shared with family members by providing them to students as take-home  
1482 materials (K.1.1.–5.A, Essential Concepts).

### 1483 **Mental, Emotional, and Social Health (M)**

1484 Children this young may have a difficult time expressing how they are feeling. They may  
1485 know they are mad or sad but may not yet have the self-awareness to recognize more  
1486 complex feelings such as embarrassment, shame, or disappointment (Collaborative for  
1487 Academic, Social, and Emotional Learning [CASEL] 2017). According to the five  
1488 competencies of CASEL (2017), with respect to *social awareness*, kindergartners are

1489 learning how to interact with others and how to recognize their feelings and needs,  
1490 although empathy is not yet fully established. At this young age, children are developing  
1491 their *relationship skills* through interactions with others. *Responsible decision-making* for  
1492 kindergartners provides students with opportunities to make many decisions throughout  
1493 the day at school as compared to prior years when parents, guardians, or caretakers  
1494 may have made most of the decisions for the child. Kindergartners need guidance,  
1495 direction, instruction, and tools for developing *self-management* (*self-awareness* and  
1496 the ability to recognize one’s own feelings), some of which are the instructional tools  
1497 provided in this section and chapter (Parent Toolkit 2017).

1498 Students explore what makes them unique (K.1.4.M, Essential Concepts) and what they  
1499 have in common by identifying others in the class who have similar traits such as hair or  
1500 eye color. Students offer their own personal definitions when asked to define what the  
1501 word “unique” means to them while the teacher records their responses so the students  
1502 can see them. A popular cartoon character can be referenced, asking students what  
1503 makes this character unique. Students are informed physical characteristics are one  
1504 aspect that make people unique, but things we cannot see, that are inside of us, are  
1505 also important. Another way that students discover their similarities is by standing up  
1506 and forming a circle. A list of items is read by the teacher such as, *I like school*,  
1507 *Saturdays are fun*, *I like to swim*, and *I like to play outside*. Students go into the middle  
1508 of the circle when a statement is read that pertains to them and return back to the  
1509 outside as each new statement is read. Students discover they have many  
1510 commonalities. Students also make a name portrait of unique traits they have that begin  
1511 with each letter of their name. *The Little White Owl* (2013) by Tracey Corderoy, a story  
1512 about an owl who is unique, can also be read aloud (K.1.3.–4.M, Essential Concepts).

1513 Who are trusted adults? Students learn that their parents, guardians, caretakers, older  
1514 family members, teachers, religious or community leaders, **school**  
1515 **counselors**, or the principal can all be trusted adults. On a large piece of paper,  
1516 students draw three circles, labeled *school*, *home*, *community* with teacher assistance.  
1517 Students draw pictures, glue cutouts, or write names of trusted adults in the appropriate

1518 circle. At the top of the paper are the words, *Trusted Adults* (K.1.3.M, Essential  
1519 Concepts; K.3.1.M, Accessing Valid Information).

1520 Daily check-ins with students to have them identify their emotions from a list of happy,  
1521 sad, worried, and other faces can be used to see how each student is feeling. Students  
1522 learn that in one day they can experience various emotions. Students provide examples  
1523 of when they feel happy, frustrated, or sad. To begin the conversation, a washable  
1524 plush animal that serves as the class mascot can be asked how he is feeling. Each day  
1525 the class mascot shares a new emotion and why he is feeling that way. Students are  
1526 then asked if they ever have similar feelings. The book *When Sophie Gets Angry—*  
1527 *Really, Really Angry* by Molly Bang (2004) is read aloud (K.1.1.M, Essential Concepts).  
1528 Kindergarten is an important time for students to learn to approach and talk to trusted  
1529 adults at home or school if they need help or are feeling bad, sad, mad, or confused  
1530 (K.3.1.M, Accessing Valid Information).

1531 Teachers may create (areas within or near the classroom) specific to supporting  
1532 students' mental health that contain music, songs, dance, and quieter instruments such  
1533 as shakers. A fish tank may even be located near this special station for its calming  
1534 effect. Additional ideas include stations with stress balls; exercise activities or a yoga  
1535 mat; age-appropriate mind puzzles with texture; picture print outs or magazine cutouts  
1536 of soothing beaches, oceans, sunny skies, mountains, or rivers; a comfortable chair; a  
1537 washable stuffed toy that is available for hugs throughout the day; or a bonsai tree or  
1538 plant. Positive conflict resolution posters are displayed in the classroom, discussed, and  
1539 reinforced. Posters displaying a graphic of a bug stating, *When something is bugging*  
1540 *me, I can...* or *If someone is annoying you, try this...* listing various options are used  
1541 (K.4.1.M, Interpersonal Communication; K.7.1.M, Practicing Health-Enhancing  
1542 Behaviors).

1543 Read-aloud books that support mental health could include books such as *Angry*  
1544 *Octopus: An Anger Management Story* introducing Active Progressive Muscular  
1545 Relaxation and Deep Breathing or *Affirmation Weaver: A Believe in Yourself Story*,  
1546 Designed to Help Children Boost Self-Esteem While Decreasing Stress and Anxiety

1547 (and corresponding coloring books) by Lori Lite (2011). Following the read alouds,  
1548 students are asked to identify a variety of emotions they may feel in response to  
1549 scenarios. Scenarios may be: you are feeling frustrated because your toy is not working  
1550 properly. *How do you feel?* or *You believe you are not receiving attention while you do*  
1551 *something cool on your scooter. How do you feel?* The teacher reinforces that emotions  
1552 are normal and should be discussed with a trusted adult (K.1.1.M, Essential Concepts;  
1553 K.7.1.M, Practicing Health-Enhancing Behaviors).

1554 Students learn through dramatic play that words such as *please*, *thank you*, and *excuse*  
1555 *me* show appreciation and respect for others (K.1.5.M, Essential Concepts). Students  
1556 are asked to provide examples of situations when they use these words. Through  
1557 discussion, students learn that one should say *thank you* when they receive a gift,  
1558 compliment, or someone does something nice for them; to say *please* when they ask  
1559 someone for something or to do something for them; to not be afraid to say *I'm sorry*  
1560 when they make a mistake or have hurt someone. Students role play different scenarios  
1561 such as receiving a gift, receiving a compliment from a friend, accidentally spilling  
1562 someone's milk at lunch, seeing someone trip in class, or needing help with homework.  
1563 Stickers acknowledging when a student uses please, thank you, excuse me, or I'm sorry  
1564 throughout the day and week are used as a motivator.

1565 Students respond to the questions: What does it mean to share? Is it important to  
1566 share? Why do you think so? How do you feel when someone shares with you? How do  
1567 you feel when someone won't share? Students learn there are times when it is  
1568 important to share, for example when someone leaves their book or school supplies at  
1569 home (K.4.2.M, Interpersonal Communication; K.7.2.M, Practicing Health-Enhancing  
1570 Behaviors). *It's Mine!* (1996) by Leo Lionni about three young frogs who learn the value  
1571 of sharing when faced with a bad storm or *Share and Take Turns* by Cheri J. Miners  
1572 (2003) is read aloud. Students answer questions related to the story. To explore this  
1573 concept further, students receive a sheet of paper and one color marker or crayon. They  
1574 are then asked to draw a rainbow with many colors. Students quickly learn the art of  
1575 sharing by exchanging and borrowing colors from one another. For further reflection,

1576 students share how their rainbow would look without many colors, reinforcing the point  
1577 that sharing often makes things better. Another instructional strategy that promotes  
1578 sharing is to create a class quilt. Students receive one half of a heart and work with  
1579 another student with the other half of the heart to glue the hearts together and decorate  
1580 their shared hearts with art supplies. The hearts are collectively displayed as a class  
1581 quilt. Students may also draw and color a scenario when sharing is needed.

1582 After reading the book, *The Great Big Book of Families* by Mary Hoffman (2010) or  
1583 *Families Are Different* by Nina Pellergrini (1991), students learn that there are different  
1584 family structures in our society and that all family structures are valid. For example,  
1585 there are immigrant families; families with lesbian, gay, bisexual, or transgender  
1586 parents, guardians, or caretakers and children; families of various race and ethnicities;  
1587 step- and blended families; families headed by single parents, guardians or caretakers;  
1588 extended families; multi-generational families; families with members with disabilities;  
1589 families from different religious traditions; foster families; and adoptive families. Some  
1590 students live with grandparents or other adult relatives, a guardian, or caretaker. By  
1591 seeing and hearing examples of different family structures, students identify themselves  
1592 and their own families. In this activity, teachers should not assume a student lives in any  
1593 particular family structure and should ask questions in a way that will easily include  
1594 children from diverse family backgrounds ensuring sensitivity to family diversity and  
1595 privacy. Teachers must respect and protect the wishes of students and parents,  
1596 guardians, or caretakers who prefer not to participate. After learning about many kinds  
1597 of families, students draw a picture of their family. Around the picture of their family is a  
1598 border of why their family is special. Border items may be a heart for love, smiley face  
1599 for happiness, or an apple for nutrition. Students may also draw something their family  
1600 does together that they enjoy, celebrates their culture, or promotes their health.  
1601 Students share their picture with the class and describe why their family is special  
1602 (K.1.2.M, Essential Concepts).

1603 Culturally sustaining literature is particularly important for young children. Teachers can  
1604 frequently read aloud engaging and high quality literature that is reflective of the ethnic

1605 and cultural diversity of their students and that addresses social issues that are critical  
1606 to the well-being of students of color. Books like *Last Stop on Market Street* by Matt de  
1607 la Peña (2015), *Mango, Abuela, and Me*, by Meg Medina (2017), and *Yo Soy Muslim: A*  
1608 *Father's Letter to His Daughter*, by Mark Gonzales (2017), address universal themes  
1609 that appeal to young children, such as caring and the value of diversity, promote early  
1610 language and literacy development, and support the development of a healthy sense of  
1611 self for young children of color.

1612 *Is There Really a Human Race?* by Jamie Lee Curtis (2006), a humorous look at the  
1613 importance of making good life decisions (take your time, speak up for those who  
1614 cannot speak for themselves, lend a helping hand), is read aloud with students. This  
1615 book has a free accompanying teacher's guide for lesson plans and ideas. Note for any  
1616 of the read aloud books highlighted in this chapter, students can be encouraged to first  
1617 act out or discuss how they think the book will end for application of critical thinking.  
1618 Older students may enjoy reading a book aloud to kindergarten students or listening  
1619 kindergarten students read to them.

1620 **Partnering with your school:** Invite the principal or school counselor or social worker  
1621 to share how to identify trusted adults at home and at school who can help with mental  
1622 and emotional health concerns. Implement a day or week of kindness during which  
1623 students are reminded to consciously display—and encourage others to display—safe  
1624 behaviors and kindness while on the playground, in the cafeteria, and in class. At the  
1625 end of the day, students “shout out” who was safe and kind. School personnel can give  
1626 out stickers or other tokens of appreciation when they observe students being kind  
1627 (K.1.1.M: Essential Concepts).

1628 **Partnering with your community:** Part of discovering and developing one's own  
1629 emotions, even at a young age, is to provide service to others. Students make cards for  
1630 seniors in their community, decorate placemats for Meals on Wheels recipients, create  
1631 art works to donate to a local children's hospital, participate in a food drive for a  
1632 population in need, or donate old toys and books to a shelter (K.7.2.M, Practicing  
1633 Health-Enhancing Behaviors).

1634 **Partnering with the family:** Working with their family, students create a handmade  
1635 book using pictures (photographs or drawings) and writing to describe the  
1636 characteristics of their family (K.1.2.M, Essential Concepts) and the ways the family  
1637 promotes wellbeing and care and consideration of others (K.2.1.M, Analyzing  
1638 Influences). Encourage inclusion of cultural health practices and traditional cultural  
1639 celebrations or symbols. The handmade books are displayed in class and shared with  
1640 the principal, teacher librarian, and other visitors to the classroom.

1641 **Personal and Community Health (P)**

1642 Most kindergartners are curious about their bodies and what makes them grow and be  
1643 healthy. Setting a foundation for proper health practices can lead to a lifetime of good  
1644 health outcomes. Teachers and administrators play an important role and have  
1645 responsibility for the promotion of personal, community, and environmental health of  
1646 their students. Adults can help students practice how to ask for assistance with health-  
1647 related problems and help them learn about their local environment and how their  
1648 actions can affect it.

1649 Guest speakers such as a dental hygienist and a pediatric or general dentist can  
1650 provide students with essential skills and knowledge on dental hygiene practices.  
1651 Students receive dental health kits. Students practice brushing and flossing on egg  
1652 cartons that are cut and taped together to make teeth. The book *Dr. De Soto* by William  
1653 Steig (2010) is read aloud and placed in a classroom reading area (K.1.1.P, Essential  
1654 Concepts; K.7.1.P, Practicing Health-Enhancing Behaviors).

1655 Students are encouraged to keep a sun safety kit in the classroom that contains sun  
1656 protection factor (SPF) 30 or higher sunscreen, sunglasses, SPF lip balm, and a sun hat  
1657 for protection against ultraviolet (UV) rays (if allowed by school and district policy).  
1658 Students describe that shade is cool when the days are particularly hot and offers some  
1659 protection from the sun. They learn it is best to stay in the shade whenever possible and  
1660 to limit sun exposure during the peak intensity hours, between 10:00 a.m. and 4:00  
1661 p.m., when UV rays are most intense. Students describe ways to be sun safe by  
1662 creating a booklet to share with their families, guardians, and caretakers with drawings  
1663 of people wearing sun-protective clothing, hats, and sunglasses; playing in the shade;  
1664 and drinking water. They can also practice sun safety by dressing dolls or stuffed  
1665 animals in sun-protective clothing and sun hats in a sun-safety station in the classroom.  
1666 Students may enjoy creating sun visors to use in a dramatic play area (K.1.2.P,  
1667 Essential Concepts).

1668 Students learn that germs can cause us to become sick. Students are asked for  
1669 examples, such as someone with a cold giving another person a cold (virus germ).  
1670 Students see how germs are spread using online images or pictures obtained from  
1671 reliable and medically accurate sites that show germs traveling from person to person.  
1672 Students learn more about the importance of hand-washing to prevent germs from  
1673 being spread through a visual activity in which students spread glitter or washable paint  
1674 on their hands and then proceed to wash their hands as they normally do—but with the  
1675 lights off. Based on sink availability, this activity may require students to use school  
1676 restrooms, with a teacher and other adults, possibly volunteers, supervising. Following  
1677 their normal hand washing procedure, the lights are turned back on. Students can see  
1678 how many “germs” are still on their hands by the display of the glitter or washable paint.  
1679 Following the activity, students discuss the importance of washing their hands for the  
1680 length of time it takes to sing the “Row, Row, Row Your Boat” or “ABC” songs and why  
1681 using warm water and soap to avoid spreading diseases and illness is important.  
1682 Students also practice sneezing and coughing into their elbows after learning that these  
1683 are other ways that diseases can spread. The book, *Germs Are Not for Sharing* by  
1684 Elizabeth Verdick (2006), available in English and Spanish, is read aloud to students  
1685 <bbh>(K.1.1.P, Essential Concepts; K.7.2.P, Practicing Health-Enhancing  
1686 Behaviors).<ebh>

1687 Students recognize that decisions they make about activities like saving water and  
1688 energy can affect the health of the natural world <bbh>(CA EP&Cs, Principle V)<ebh>  
1689 as well as their local communities. They identify ways that people can affect the  
1690 environment <bbh>(CA EP&Cs, Principle II)<ebh> and practices that can be good for  
1691 the environment, such as turning off lights and water, recycling, and picking up trash  
1692 (K.1.5.P, Essential Concepts), by first sharing what they know about recycling. They  
1693 learn that recycling means using something again or turning a product into something  
1694 that can be used again. Examples of items that can be recycled are glass, plastic water  
1695 bottles, aluminum cans, cereal boxes, paper, magazines, and yogurt cups. Students are  
1696 wowed to discover that if all the plastic water bottles consumed in the world in one year  
1697 were placed in a line, the bottles would circle the entire world 190 times. Placing

1698 different recycle bins labeled paper, plastic, and cans in the classroom or a designate  
1699 location on the school grounds offers students an opportunity to practice recycling. As a  
1700 starting point, various examples of items are distributed to the students to practice  
1701 placing them in the designated bins. The following week students discover the concept  
1702 of “reuse.” Students share examples of when they have given toys to a younger sibling  
1703 or friend, when a parent or caretaker may have bought something used, or when they  
1704 may have donated their old clothes to charity. Using “I Spy” magnifying glasses or a  
1705 similar item to signify the students are being detectives, items are identified in the  
1706 classroom that can be reused (books, lunch bags, or toys). Students then learn that  
1707 reducing waste by recycling and reusing and not littering are ways to be a good  
1708 citizen—someone that does good things for their community. They learn to chant,  
1709 “Reuse. Reduce, or Recycle,” when they see or engage in one of the options. Students  
1710 are shown one large bag of popcorn and several small bags of popcorn (or one large  
1711 juice box versus many small juice boxes) and asked which option produces the most  
1712 trash. Students learn that the large items use the least amount of waste for the same  
1713 amount of food and then enjoy the snack (Adapted from PBS Parents Lesson Plans -  
1714 Recycling: Reduce, Recycle, Reuse).

1715 **Partnering with your school:** Students celebrate Earth Day by making a creative  
1716 poster showing how they will help make Earth a better place. Posters are displayed in  
1717 class or on school grounds. Students can also host and participate in a *Clean Up Day*  
1718 during which students in different grade levels take part in tasks to make their  
1719 playground or greater school community clean (K.1.5.M, Essential Concepts).

1720 **Partnering with your community:** A doctor, dentist, optometrist, or school nurse visits  
1721 the class to share good health practices and what students can expect when they visit a  
1722 healthcare provider. A field trip to a local doctor or dentist’s office also offers an  
1723 interesting outing to learn more about the occupations and how to prepare for a visit or  
1724 check-up. A virtual field trip can also provide students a learning experience (K.1.1.P,  
1725 Essential Concepts; K.3.1.P, Accessing Valid Information; K.7.1.P, Practicing Health-  
1726 Enhancing Behaviors).

1727 **Partnering with the family:** Provide information on free and sliding scale dental and  
1728 healthcare clinics to parents, guardians, and caretakers, from your county public health  
1729 department. A sense of community may be strengthened with a *School Improvement*  
1730 *Day*. An example may be a Saturday when the school is closed, parents, guardians,  
1731 and caretakers use donated plants or supplies to start a garden or paint a mural  
1732 illustrating healthy personal and community practices. Childcare can be provided as well  
1733 as a snack or meal to thank the volunteers (K.1.1.P, Essential Concepts; K.3.1.P,  
1734 Accessing Valid Information; K.7.1.P, Practicing Health-Enhancing Behaviors).

1735 **Grade One**

1736 First grade marks an important transition for students who are entering elementary  
1737 school for the first time. Students tend to welcome eating with their friends in the  
1738 cafeteria and typically enjoy recess without the supervision of their own teacher,  
1739 fostering their growing sense of independence. Early elementary is an opportune time to  
1740 support students in making healthy choices and promoting positive health behaviors for  
1741 a lifetime of good health. At this grade level, students are applying their social skills in  
1742 more mature ways than they had in kindergarten. Children this age continue to learn by  
1743 doing. Making mistakes is critical to that learning, thus making encouragement, praise,  
1744 and excitement important elements of teaching (Morotz 2015, Wood 2007). First grade  
1745 students are ready to learn about the human body; ways to take care of themselves;  
1746 personal injury prevention; and how diseases are transmitted.

1747 Three of the six content areas are covered in the first grade health education standards:  
1748 Growth and Development, Injury Prevention and Safety, and Personal and Community  
1749 Health. All eight overarching standards are addressed in first grade when instruction  
1750 includes all three content areas. When appropriate for students' needs and interests,  
1751 teachers are encouraged to incorporate content areas for which there are no standards  
1752 in grade one.

1753 **Growth and Development (G)**

1754 First grade students are very curious about many subjects and enjoy exploring,  
1755 observing, and experimenting. They are interested in how living things grow and mature  
1756 (1.1.1.G, Essential Concepts). Students this age are becoming more coordinated and  
1757 enjoy physical activity but are still developing their gross and fine motor skills. Their  
1758 interest in their own bodies motivates them to learn the anatomical names and functions  
1759 of major internal and external body parts (1.1.2.G, Essential Health Concepts). Ideally,  
1760 first grade students were introduced to a variety of health topics in kindergarten and are  
1761 now ready to explore additional behaviors that promote healthy growth and  
1762 development such as sleep and rest (1.1.3.G, Essential Health Concepts; 1.2.1.G,

1763 Analyzing Health Influences). As they become more aware of their roles and the greater  
1764 world around them, they are able to describe the various roles, responsibilities, and  
1765 needs of family members (1.1.4.G, Essential Health Concepts). They recognize parents,  
1766 guardians, caretakers, and other trusted adults as resources for information on growth  
1767 and development (1.3.1.G, Accessing Valid Information).

1768 Students enjoy creating personalized anatomy flipbooks that display various internal  
1769 and external organs. Cover art is created by the students. Pictures of each body part  
1770 are provided for students to cutout, color, and label with adult help. Teachers can  
1771 download Preschool Human Body Printables at Living Life and Learning. Despite the  
1772 word preschool in the title, the resource is appropriate for first graders as all major body  
1773 parts are labeled with the correct anatomical names. For example, the small and large  
1774 intestines, kidneys, and heart are included. Students study and share their flipbook with  
1775 family and friends. Students create flash cards of the anatomical names of major body  
1776 parts. Teachers should refrain from using euphemisms for body parts because it may  
1777 create discomfort and can create negative attributes toward students' bodies. Fun facts  
1778 can be included with the names, such as the skin/dermis is the largest organ or the  
1779 average human head is comprised of the skull/cranium and brain and weighs 10–11  
1780 pounds. Students are first asked, "What is something you do all day and need to survive  
1781 but usually don't even think about?" The students learn that breathing clean air is  
1782 essential for all humans and animals to live <bbh>[\(California Environmental Principles  
1783 and Concepts \[CA EP&Cs\], Principle I\)](#).<ebh> They feel their lungs working by placing  
1784 their hands on their chest and inhaling deeply. Students learn they have two lungs that  
1785 take up most of their chest area. Lungs feel like sponges (a sponge can be passed  
1786 around the room). They are comprised of tubes and stems that become smaller like tree  
1787 branches. Bronchus, bronchioles, and alveoli are sketched onto two paper lunch bags.  
1788 Lungs are simulated by blowing air into each bag and then tying a rubber band around  
1789 the top of each bag. Reading aloud and making available introductory children's  
1790 anatomy books such as *First Human Body Encyclopedia* (2005) and *Human Body: A  
1791 Visual Encyclopedia* (2012) both by DK, along with *The Magic School Bus: A Journey  
1792 into the Human Body Kit* by The Young Scientists Club, which contains many

1793 fascinating photos and illustrations, can provide opportunities to integrate health  
1794 education instruction with English language arts/English language development and  
1795 science instruction (1.1.2.G; Essential Concepts).

1796 In kindergarten, some students learned that living things grow and mature (See  
1797 K.1.1.G). This concept develops further in first grade as students develop more  
1798 understanding of *how* living things grow and mature (1.1.1.G, Essential Concepts).  
1799 Students compare how humans grow and mature to other animal and plant life cycles,  
1800 connecting science with health instruction. <bbh>(This instruction supports the

1801 [California Next General Science Standards \[CA NGSS\] \[CA NGSS 1-LS1\].](#)<ebh>

1802 Students discover how living things grow and mature by placing printed images of a  
1803 human and various animals in order of their growth, from birth to maturity and then old  
1804 age. An example may be an egg followed by a hatched chickling, then a walking furry  
1805 chick. Another example is a human newborn, baby, and toddler. Students also label the  
1806 age of each developmental milestone featured. Plants, which also demonstrate how  
1807 living things grow and mature, provide a care-taking opportunity for children. Seeds can  
1808 be planted in cardboard egg containers and grown under grow lights or bright windows.  
1809 School gardens also provide an opportunity to demonstrate this concept.

1810 Students identify a variety of behaviors that promote healthy growth and development  
1811 (1.1.3.G, Essential Concepts) and explain why sleep and rest are important for proper  
1812 growth and good health (1.2.1.G, Analyzing Influences). A large construction paper quilt  
1813 is created as children decorate panels with healthy behaviors students engage in to  
1814 promote healthy growth and development. Panels can be pre-cut shapes such as  
1815 apples or hearts, as well as two-dimensional shapes students are working with in  
1816 mathematics (e.g., rectangles, triangles, half circles. <bbh>(This activity supports the

1817 [California Common Core State Standards for Mathematics \[CA CCSS\] 1.G.1–3.](#)<ebh>

1818 Panel pieces are glued or taped to the quilt, and it is displayed in the classroom as a  
1819 reminder of healthy behaviors. The book *I See the Animals Sleeping: A Bedtime Story*  
1820 by Thomas Heffron (2011) is read aloud. Prior to the story, students share what they  
1821 think the story will be about. After the story, students discuss why it is important to their

1822 health that they get plenty of sleep and rest each night. They learn that sleep helps  
1823 them perform better in school, sports and activities and makes them feel good. Sleep  
1824 helps their brain function better and their bodies grow and healthy. Students then write  
1825 about their sleep routine providing a numbered sequence of what they do to get ready  
1826 for bed, to go to bed, and when and how they wake up. As a closing activity, students  
1827 create a four-sentence poem for one of the animals featured in the book using the word  
1828 “sleep” in at least two of the sentences.

1829 **Partnering with your school:** For a Healthy Apple Campaign, student create and  
1830 decorate red apple cut-outs that are placed around the school identifying a variety of  
1831 behaviors that promote healthy growth and development (1.1.3.G, Essential Concepts).  
1832 Apples are displayed in designated areas identified by the students such as the in  
1833 cafeteria, near water fountains, or where physical activity occurs.

1834 **Partnering with your community:** Students go on a field trip to a local farm, zoo, or  
1835 aquarium to see how living things grow and mature. Some communities may have  
1836 access to groups with mobile vans who can visit the school to provide presentations.  
1837 Virtual field trips that explore a museum, zoo, or aquarium’s Web site and streaming  
1838 videos may also be considered (1.1.1.G, Essential Concepts).

1839 **Partnering with the family:** At this young age, it is important for students to recognize  
1840 parents, guardians, caretakers, and other trusted adults as resources for information on  
1841 growth and development (1.3.1.G, Accessing Valid Information). Setting a foundation for  
1842 dialogue at this early age can establish a comfortable rapport between students and  
1843 their parents, guardians, or caretakers as they encounter more complex subjects related  
1844 to growth and development. Parents, guardians, or caretakers receive a handout with  
1845 suggestions on how to initiate a conversation on growth and development with their  
1846 child. Books such as *It’s Not the Stork! A Book About Girls, Boys, Babies, Bodies,*  
1847 *Families and Friends* by Robie H. Harris (2008) or *Who Are You?: The Kids Guide to*  
1848 *Gender Identity* by Brook Pessin-Whedbee (2017) can be shared together.

1849 **Injury Prevention and Safety (S)**

1850 Injury prevention skills built on those established in kindergarten provide safety  
1851 practices and protocols for time spent at home, in school, and in the community  
1852 (1.1.5.S, Essential Concepts).

1853 In science, first grade students learn how to use materials to design a solution to a  
1854 human problem by mimicking how plants or animals use their external parts to help  
1855 them survive, grow, and meet their needs. They learn that human problems that can be  
1856 solved by mimicking plant or animal solutions such as designing equipment to protect  
1857 bicyclists by mimicking turtle shells <bbh>(CA NGSS 1-LS1-1).<ebh> For health  
1858 education, students analyze why wearing a helmet when biking, skateboarding, riding a  
1859 scooter, or in-line skating increases safety and can explain appropriate gear and  
1860 equipment (1.5.4.S, Decision Making; 1.7.3.S, Practicing Health-Enhancing Behaviors).  
1861 These connections to injury prevention and safety provide opportunities to apply  
1862 knowledge in science to health education as students analyze how they can protect  
1863 themselves compared to how other animals protect themselves. Through books, videos,  
1864 photos, and discussion, students learn that turtles and snails have shells that protect  
1865 their bodies from getting injured. Students are asked to provide other examples of  
1866 animals that have protective external surfaces. Students are then asked if they have  
1867 ever used or are using a bicycle helmet, what might encourage them to wear a helmet,  
1868 and how a bicycle helmet protects their head. A bicycle helmet, or photos of children  
1869 wearing helmets, is then shown. Students learn that it is the law in California to wear a  
1870 protective helmet, like a turtle shell, to protect their brain while riding a bicycle,  
1871 skateboard, or scooter or skating. In the classroom example below, students learn  
1872 about fire safety

1873 **Classroom Example: Fire Safety Smarts**

1874 **Purpose of Lesson:** Students learn the importance of preventing fires, fire safety, how  
1875 to call 9-1-1 if a fire emergency occurs, and then develop a fire safety plan at home.

1876 **Standards:**

- 1877 • 1.1.4.S Identify safety hazards in the home, at school, and in the community  
1878 (Essential Concepts).
- 1879 • 1.5.1.S Analyze steps to take in emergency or potentially dangerous situations  
1880 (Decision Making).
- 1881 • 1.7.2.S Practice emergency, fire, and safety plans at home and at school (Practicing  
1882 Health-Enhancing Behaviors).
- 1883 • 1.1.9.P Identify emergency situations (e.g., injuries, abductions, fires, floods,  
1884 earthquakes) (Essential Concepts).

1885 **Supplies:**

1886 Photo printouts of the causes of fires and the ways fires do and do not occur in the  
1887 home or public places such as parks or in buildings.

1888 Throughout the school year, Ms. H's students have participated in fire and earthquake  
1889 drills. She now wants to ensure her students learn how to identify emergencies involving  
1890 fires, to understand the ways fires commonly occur, how to call 9-1-1 should a fire  
1891 occur, and how to develop a fire safety plan at home.

1892 Ms. H asks students to share examples of emergencies. "Earthquakes!" "When  
1893 someone's house is on fire!" "Floods?" "When someone gets hurt in a car accident."  
1894 "When someone has a heart attack and can't breathe" are examples the students  
1895 excitedly share. Ms. H confirms that, yes, these are all examples of emergencies. She  
1896 informs the students that today they will specifically focus on the emergency of fires.  
1897 Students learn that most fires occur at home. Ms. H then asks her students to identify  
1898 ways fires can occur at home by identifying various pictures with objects such as

1899 matches, lighters, flames from stoves or ovens, candles, barbeques, furnaces,  
1900 fireplaces, fireworks, lit cigarettes, electrical wires or appliances, or electrical devices  
1901 like hover boards/mobile phones/tablets that are combined with other pictures of objects  
1902 that do not cause fires. The students learn that both flames and smoke are dangerous.  
1903 Students learn they should never run if they or their clothes are on fire. They practice  
1904 stop, drop, and roll in instances when their clothes are on fire. Students learn to never  
1905 go back into a house or building that is on fire but to exit quickly, never running.

1906 Various ways to prevent fires are discussed with the students such as never playing  
1907 with matches, lighters, and fireworks. Using different scenarios, students practice calling  
1908 9-1-1 with one another in case of a fire. They learn to ensure they are not in a building  
1909 that is on fire and are not in danger before calling 9-1-1. Students learn that they need  
1910 to provide their name and location, and describe the emergency to the dispatcher who  
1911 is the community helper who answers the emergency phone line. They also learn to  
1912 stay on the phone until the dispatcher says it is okay to end the call.

1913 For homework, Ms. H asks the students to develop a fire safety and escape plan with  
1914 their parent, guardian, or caretaker's assistance. Students are provided with a handout  
1915 in English and Spanish with a link to the National Fire Protection Association's Web site  
1916 for home fire safety templates and resources to share with their parents, guardians, or  
1917 caretakers.

1918 The school principal can lead a discussion on safety hazards at school and ways to  
1919 reduce injuries at school (1.1.4.–5.S, Essential Concepts). Working in pairs, students  
1920 match printouts of safety signs with pictures of their respective backgrounds. For  
1921 example, a *Don't Walk* signal is glued to a street corner. A railroad crossing sign is  
1922 glued to a railroad crossing. Students also match the safety sign with the respective  
1923 word meaning. Various sign images can be downloaded. Students learn that the color  
1924 red is often used to communicate warning or alert for safety signs. Streetlights and  
1925 semaphores are always in the same order for people who are colorblind. They learn that  
1926 signs keep drivers, pedestrians, and children in the community safe. A game of safety

1927 sign bingo with signs for each space can be played to reinforce learning. Students  
1928 create posters illustrating ways to stay safe on the playground by drawing and coloring  
1929 a safe scenario and writing a short paragraph to describe it.

1930 With an estimated 1.7 million children living in homes with a loaded and unlocked  
1931 firearm (CDCb 2017), it is important for students to learn how to respond if they see a  
1932 weapon. Consider using age-appropriate books and videos to address the dangers of  
1933 weapons and the importance of telling a trusted adult if they see or hear about someone  
1934 having a weapon (1.1.9.S, Essential Concepts). Through discussion and storytelling,  
1935 students learn that some people have jobs that require the use of guns to keep us safe,  
1936 including individuals who serve in the military or work as police officers, sheriffs, security  
1937 guards, or park rangers. Students will need considerable support to be able to assess  
1938 reasons for reporting weapons possessions (1.5.3.S, Decision Making). Students then  
1939 learn that some people use guns and knives to intentionally hurt others or sometimes a  
1940 gun is found by someone who is not supposed to have the weapon. They learn that a  
1941 gun should always be considered to be loaded with bullets so should never be pointed  
1942 at another person. The story, *The Box*, is read aloud or individually. It describes three  
1943 young friends riding their bikes. In the story, one friend opens his backpack to show the  
1944 others he has a gun and bullets. Through group discussion, students respond to  
1945 questions about what they would do in this situation. From the story, students learn to:  
1946 1) leave the gun alone; 2) leave the area; and 3) tell a trusted adult immediately.  
1947 (Search Virginia Board of Education's Elementary School Gun Safety Guidelines and  
1948 Curriculum for teaching resources mentioned above.)

1949 From previous school or home instruction, students in first grade are ready to build upon  
1950 prior learning. It is important to maintain momentum in teaching children about healthy  
1951 relationships, gender, personal safety, and boundaries. The early years of elementary  
1952 school lay the foundation for a lifetime of health-enhancing behaviors and self-protective  
1953 skills. Encourage students to respect individual differences, including different  
1954 backgrounds, cultures, and abilities in order to promote healthy peer relationships.  
1955 Unhealthy relationships, physical and sexual abuse, and bullying can have serious

1956 health consequences (physical, mental, and emotional) that can impact students' ability  
1957 to learn.

1958 First grade students are aware of the basic concepts of boundaries and consent.

1959 Students have practiced asking for permission before giving classmates hugs or high-  
1960 fives, and it is important to encourage this practice throughout their education. To  
1961 further demonstrate setting and respecting boundaries, have students actively  
1962 participate in asking for consent. Divide students into two groups. Students in one group  
1963 will partner with a student from the other group and practice asking for a high-five, a  
1964 hug, or a handshake. Remind students that everyone has the right to say “no” and that  
1965 the students asking must respect the other students' responses. Provide an example so  
1966 students understand what is meant. “If Maria asks Julia for a hug, and Julia says ‘no,  
1967 thank you’ – what should Maria do?” Students may offer a response such as “Say ‘ok’,”  
1968 or “Ask for a high-five instead.” Some students may not feel comfortable or want to ask  
1969 others for a high-five, hug, or handshake. Let students know that they may alternatively  
1970 wave, fist bump, or give a thumbs-up if they do not want to initiate physical contact.

1971 This activity can also generate discussion to help students distinguish between  
1972 appropriate and inappropriate touching (1.1.7.S, Essential Concepts). It is important for  
1973 students to understand that there are appropriate and inappropriate places for touch on  
1974 the body (public and private parts). It is also important to explain that appropriate and  
1975 inappropriate touching has to do with how someone feels—whether the touch feels  
1976 comfortable or uncomfortable. A high-five, handshake, or even hugs can be appropriate  
1977 if desired by the student. However, sometimes what is generally considered appropriate  
1978 touch might not feel good. First graders can identify if certain types of touch make them  
1979 feel uncomfortable or scared, which is an example of inappropriate touch. Inappropriate  
1980 touch may also have to do with certain areas on the body that are considered private.  
1981 Students should be aware that sometimes trusted adults such as doctors might need to  
1982 touch more private areas, but those adults should explain the reason for any kind of  
1983 touching and still ask for permission. First grade students should feel empowered to say  
1984 “no” or express when they are uncomfortable. Similarly to the previous activity, students

1985 can work in pairs to practice refusal skills (1.1.13.S, Essential Concepts). First graders  
1986 can practice a variety of “no” statements, some which may include politely declining a  
1987 request and others that may consist of a more clear and firm “no.”

1988 Some students may practice refusal skills and statements in other settings. If a student  
1989 does not want to complete an activity, for example, rather than forcing the student to  
1990 change their mind, demonstrate empathy and try to understand the reason. Respect the  
1991 student’s boundaries and talk with them. Students who feel heard and respected are  
1992 more likely to participate and communicate. They also are more likely to see this  
1993 teacher as a safe and trusted adult with whom they can share any discomfort or  
1994 potentially abusive experiences. Empowering young learners to use their voice and  
1995 express their needs in an appropriate way can be effective in promoting respecting  
1996 boundaries and resolving conflict (1.1.12.S, Essential Concepts).

1997 When students feel that their personal boundaries and their bodies are respected, they  
1998 may also be more likely to use refusal skills or tell a trusted adult if a boundary is  
1999 crossed. This includes if a student feels unsafe, is being bullied or abused, or sees  
2000 someone else being bullied or otherwise in danger (1.1.6.S, Essential Concepts). Help  
2001 students identify safe and trusted adults and practice how to report dangerous  
2002 situations, including inappropriate touching (1.4.1.–2.S, Interpersonal Communication).  
2003 First graders are reminded that inappropriate touching is considered a dangerous  
2004 situation and know that they should get to safety, tell a trusted adult immediately, and  
2005 even call 9-1-1 in emergency situations (1.1.9.P, Essential Concepts). Students may  
2006 need assistance in identifying and listing trusted adults who they can ask for help if  
2007 feeling unsafe or threatened (1.3.1.S, Accessing Valid Information; 1.4.1.–2.P, Personal  
2008 Communication). Explain that all adults are not necessarily safe or “trusted” adults, and  
2009 help students think critically about how they can determine who is a trusted adult.  
2010 Introduce school support staff and invite them into the classroom. Identify school  
2011 support staff by name, law enforcement, and family members, guardians, and  
2012 caretakers as potential safe and trusted adults. Teachers should also identify  
2013 themselves as trusted adults. It is important to remember that children who experience

2014 abuse are most often victimized by adults that are known and trusted (American  
2015 Psychological Association, 2011). Students may feel safe disclosing abuse if there are  
2016 other identified trusted adults. If a student discloses abuse or there is reason to suspect  
2017 child abuse, teachers must follow mandated reporting laws. After filing the mandated  
2018 report, teachers should follow the school and district policies for next steps. (See the  
2019 section on mandated reporting in the Introduction chapter for additional information.)  
2020 Pay attention to physical signs of abuse as well behavioral indicators that may also  
2021 require a report.

2022 Because perpetrators of child sexual abuse often groom their victims prior to the actual  
2023 abuse, it is important to help students develop their protective skills, which also include  
2024 trusting one's instincts. In the context of child sexual abuse, *grooming* is a process in  
2025 which a perpetrator establishes a connection with the child victim, gains their trust, and  
2026 escalates from appropriate to inappropriate touching while normalizing the physical  
2027 contact. Perpetrators may also shower the child with attention, gifts, and affection;  
2028 isolate them from friends and family; and use secrecy, guilt, and/or threats to deter the  
2029 child from seeking help (The National Center for Victims of Crime, 2012).

2030 Explain to students that sometimes adults may pretend to be safe or friendly, and  
2031 students should trust their instinct if something feels wrong. Ask students what "instinct"  
2032 means. Explore this further by identifying related concepts and feelings. Students may  
2033 be able to identify what happens to their bodies and how they feel when they get scared  
2034 or feel uncomfortable. An activity to illustrate this is the "Where I Feel Things in My  
2035 Body" coloring exercise. A worksheet with an outline of a body (similar to a gingerbread  
2036 person) is given to the student. Ask the students to name different feelings and colors  
2037 that go along with each feeling. For example, red is mad, blue is sad, yellow is scared.  
2038 Then ask students, "When you are scared, where do you feel this in your body?" "When  
2039 you are sad, where do you feel this in your body?" Students can use the color  
2040 associated with the feeling to indicate on the body where and what they are feeling.  
2041 Once completed, students learn that everyone feels emotions in different places in their  
2042 body. Have students work in pairs to practice verbalizing what they are feeling. Students

2043 can use sentence frames such as: “When I am \_\_\_\_\_ (sad/scared/confused), I feel it in  
2044 my (chest/stomach/head).” They can now better identify what they are feeling and are  
2045 able to express this to a trusted adult, if necessary. Explain that the feelings they  
2046 experience and what happens when something is scary or uncomfortable is their body’s  
2047 way of telling them that something is unsafe (1.1.1.S, Essential Concepts; 1.5.1.S,  
2048 Decision Making; 1.7.1.S, Practicing Health-Enhancing Behaviors).

2049 **Partnering with your school:** Invite older students who have learned proper lifting and  
2050 carrying techniques to assist first grade students with properly adjusting backpack  
2051 straps. Invite students or teachers who are part of the school’s restorative justice  
2052 program to speak to the first grade class about conflict resolution techniques. Working  
2053 in pairs, students go on a fire safety scavenger hunt at school to locate items such as  
2054 fire alarms, fire sprinklers, fire extinguishers, smoke detectors, and emergency exit  
2055 signs. <byh>If the school has an automated external defibrillator (AED), show students  
2056 where it is located and how it can be retrieved and accessed for a person who is having  
2057 sudden cardiac arrest and is not breathing (1.3.1.P. Recognizing individuals who can  
2058 assist with health related issues and potentially life-threatening health conditions).<eyh>

2059 **Partnering with your community:** Take a walk in the neighborhood around the school  
2060 and ask students to point out safety signs. Invite guest speakers from community  
2061 organizations working to create safe walking or bike riding routes to school to talk about  
2062 safety traveling to and from school and around the neighborhood. Guest speakers from  
2063 the local fire department, emergency management services, and police officers or  
2064 sheriffs provide resources and teach the importance of practicing emergency, fire, and  
2065 safety plans at home and at school (1.7.1.–2.S, Practicing Health-Enhancing  
2066 Behaviors). Materials are shared with families.

2067 **Partnering with the family:** Families are encouraged to have an emergency  
2068 preparedness plan in place and to hang a sign or poster in an accessible location on  
2069 when to call 9-1-1. Families that share they have an emergency plan in place are given  
2070 a certificate of appreciation.

2071 **Personal and Community Health (P)**

2072 First graders continue to learn new facts about their bodies and what makes them grow  
2073 and be healthy. They are forming their personal health habits that will shape their future  
2074 health and wellbeing. Students are also developing a deeper understanding of their  
2075 greater community and the role of community helpers. Setting a foundation for proper  
2076 health practices can lead to a lifetime of positive health outcomes. Teachers and  
2077 administrators play an important mentorship role in the promotion of personal,  
2078 community, and environmental health.

2079 <byh>Skin cancer is the most common form of cancer in the United States (CDC,  
2080 2018).<eyh> California has one of the highest skin cancer rates in the nation. One in  
2081 five children in the United States (close to one in four in California) will be diagnosed  
2082 with skin cancer as adults (American Cancer Society 2017). Early protection skills are  
2083 essential in establishing sun safety behaviors. Students identify the importance of sun  
2084 safety (1.1.2.P, Essential Concepts); demonstrate proper ways of protecting oneself  
2085 from the sun, and ways to select and apply sunscreen (1.7.3.P, Practicing Health-  
2086 Enhancing Behaviors) by exploring sun-safe items. Ideally students learned about sun  
2087 safety and created a sun-safety kit in kindergarten (see K.1.2.P). Students first respond  
2088 to the questions *What items do we put on that keep us safe from the sun? Who has*  
2089 *heard of or has used sun-safe items such as sunscreen, rash guards, sunglasses, sun*  
2090 *hats, umbrellas, or lip balm? Why do some people use or not use these items?* Sun-  
2091 protective items placed in a beach bag are then shared with students to touch, feel, and  
2092 share such as broad-spectrum sun protection factor (SPF) 30 sunscreen, rash guard or  
2093 long-sleeved shirt, sunglasses, a wide-brimmed sun hat, a sun umbrella, and SPF lip  
2094 balm. Students learn that broad-spectrum sunscreen of SPF 30 or higher should be  
2095 applied all over their exposed body areas anytime they are <byh>outside in the sun  
2096 including on cloudy days.<eyh> If students have brought their own sunscreen from  
2097 home, students may practice putting on the sunscreen and are reminded not to miss  
2098 their entire ears and noses. <byh>Approximately one ounce (30 ml) of sunscreen is  
2099 recommended to cover the entire body. It should be applied 15 minutes before going  
2100 outdoors and reapplied every two hours.<eyh>

2101 Ideally students have access to a mirror to ensure they are properly applying the  
2102 sunscreen. This activity is reinforced when students are reminded to apply sunscreen  
2103 before recess. Sun-protective items are displayed in the classroom to promote sun  
2104 safety during *Don't Fry Day* the Friday before Memorial Day <byh>in May which is  
2105 national Skin Cancer Awareness Month or Melanoma Monday (the first Monday in  
2106 May)<eyh> campaign. Students are encouraged to have a sun-safety kit of their own  
2107 with the same items for school. Teachers are encouraged to check with their school or  
2108 district's policy on sun safety in preparing a take-home list of recommended items.  
2109 Search the National Council on Skin Cancer Prevention for instructional resources and  
2110 materials.

2111 Reading aloud *My Tooth Is About to Fall Out* by Grace MacCarone (1995) or *Loose*  
2112 *Tooth* by Lola Schaefer (2005) begins the discussion on dental health and positive  
2113 dental health practices (1.1.1.P, Essential Concepts). Students share what it feels like to  
2114 lose a tooth when asked if anyone has lost a tooth. Key words are captured on the white  
2115 board or giant poster paper cut into the shape of a tooth. Students learn that most  
2116 children have 20 baby teeth that are important to keep clean and healthy by brushing  
2117 twice a day with a toothpaste <byh>containing fluoride<eyh> and flossing twice a day.  
2118 <byh>Children should begin to learn to floss as soon as two of the teeth touch each  
2119 other to remove dental plaque and food where a toothbrush can't reach.<eyh> Brushing  
2120 and flossing twice a day removes germs that can cause disease and cavities. The  
2121 cleaner their baby or "primary" teeth are, the stronger their permanent ("big kid") teeth  
2122 will be when they come in. Students share fun experiences they have had or anticipate  
2123 having with the tooth fairy or other culturally appropriate figures such as Ratocinto  
2124 Perez, Raton Perez, Perez Mouse, or El Raton de los Dientes in Spanish-speaking  
2125 cultures. On individual tooth-shaped papers, students write about their experience with  
2126 going to the dentist and how they plan to keep their teeth healthy. The pages are bound  
2127 together to make a tooth health book. Students can think of a creative title such as  
2128 *Fighting Sugar Bugs* or *My Healthy Teeth*. Students make a dental health plan for  
2129 morning and nightly brushing and flossing by taking home a brushing checklist from  
2130 Sesame Street Brushy Brush chart, a print out of links to free brushing timer apps, or

2131 other free Web sites (1.6.1.P, Goal Setting). <bbh>(The writing activity connects to the  
2132 California Common Core Standards for English Language Arts/Literacy [CA CCSS for  
2133 ELA/Literacy], CA CCSS for ELA/Literacy W.1.2.)<ebh>

2134 In kindergarten, students learned that germs can cause us to become sick. To further  
2135 learning in this area, students discuss the importance of preventing the transmission of  
2136 germs (1.1.3.P, 1.1.4.P, Essential Concepts) by first reading the book, *Germs! Germs!*  
2137 *Germs!* by Bobbie Katz (1996) or *Germ Stories* by Arthur Kornberg (2007). Students  
2138 share what they learned from the book. They learn that germs are microscopic,  
2139 meaning they cannot be seen with the human eye—without a microscope. They learn  
2140 that germs are bacteria and viruses that can make us sick. Students visually see an  
2141 example of germs being spread by applying lotion to the hands of three student  
2142 volunteers and then placing glitter on the hands of one student. The student who has  
2143 the glitter high fives one student volunteer’s hand and shakes the other student  
2144 volunteer’s hand. The three volunteers hold up their hands to show their classmates  
2145 how the germs represented by glitter are easily spread. The activity is then tried by the  
2146 entire class in groups of three. Different colored glitter can be used to further emphasize  
2147 how different germs can be spread among groups as students shake or high five  
2148 students’ hands in other groups. Teachers should be aware of school and district policy  
2149 related to using lotion as well as students with allergies to ingredients in lotions.

2150 Students share some ways germs can be prevented. Students learn it is important to  
2151 avoid spreading germs by 1) frequently washing their hands with warm water and soap  
2152 for at least 20 seconds or long enough to sing the ABC or Row, Row, Row Your Boat  
2153 song; 2) using hand sanitizers when washing their hands is not an option; and 3) not  
2154 sharing drinks, food, chewed gum, or lip balm by politely saying, “no thank you” to avoid  
2155 the spread of germs. Students role play sneezing and coughing into a tissue or their  
2156 upper sleeve—and then washing their hands—to avoid spreading germs such as those  
2157 that cause the common cold or viruses. Students explain during the role play that by  
2158 doing so they can avoid spreading germs that cause others to become sick. Students  
2159 learn if they are sick, it is best to stay at home and rest until healthy again to not infect

2160 others. Referring back to the books above (*Germs! Germs! Germs!* by Bobbie Katz  
2161 (1996) or *Germ Stories* by Arthur Kornberg (2007)), students respond to the question,  
2162 *Do germs have eyes, noses, or ears?* They learn that germs do not, but they are  
2163 powerful and can survive in our bodies and on surfaces like cups, food, toys, desks,  
2164 door handles, and cell phones (1.1.3–4.P, Essential Concepts; 1.7.2.P, Practicing  
2165 Health-Enhancing Behaviors). Search Germ Lessons and Activities on the Alliance for  
2166 Consumer Education’s Web site for additional germ activities including a germ cutout for  
2167 students to decorate and color, germ pledge form, mazes, word games, and other free  
2168 resources.

2169 As an extension of the activity above, students compare and contrast communicable  
2170 (also known as infectious) and noncommunicable (also known as chronic) diseases  
2171 (1.1.6.P, Essential Concepts). By seeing a demonstration of a spray bottle spraying  
2172 water into the air, students learn that when someone sneezes or coughs, millions of  
2173 germs such as bacteria or viruses are spread everywhere, sometimes leading to  
2174 infections in others. Students are asked to provide examples of an infectious disease or  
2175 something that one can “catch” from another person. They learn through sharing  
2176 responses or teacher-led prompts that the common cold is one example of an infectious  
2177 disease; influenza or “the flu” is another one. They learn that for some infectious  
2178 diseases such as chickenpox, measles, and pertussis there are vaccines to keep  
2179 people from getting the disease. Many of these diseases would make us very sick if we  
2180 did not have vaccines. Lyme disease, which is caused by an infected tick bite, is  
2181 another example of an infectious disease. Ticks usually bite dogs and deer, but if an  
2182 infected tick bites a human, the person may develop Lyme disease. Students learn that  
2183 a healthy immune system works to keep us healthy and fight germs. Eating nutritious  
2184 food high in vitamins and minerals keeps our immune system strong. A healthy immune  
2185 system is physically demonstrated when students form a circle by standing next to each  
2186 other, with one student in the center acting as the healthy person. The circle is the  
2187 healthy immune system. Two students are asked to volunteer to be germs trying to  
2188 invade the circle to get to the healthy person located in the center of the ring. Students  
2189 are assigned roles to the healthy immune system. Students are informed that the germs

2190 must not use force or physicality to penetrate the immune system and reach the healthy  
2191 person in the center. Students learn the importance of preventing the transmission of  
2192 germs and are able to identify ways to prevent the transmission of communicable  
2193 diseases. Researching a reliable Web site with adult supervision, students write one  
2194 way they plan to stay healthy from an infectious disease such as daily bathing, washing  
2195 hair, wearing clean clothes, brushing/flossing teeth, getting plenty of sleep, and eating a  
2196 healthy diet (1.1.3.–4.P, Essential Concepts). <bbh>(This activity supports CA CCSS for  
2197 ELA/Literacy W.1.6.)<ebh>

2198 Students further their understanding of the differences between communicable  
2199 (infectious) diseases and noncommunicable (chronic) diseases (1.1.6.P, Essential  
2200 Concepts) by sharing if they have known or know someone with a chronic disease—a  
2201 condition that is not transmitted from one person to another but that someone develops  
2202 and has for a long time. The names of the diseases the students identify are record on a  
2203 large piece of paper or other means at the front of the classroom. Students learn initial  
2204 symptoms associated with each chronic disease. Diseases such as heart disease (an  
2205 unhealthy heart), cancer (growth of abnormal cells in one’s body that can damage or  
2206 destroy healthy body tissue), asthma (difficult to breathe), allergies (sneezing or watery  
2207 eyes from outside allergens or allergies to pets or foods), diabetes (body is not able to  
2208 properly use glucose [a form of sugar] and make energy from food you eat), and  
2209 epilepsy (a condition where someone has seizures) are shared by either the students or  
2210 teacher and recorded on the paper (1.1.5.P, Essential Concepts). It is vital for teachers  
2211 to be sensitive to and respectful of any students who may have these conditions.  
2212 Students learn that being respectful to those who are experiencing a chronic disease is  
2213 important for that person’s wellness. First graders learn that if they know of someone  
2214 with a chronic disease they can ask if there is anything they can do to help or do  
2215 something nice for the person such as coloring a picture or giving the person a card to  
2216 be supportive. Doing something nice and caring for others in need show *empathy* for  
2217 others.

2218 By role-playing, students demonstrate effective skills when asking for assistance with  
2219 health-related problems they may experience such as not feeling well or an emergency  
2220 situation such as another student being seriously injured by a car. Students learn to  
2221 immediately contact a trusted adult such as their teacher while at school or their parent,  
2222 guardian, or caretaker if at home to inform them of the situation (1.1.9.P, Essential  
2223 Concepts; 1.4.1–2.P, Interpersonal Communication; 1.7.4.P, Practicing Health-  
2224 Enhancing Behaviors). Students learn to telephone their trusted adult and to dial 9-1-1 if  
2225 there is not a trusted adult close by to help in an emergency situation. Examples of  
2226 when to call 9-1-1 include if they or another person is hurt or in danger or if there is an  
2227 earthquake, fire, or accident. Responses to emergency situations such as an  
2228 earthquake can be role played, and fire safety can be practiced with stop, drop, and roll  
2229 or crawl on your knees to safety. Guest speakers from the fire department or local  
2230 emergency management services provide education on emergency protocol. Special  
2231 consideration should be made for inclusion of students with disabilities or limited  
2232 abilities for all discussions and activities including planning and practicing for evacuation  
2233 of wheelchairs or students with other assistive devices. The cover of the book *Fire! Fire!*  
2234 by Gail Gibbons (1987) is shared with students who work in groups to complete a KWL  
2235 (*What do I know? What do I want to find out? What did I learn?*) chart of what they know  
2236 about firefighters or fire. The book is then read aloud. Students learn that firefighters are  
2237 community helpers who protect and help them stay safe when fires occur. The teachers  
2238 asks guiding questions such as *What is the main topic of the book? How were each of*  
2239 *the communities in the book alike and different? Is it easy or difficult to be a firefighter?*  
2240 *What other community helpers assist the firefighters?* Additional learning activities can  
2241 be found below.

2242 Personal and Community Health Learning Activities

2243 **Essential Concepts:** 1.1.2.P Identify the importance of sun safety.

2244 **Practicing Health-Enhancing Behaviors:** 1.7.3.P Demonstrate proper ways of  
2245 protecting oneself from the sun and ways to select and apply sunscreen.

2246 DIY Sunglasses

2247 Students are able to identify the importance of sun safety and demonstrate proper ways  
2248 of protecting themselves from the sun by making their own pretend sunglasses. They  
2249 trace and cut out sunglass frames on card stock paper and making lenses using colored  
2250 tissue paper. Stencils for the sunglasses can be found online. The play sunglasses are  
2251 worn for a group picture to celebrate Don't Fry Day. The photo is posted to the school's  
2252 Web site or displayed in the classroom.

2253 **Essential Concepts:** 1.1.2.P Identify the importance of sun safety.

2254 **Practicing Health-Enhancing Behaviors:** 1.7.3.P Demonstrate proper ways of  
2255 protecting oneself from the sun and ways to select and apply sunscreen.

2256 Animals Need Protection from the Sun, Too!

2257 Students are able to identify the importance of sun safety and demonstrate proper ways  
2258 of protecting themselves from the sun. Integrating science <bbh>(CA NGSS 1-LS1-  
2259 1)<ebh> with health, students learn through books or videos that some animals have  
2260 natural protection from the sun in the form of fur, feathers, wool, and shells. They draw  
2261 a picture of an animal and write a sentence about how the animal is protected. Students  
2262 also learn that, like humans who have to use sunscreen and clothing to protect them  
2263 from the sun, some animals have behaviors that make them sun safe like koalas who  
2264 are nocturnal or elephants who place dirt on their backs. This activity can be  
2265 downloaded from the National Council on Skin Cancer Prevention Web site.

2266 **Essential Concepts:** 1.1.2.P Identify the importance of sun safety.

2267 **Practicing Health-Enhancing Behaviors:** 1.7.3.P Demonstrate proper ways of  
2268 protecting oneself from the sun and ways to select and apply sunscreen.

2269 George the Sun Safe Superstar!

2270 Students download or are provided their own free copy of the book, *George the Sun*  
2271 *Safe Superstar!* by Kathryn Clifford (2012) to read and take home. Students identify the  
2272 importance of sun safety by writing a book report. Search the Karen Clifford Skin  
2273 Cancer Charity (skcin) Web site for the free booklet. <bbh>(This activity connects to CA  
2274 CCSS for ELA/Literacy W.1.1.)<ebh>

2275

2276 **Essential Concepts:** 1.1.2.P Identify the importance of sun safety.

2277 Tree Planting

2278 Students identify the importance of sun safety by writing a letter or email to a local  
2279 agency that promotes planting trees to donate a tree to provide additional shade areas  
2280 on the playground. In the letter, students explain that trees provide shade, which is  
2281 important for sun protection. Students can help care for the tree and learn the benefits  
2282 of trees (they provide more oxygen, shade).

2283 **Accessing Valid Information:** 1.3.1.P Discuss the importance of preventing the  
2284 transmission of germs.

2285 Dental Health

2286 Students identify individuals in the community who promote health through  
2287 presentations by guest speakers such as a dental hygienist or a pediatric or general  
2288 dentist. The dental health professional can provide students with essential skills and  
2289 knowledge on dental hygiene practices. Students receive dental health kits and  
2290 demonstrate proper tooth brushing and flossing techniques with the dentist or hygienist.

2291 **Essential Concepts:** 1.1.7.P Discuss how individual behavior affects the environment  
2292 and community.

2293 **Essential Concepts:** 1.1.8.P Identify materials that can be reduced, reused, or  
2294 recycled.

2295 **EP&C V:** Decisions affecting resources and natural systems are based on a wide range  
2296 of considerations and decision-making processes.

2297 Earth Day: Reduce, Reuse, Recycle

2298 Students discuss how individual behavior affects the environment and community and  
2299 identify materials that can be reduced, reused, or recycled by brainstorming ways to

2300 reduce waste. One example may be to reduce plastic bottle consumption by drinking  
2301 from a reusable BPA-free water bottle while at school. Students write one strategy they  
2302 will commit to. Students discover the concept of “reuse” by participating in a used books  
2303 or toys drive or by creating art from recycled materials for local charities. Placing  
2304 different recycle bins labeled paper, plastic, and aluminum in the classroom or by using  
2305 a relay-race-style activity in which they sort recyclable items offers students an  
2306 opportunity to practice recycling.

2307 **Partnering with your school:** Educate peers, other teachers, members of parent  
2308 groups, administrators, and students’ families to protect against skin damage from the  
2309 sun (1.8.1.P, Health Promotion) by inviting a dermatologist or representative from a  
2310 cancer prevention organization to give an after-school presentation on ways to protect  
2311 one’s skin.

2312 **Partnering with your community:** Invite a firefighter, emergency services dispatcher,  
2313 paramedic, emergency room nurse or doctor, police officer, or sheriff to talk to the class  
2314 about their job. Take a field trip to the local fire station to see the equipment and where  
2315 these helpers live while on duty (1.3.1.P, Accessing Valid Information).

2316 **Partnering with the family:** Encourage students to talk with their parents, guardians,  
2317 and caretakers about having an emergency plan at home, as well as smoke alarms,  
2318 carbon monoxide detectors, and fire extinguishers (1.7.4.P, Practicing Health-  
2319 Enhancing Behaviors).

2320 **Grade Two**

2321 Second grade is an important year for most children as they establish personal wellness  
2322 practices, health behaviors, and life skills such as study habits. At this grade level,  
2323 students are typically now more adjusted to the rigorous learning environment  
2324 established in first grade. Most students are becoming more competent in reading,  
2325 writing, and mathematics. Students are often introduced to group projects and  
2326 presentations in second grade. Technology generally plays a more important role in the  
2327 classroom as students use it for reading, writing, and researching content (Ackerman  
2328 2017, Morotz 2015, Wood 2007).

2329 Second graders typically enjoy conversing and spending time with friends and seek  
2330 their approval. They may use language to express their feelings; like to tell jokes; find  
2331 pleasure in writing stories, letters, and e-mail; and express themselves fluently and in  
2332 elaborate detail (Morotz 2015). Second grade students continue to learn about the  
2333 importance of nutrition and physical activity; the benefits and importance of mental,  
2334 emotional, and social health; and strategies for positive health practices related to  
2335 alcohol, tobacco, and other drugs (ATOD).

2336 Three of the six content areas are covered in the second grade health education  
2337 standards: Nutrition and Physical Activity; Alcohol, Tobacco, and Other Drugs; and  
2338 Mental, Emotional, and Social Health. All eight overarching standards are addressed in  
2339 second grade when instruction includes all three content areas. When appropriate for  
2340 students' needs and interests, teachers are encouraged to incorporate content areas for  
2341 which there are no standards in grade two.

2342 **Nutrition and Physical Activity (N)**

2343 Through programs, policies, and learning opportunities, schools play a key role in  
2344 establishing positive environments that promote and support healthy practices and  
2345 behaviors such as regular physical activity and good nutrition (CDC Healthy Schools  
2346 2017). For second graders, proper nutrition and information on how to make healthy

2347 food choices is important for their growth, development, and overall health. To support  
2348 their growing body, children’s diets should include fruits and vegetables, whole grains,  
2349 lean protein, and low-fat calcium-rich foods each day. High-sugar and high-fat food and  
2350 beverages should be “sometimes” foods (USDA 2017).

2351 Building on their foundational knowledge from kindergarten, second grade students  
2352 continue to focus on the recommended food groups and portion sizes (2.1.1–2.N,  
2353 Essential Concepts). With teacher assistance, students search the United States  
2354 Department of Agriculture (USDA) and other reliable, medically accurate resources for  
2355 food groups and recommended portion sizes. Students further their learning  
2356 competencies by listing and describing the benefits of healthy food and beverages  
2357 (2.1.3.–4.N, Essential Concepts). Using a decision-making process, the students create  
2358 and follow a plan for healthy eating, snacking, and beverage selection (2.5.1-2, Decision  
2359 Making; 2.7.2.–3.N, Practicing Health-Enhancing Behaviors).

2360 Through engaging activities such as “Rethink your drink!” students learn to make better  
2361 food and beverage choices. Students compare and contrast healthy and less-healthy  
2362 beverage choices and learn the sugar content of various beverages as they glue  
2363 pictures of popular beverages to poster board. Working in small groups, students  
2364 research online the number of teaspoons of sugar each beverage has. Students then  
2365 measure the amount of sugar by placing the appropriate number of sugar packets or  
2366 cubes to represent teaspoons into a plastic bag for each beverage and tape the bag  
2367 under each beverage container. The beverage containers or images can be displayed  
2368 from those with the least sugar content to the highest. Students are surprised to learn  
2369 and to compare and contrast the sugar content of each product; they learn that  
2370 beverages such as water, milk or <byh>whole fruit and vegetable smoothies mixed with  
2371 water<eyh> contain no added sugar and are healthy choices. Through guided  
2372 discussion, students learn that there are many commercials, media messages, and  
2373 online images promoting soda, sweetened beverages such as sports drinks, high-sugar  
2374 juice drinks and juices. Students select healthy beverage options and learn that just  
2375 because they are featured in advertisements does not mean these products are good

2376 for them. Students learn that water, milk, chocolate milk, <byh>plant-based alternative  
2377 beverages,<eyh> low-sodium soups, <byh>whole fruit and vegetable smoothies mixed  
2378 with water,<eyh> and low-sugar or diluted juices, are the healthiest beverage choices  
2379 because they keep them hydrated (which is essential for their brain and body systems  
2380 to grow and function) and because they have no or small amounts of sugar and  
2381 calories. The current recommended guidelines for water consumption are shared with  
2382 students who then describe at least two benefits of drinking water consistent with  
2383 current research guidelines. <byh>Students have the option to prepare and enjoy a  
2384 healthy beverage together, such as a smoothie made with fresh fruits, low-sugar or  
2385 diluted juice, and unsweetened yogurt. Consult the school’s policy on preparing and  
2386 serving food in the classroom and food allergies<eyh> (2.1.5.N, Essential Concepts;  
2387 2.2.1.N, Analyzing Influences; 2.5.2.N, Decision Making; 2.7.3.N, Practicing Health-  
2388 Enhancing Behaviors). In the classroom example below, students produce a calendar to  
2389 remind themselves of their nutrition goals and to promote healthy eating at home.  
2390 Remember that some students may experience physical and economic lack of access  
2391 to safe and nutritious foods.

2392 Classroom Example: Healthy Food Calendars

2393 **Purpose of the Lesson:** Students learn about nutrition and how to choose healthy  
2394 snack foods by creating a twelve month calendar of healthy nutrition tips. Students talk  
2395 with their family, parents, guardians, or caretakers about the importance of healthy  
2396 eating.

2397 **Standards:**

- 2398 • 2.6.1.N: Set a short-term goal to choose healthy foods for snacks and meals (Goal  
2399 Setting).
- 2400 • 2.8.1.N Practice making healthy eating choices with friends and family (Health  
2401 Promotion).

2402 **Supplies:**

- 2403 Construction paper
- 2404 Glue and scissors
- 2405 Stapler and staples to assemble calendars
- 2406 Printer to print photos or online pictures of healthy foods, beverages, fruits, and  
2407 vegetables
- 2408 The students in Ms. B's class are learning more about nutrition and physical activity.  
2409 Students identify their favorite healthy snack foods by creating healthy snack twelve-  
2410 month calendars to display healthy food, snack, and beverage options. They glue  
2411 healthy snack and beverage photos of their favorite items on each page of their  
2412 calendar month. Students write a healthy eating, beverage, or snack tip for each month  
2413 as a goal they plan to implement. Students are encouraged to post their calendars in  
2414 their kitchens at home and to practice making healthy eating choices when possible with  
2415 friends, family, guardians, and caretakers.
- 2416 A fun and engaging activity for students to learn about the food groups, the  
2417 recommended number of food-group servings, and the benefits of eating a healthy  
2418 breakfast is to ask students in pairs or in small groups to write and perform a song or  
2419 skit on a chosen nutrition topic to share with the class (2.1.1.–3.N, Essential Concepts;,  
2420 2.7.1.N, Practicing Health-Enhancing Behaviors).
- 2421 Students use a decision-making process to select healthy foods (2.5.1.N, Decision  
2422 Making), compare and contrast healthy and less healthy food choices for a variety of  
2423 settings (2.5.2.N, Decision Making), and practice making healthy eating choices with  
2424 friends and family (2.8.1.N, Health Promotion) using printed menus available online  
2425 from their favorite restaurants. With the assistance of the teacher, students identify and  
2426 circle the healthy options on the menus that they have selected. In small groups,  
2427 students role play being at a restaurant and ordering their identified healthy items or  
2428 asking their parents, guardians, or caretakers to order the healthy food item for them.  
2429 Students take their menus home to reference the next time they are at their favorite

2430 restaurants. <byh>Students may also read “Don’t Yuck My Yum” by Amy Pleimling  
2431 (2014) to learn the importance of being polite when trying new foods. They discuss  
2432 ways to politely express when they do not like a new food, such as by saying, *This isn’t*  
2433 *my favorite*, or *I think my taste buds need more time to get used to this one.*” A Healthy  
2434 Food Passport activity can be created where students record their new taste  
2435 adventures. Finally, they practice trying new healthy foods together. They participate in  
2436 comparative tastings with fresh fruits and vegetables, or other healthy foods. When they  
2437 try something new, they rate it on a scale of *Tried It; Liked It; Loved it!* and use  
2438 adjectives to describe the smell, flavor, and textures of each new food. For each new  
2439 fresh fruit or vegetable or other healthy food they try, they add a sticker or stamp to their  
2440 Healthy Food Passport with the goal of tasting as many new, healthy foods as possible  
2441 over time. Consult the school’s policy on preparing and serving food in the classroom  
2442 and possible food allergies.<eyh>

2443 Students learn that half their plate should be filled with mostly vegetables and some  
2444 fruit. They begin to consider how to add for vegetables and fruit to their diet by  
2445 answering discussion prompts such as: *What is your favorite vegetable and fruit? How*  
2446 *do you feel about trying new fruits and vegetables? What could make eating vegetables*  
2447 *easier?*

2448 The students discuss the following tips with each other in small groups and then in a  
2449 larger group with the teacher:

- 2450 • Choose fresh, frozen, or dried fruits and vegetables. (*Which do you prefer?*)
- 2451 • Eat red, orange, and dark green vegetables, such as carrots, sweet potatoes,  
2452 spinach and broccoli, as main and side dishes. (*What are some examples of dishes*  
2453 *you like that include these foods?*)
- 2454 • Eat fruit as snacks, in salads, or for dessert. (*Why is fruit a good dessert choice?*)
- 2455 • Keep raw, cut-up vegetables handy for quick snacks. (*List some veggies you could*  
2456 *use for this.*)
- 2457 • Choose whole or cut-up fruits more often than fruit juice. (*Why is this a good idea?*)

- 2458 • Check juice labels to ensure that they are 100% juice.
- 2459 • <byh>Have a fruit or vegetable at every meal. (*List some veggies you would chose.*)
- 2460 • Choose new fruits and vegetables to try when you're at the market.
- 2461 • Try growing a fruit or vegetable at home. (*What are some you would like to try?*)
- 2462 • Ask your parent/guardian/caretaker to keep chopped vegetables in the fridge for
- 2463 easy snacking. (*List some veggies you would chose.*)<eyh>

2464 In small groups, using a timer and large paper, students participate in two-minute  
2465 rounds during which they list as many vegetables, fruits, and healthy snacks they can  
2466 think of; each round is characterized by a specific color. Any duplicates are crossed out.  
2467 The group identifying the most items wins. If the school policy allows, the students then  
2468 enjoy consuming a healthy snack together (2.1.1-2.N, Essential Concepts; 2.1.7.N,  
2469 2.7.4.N, Practicing Health-Enhancing Behaviors). Teachers need to be aware of food to  
2470 avoid if students have known allergies or other health or cultural concerns about eating.  
2471 These activities are adapted from ChooseMyPlate. Search *Crazy Colors* and *One of*  
2472 *These Foods Doesn't Belong* at ChooseMyPlate for activity worksheets on protein,  
2473 calcium-rich foods, and serving-size recommendation.

2474 Students make a collective picture collage of healthy and nutritious breakfast items to  
2475 display in the classroom. The school cafeteria manager can provide a presentation on  
2476 the nutritional value of cafeteria breakfast items served to students and the importance  
2477 of breakfast for academic performance, including increased concentration and  
2478 alertness, and better performance in physical activity (2.1.3.N, Essential Concepts;  
2479 2.7.1.N; Practicing Health-Enhancing Behaviors).

2480 More learning activities can be found in the California Department of Education's  
2481 Healthy Eating and Nutrition Education Web site. The *Nutrition Education Resource*  
2482 *Guide for California Public Schools, Kindergarten Through Grade Twelve* (CDE 2016)  
2483 serves as a resource to plan, implement, and evaluate instructional strategies for a  
2484 comprehensive nutritional education program and is available on the Web site.

2485 Along with proper nutrition, physical activity is essential to good health and wellbeing  
2486 and plays a key role in the prevention of disease and illness such as heart disease and  
2487 certain cancers in adulthood (CDC 2016b). Second graders continue to enjoy physical  
2488 activity opportunities and practices that were established in earlier grades. Providing  
2489 physical activity opportunities for students can support a lifetime of healthy habits and  
2490 lower a child's risk for becoming obese and developing obesity-related diseases in  
2491 adulthood (Office of the Surgeon General 2016). Regular physical activity builds  
2492 strength, coordination, self-sufficiency, and confidence; enhances overall health; and  
2493 can improve academic performance and sleep. Physical activity also decreases  
2494 excessive time spent on technology (e.g., mobile phone, computer, tablet, television)  
2495 (American Academy of Pediatrics 2017).

2496 The Physical Activity Guidelines for Americans (Office of Disease Prevention and  
2497 Health Promotion 2008) state that children and adolescents (ages 6–17) should engage  
2498 in 60 minutes (one hour) or more of physical activity a day. For more information and  
2499 resources, search the President's Council on Fitness, Sports, & Nutrition with the U.S.  
2500 Department of Health and Human Services; CDC Youth Physical Activity Guidelines;  
2501 American College of Sports Medicine; or Physical Activity Guidelines for Americans with  
2502 the Office of Disease Prevention and Health Promotion. In second grade, some  
2503 students may be involved in organized sports or activities such as dance or martial arts.  
2504 These are excellent activities, however, they should not be solely relied on as adequate  
2505 physical activity. Specific sports and activities do not provide the necessary variety of  
2506 movement required to promote physical development, and often do not provide as many  
2507 minutes as perceived. However, some second-grade students may not be as active as  
2508 others. Physical, social, economic, or mental barriers may hinder their engagement in  
2509 activity. Some students may lack a safe environment for physical activity or prefer more  
2510 sedentary activities such as entertainment media (video games, using the computer, or  
2511 watching television). Students need teacher support to discover enjoyable physical  
2512 activity options and analyze why physical activity is essential for a lifetime of good  
2513 health practices. Teachers include students with special needs in the discussion by

2514 ensuring activities such as wheelchair basketball, swimming, or seated volleyball are  
2515 mentioned as physical activities.

2516 Students identify and explore opportunities outside of school for regular participation in  
2517 physical activity by researching ideas online (with the assistance of an adult when  
2518 needed) and reviewing materials such as catalogs published by the local parks and  
2519 recreation agency. In addition, no-cost ideas are explored such as walking to school  
2520 instead of driving or taking the bus; nature walks; bike riding; walking their own pets or  
2521 the pet of someone they know; dancing with friends; energetic playtime and indoor  
2522 games; helping with chores around the house; swimming at a community, friend's or  
2523 relative's pool; or going to the park to run and play. Students are encouraged to invite  
2524 their parents, guardians, or caretakers to join them in the activities (2.1.8.N, Essential  
2525 Concepts). Students create one physical activity goal they plan to implement and rate  
2526 their success on a scale of one through five (five being the highest rating) at the end of  
2527 the month. They then choose another goal to accomplish once their first goal is  
2528 reached. Students track their progress toward their goal using a journal. A creative way  
2529 to display students' progress toward meeting their goals is to collectively display the  
2530 number of hours of physical activity in the form of a popular character progressing along  
2531 a track or by showing a bicycle rider cycling down a road. A class goal may be 60  
2532 minutes per day multiplied by the number of selected days multiplied by the number of  
2533 students. Students can challenge other second grade classes in a friendly competition.  
2534 Students with physical or visual disabilities are included by creating partner events  
2535 during competitions. An award and certificates are given to recognize everyone's  
2536 accomplishment (2.5.3.N, Decision Making; 2.6.2.N, Goal Setting). Further teaching  
2537 strategies and learning activities for physical activity can be found in the *Physical*  
2538 *Education Framework for California Public Schools: Kindergarten Through Grade*  
2539 *Twelve* on the CDE Physical Education Curriculum Framework Web page.

2540 **Partnering with your school:** Host a screening for parents, guardians, and caretakers  
2541 of the free movie, *The Weight of the Nation for Kids: Confronting America's Obesity*  
2542 *Epidemic*, or a similar movie, followed by a Question and Answer (Q&A) session and

2543 discussion with vetted guest speakers, the school nurse, <byh>school counselor,<eyh>  
2544 or other school health personnel (2.1.4.N, 2.1.7.N, 2.1.9.N, Essential Concepts; 2.2.1.N,  
2545 Analyzing Influences; 2.3.1.N, Accessing Valid Information). Consider starting a  
2546 community garden or gardening area at your school to promote healthy, nutritious, and  
2547 organic food options (2.1.4.N, 2.1.7.N, Essential Concepts).

2548 **Partnering with your community:** Students write a letter to their favorite restaurant  
2549 headquarters encouraging them to offer healthier menu options <byh>or to the  
2550 restaurant manager requesting a food item served that could be modified to become  
2551 healthier<eyh> (2.5.2.N, Decision Making). Students take a field trip to a local working  
2552 farm, organic market, farmer’s market, <byh>organic or vegetarian restaurant.<eyh>  
2553 Ask students to share information about an upcoming physical activity or nutrition event  
2554 in their local community. Post nutrition and physical activity events and information on  
2555 the classroom “community board” and add any events that students discover. Examples  
2556 include notices about a family fun walk/run, an organized family bike ride, or cooking  
2557 classes; fitness tips; and healthy recipes. Encourage students to enjoy the activities with  
2558 family members, guardians, caretakers, and friends (2.1.8.N, Essential Concepts;  
2559 2.7.5.N, Practicing Health-Enhancing Behaviors).

2560 **Partnering with the family:** Good health begins with the entire family. Ask family  
2561 members, guardians, and caretakers to share their favorite healthy recipes, including  
2562 recipes reflective of their cultural or family traditions, for a class-created cookbook  
2563 displaying all the shared recipes. Students decorate and title the cookbook. Each family  
2564 receives a copy of the healthy class cookbook (2.8.1-2.N, Health Promotion).

2565 **Alcohol, Tobacco, and Other Drugs (A)**

2566 Second graders have the cognitive ability to distinguish between helpful and harmful  
2567 substances (including alcohol, tobacco, and other drugs) (2.1.1.A, Essential Concepts)  
2568 and to identify refusal skills when confronted or pressured to use alcohol, tobacco, or  
2569 other drugs (2.1.7.A, Essential Concepts). Establishing safe and healthy behaviors for  
2570 the use of medicine and household products as well as in response to ATOD use is  
2571 important for a lifetime of healthy practices and accident prevention.

2572 After exploring various reasons for using medicines such as curing, halting, treating, or  
2573 preventing illnesses, students are able to distinguish between helpful medicines and  
2574 harmful substances (2.1.1.A, Essential Concepts). Students identify that a drug is a  
2575 chemical that changes how the body and brain work (2.1.3.A, Essential Concepts) by  
2576 labeling an anatomy diagram that shows the ingestion pathways of the substance  
2577 (esophagus, stomach, and liver). Various scenarios can be explored with students role-  
2578 playing or practicing saying “No,” walking away from the situation, changing the subject,  
2579 and then notifying a parent, guardian, caregiver, or trusted adult (2.1.7.A, Essential  
2580 Concepts; 2.4.1.–2.A, Interpersonal Communication). Non-verbal communication skills  
2581 can be introduced and also practiced at this age.

2582 Some scenarios may be:

- 2583
- 2584 • You are at a friend’s house playing when your friend shows you an opened bottle  
2585 of wine. Your friend drinks the wine, and then asks if you want some. What do  
2586 you do?
  - 2587 • You are at school, and your friend’s older sister is smoking with her friends in the  
2588 bathroom. They offer you and your friend <byh>an electronic smoking device to  
2589 try.<eyh> What do you do?
  - 2590 • You learn that your older brother is taking strange white pills from a prescription  
2591 bottle with your mom’s name on it. When he takes the pills he acts tired and silly.  
2592 He tells you not to tell your parents, guardians, or caretakers that he is taking the  
2593 pills. What do you do?

- 2593
- Your best friend brings gummy bears in her backpack that she said her cousin
- 2594 gave her. She informs you that the gummy bears are “edibles” and have
- 2595 marijuana, or pot, in them. She asks you if you want to try one. What do you do?
- You and your best friend share everything. He asks if you would like to try his
- 2596 medicine. What do you do?
- 2597

2598 The scenarios can be facilitated by a school or public health nurse or onsite health

2599 services provider that the students know and trust. The school nurse or principal visits

2600 the class to talk about the rules for taking medicine at school. Students are encouraged

2601 to talk with their parents, guardians, or caretakers about the rules for taking medicine at

2602 home (2.1.5.A, Essential Concepts). Students are reminded that they should only take

2603 medication administered by a parent, guardian, caretaker, healthcare professional, or

2604 trusted adult (2.1.6.A, Essential Concepts). Empty, cleaned prescription bottles or

2605 photos of prescription bottles are used as examples. The purpose of childproof safety

2606 lids is explained to reinforce that students should not take medicines on their own.

2607 Students learn that some household products (e.g., bleach, paint, laundry detergent;

2608 most cleaning products, insecticides such as “bug spray”) and personal products that

2609 they commonly use (e.g., shampoo or sunscreen) are harmful when ingested or inhaled

2610 (2.1.2.A, Essential Concepts). Some products may also have ingredients that harm the

2611 environment. Students use technology to search online for pictures of household

2612 products and other potentially harmful substances. The pictures are placed on one of

2613 two posters labeled *safe* and *unsafe*; a photo is taken of the posters and then shared

2614 with parents, guardians, and caretakers. Students then make small red cautionary signs

2615 or stickers and ask their parents, guardians, or caretakers to place on the harmful

2616 products at home. The local poison control center may provide warning stickers in

2617 English and other languages. Teachers can contact the American Association of Poison

2618 Control Centers to locate a center near the school or obtain resources for instruction.

2619 **Partnering with your school:** Students create an informative health education poster

2620 or mural to be displayed on campus to identify refusal skills when confronted or

2621 pressured to use ATOD (use a clear “no” statement, walk or run away, change the

2622 subject) (2.1.7.A, Essential Concepts). Students in upper grades visit the class and  
2623 provide an approved presentation avoiding ATOD use.

2624 **Partnering with your community:** Guest speakers from the local Poison Control  
2625 Center may provide presentations to children on the dangers of ingesting or inhaling  
2626 household products. Speakers from anti-tobacco use organizations in the community  
2627 can talk to students about the health consequences of smoking and secondhand smoke  
2628 (2.1.2.A, Essential Concepts; 2.1.4.A, Interpersonal Communication).

2629 **Partnering with the family:** Local governmental agencies or community organizations  
2630 create brochures on the ATOD and safe use of medicine, often in a number of  
2631 languages, that can be shared with family members, guardians, and caretakers  
2632 (Standard 1: Essential Concepts). With the assistance of the school nurse, teachers can  
2633 obtain copies to send home with the students.

#### 2634 **Mental, Emotional, and Social Health (M)**

2635 Second graders are developing a greater sense of the world around them. They are  
2636 more competent at identifying their feelings and what causes them, but still find it  
2637 challenging to communicate what they are feeling (Macmillan n.d.). According to the five  
2638 competencies of the Collaborative for Academic, Social, and Emotional Learning  
2639 (CASEL) (2017), as students continue with their early elementary learning, their *self-*  
2640 *awareness* is still limited. For example, students may understand they are mad or sad  
2641 but may not understand the more complex emotions they are experiencing such as  
2642 embarrassment or disappointment. As they interact more with friends and peers,  
2643 second graders begin to develop *social awareness* and an introductory understanding  
2644 of social and cultural norms and cues. Second grade is an opportune time for students  
2645 to learn introductory goal-setting skills and how to control their emotions under the  
2646 competency of *self-management*. As second graders develop their *relationship skills*,  
2647 they are learning the art of communication and the importance of relationships such as  
2648 making and keeping friends. As second grade students begin to make more of their own  
2649 decisions independent of their parents, guardians, or caretakers, particularly in school

2650 and during their interactions with peers, *responsible decision-making* (a skill that is not  
2651 inherent) is introduced as the foundation of healthy behaviors and wellness practices  
2652 that will be particularly useful in later grades.

2653 Building on mental, emotional, and social health content ideally learned in kindergarten  
2654 such as identifying and expressing emotions and showing cooperation and respect,  
2655 students continue to apply standards-based competencies to build positive mental  
2656 health practices. Students are also more aware of how to identify and manage emotions  
2657 than in earlier grades. They learn that mental and emotional health is one component of  
2658 overall health by referencing the wellness wheel (image below). Wellness wheels are  
2659 printed for students to reference or can be used in activities to identify various  
2660 components of wellness (2.1.1.–2.M. Essential Concepts; 2.2.1.M, Analyzing  
2661 Influences). Students identify a variety of emotions by referencing emotions charts for  
2662 children that display happy, sad, worried, and other facial expressions. Teachers  
2663 provide periodic or daily check-ins during which students identify their emotions using  
2664 the charts provided and write in their journals or logs about how they are feeling and  
2665 why. New emotions can be introduced by sharing a short vignette of a second grader  
2666 experiencing an emotion or reading a book that highlights a specific emotion such as  
2667 stress (2.1.1.M, Essential Concepts).

2668 **Wellness Wheel**



2669

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

2670 Source: Substance Abuse and Mental Health Services Administration (SAMHSA) 2016

2671 In science, students learn that Earth events, for example, earthquakes or volcanoes can  
2672 occur quickly or slowly (California Next General Science Standards <bbh>**[CA NGSS]**  
2673 **[CA NGSS 2-ESS1-1]**<ebh> and that some changes caused by heating or cooling can  
2674 be reversed (melting butter or freezing water) while some cannot (boiling an egg). In  
2675 health education, students identify positive and negative ways of dealing with stress  
2676 (2.1.9.M, Essential Concepts) and how to manage emotions appropriately in a variety of  
2677 situations (2.7.1.M, Practicing Health-Enhancing Behaviors). This connection to science  
2678 serves as a learning opportunity for students to compare when they have emotions of  
2679 anger, frustration, or stress to an exploding volcano or earthquake. Students learn that  
2680 unlike a boiled egg, they can cool down just as hot water can. They learn to cool down  
2681 by: 1) removing themselves from the situation; 2) taking many deep breaths with belly  
2682 breathing; 3) talking about their stress with a peer, parent, guardian, family member,  
2683 caretaker, or trusted adult; or 4) taking a walk or listening to music to relax. They learn

2684 they should not hurt others, hurt themselves, hit or break things, or destroy property.  
2685 Each student demonstrates an appropriate response in a role-play activity on what they  
2686 will do the next time they are stressed or mad. Then, each student creates a page in an  
2687 electronic-text format or by drawing and coloring a page for a collective book on ways to  
2688 manage stress and anger (2.7.1.M, Practicing Health-Enhancing Behaviors).

2689 Students create a collective book with individual page inserts of drawings and words  
2690 that depict healthy ways to express affection, love, friendship, and concern (2.1.8.M,  
2691 Essential Concepts) and the positive ways that peers and family members show  
2692 support, care, and appreciation for one another (2.1.11.M, Essential Concepts). The  
2693 pages are bound and shared on family-teacher night and with other classes.

2694 Students problem-solve solutions to different scenarios to demonstrate ways to express  
2695 needs and wants appropriately and how to ask for help from a trusted adult or from  
2696 friends (2.4.1.–2.M, Interpersonal Communication) in order to have those needs and  
2697 wants met. Such scenarios require students to use a decision-making process to  
2698 problem-solve in situations where they feel threatened; they feel sad, depressed, or  
2699 worried; someone is pressuring them to do something they do not want to do; or they  
2700 are scared or worried about something or someone (2.5.1.M; Standard 5: Decision  
2701 Making). Students can learn and practice this simple technique to ask adults for help  
2702 (2.4.2.M, Interpersonal Communication) (Adapted from Coffee in Telljohann 2015):

- 2703 • Say, “I need your help.”
- 2704 • In one sentence, tell what the person did or how they made you feel.
- 2705 • In one sentence, explain what you have done to solve the problem yourself.
- 2706 • Repeat, “I need your help.”

2707 **Four-Step Decision Making Process for Pre-Kindergarten through Grade 2**



2708

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>.

2709 Source: The Colorado Education Initiative (2015)

2710 Students in higher grades may serve models of responsible behavior by sharing when  
2711 they had to overcome a challenging situation. If your school uses a restorative justice  
2712 approach to handle conflicts, remind students about its principles and processes. It is  
2713 important for students to practice conflict-resolution approaches before they are  
2714 confronted by a situation involving fear, stress, anger, loss, or grief. Examples may be  
2715 when a friend is doing something dangerous like playing with matches and fire or your  
2716 parents, guardians, or caretakers are fighting and you are worried they will separate or  
2717 divorce. Students learn to:

- 2718        • define the problem.
- 2719        • negotiate with the other person or talk to someone else regarding the situation.
- 2720        • find a win-win solution.

2721 Students identify feelings and emotions associated with loss and grief by first sharing if  
2722 they have lost a family member, friend, pet, or object. The teacher reads aloud the  
2723 book, *Yellow Balloon* (2014) by Tiffany Papageorge. The book tells a story about a  
2724 young boy who loses his best friend, a yellow balloon, when it unexpectedly flies away.  
2725 Students then draw and color their lost loved one or friend holding a yellow balloon.

2726 Students write a paragraph on how they identify with the book’s character or how they  
2727 felt in losing the person or pet and how they will remember them. Other topics can be  
2728 introduced in the same format such as a loved one receiving cancer treatment with *You*  
2729 *Are The Best Medicine* by Julie Aigner Clark (2010) or *Tear Soup: A Recipe For Healing*  
2730 *After Loss* by Pat Schwiebert and Chuck DeKlyen (2005) about a family’s loss and the  
2731 importance of memories as ingredients for healing. Other activities such as planting a  
2732 memorial garden or tree; creating a memorial scrapbook or ornament; or a tissue box  
2733 activity in which students make and decorate a tissue box to insert notes in  
2734 remembrance of those they have lost can be incorporated (2.1.6.M, Essential  
2735 Concepts). Teachers should be prepared to connect students to supportive resources  
2736 as this may be a triggering activity for some. Students are encouraged to discuss the  
2737 activity at home with their parent, guardian, or caretaker to further process the  
2738 experience.

2739 Students learn that friends are not just people at school. Friends may be from the  
2740 neighborhood, at places within the community, siblings, children of your caregiver, a  
2741 “Big Brother” or “Big Sister” (of Big Brothers Big Sisters of America), family members  
2742 such as cousins, or even pets. Students describe how to make a commitment to be a  
2743 good friend (2.1.12.M, Essential Concepts; 2.6.1.M, Goal Setting) by writing a caption  
2744 for an electronic photograph or drawing of themselves with a friend. They glue the  
2745 picture on a paper large enough to write on and decorate. They list three or more ways  
2746 they will be a good friend before decorating the paper. Students can also use  
2747 technology to find, download, and print images of friends to create a collage on which  
2748 they list ways to be a good friend.

2749 It is important for students to learn the concept of setting personal boundaries at a  
2750 young age. Students who learn about personal boundaries are better equipped to self-  
2751 protect through the use of personal power, refusal skills, and being able to tell a trusted  
2752 adult about harmful or emergency situations such as abuse and inappropriate touching.  
2753 Teachers guide students in identifying trusted adults, as not all adults are safe or  
2754 “trusted.” Have students explain why it is important to talk about feelings with parents,

2755 guardians, caretakers or trusted adults (2.1.1.M, 2.1.3.M, Essential Concepts; 2.7.1.M,  
2756 Practicing Health-Enhancing Behaviors). Students may feel safe disclosing abuse if  
2757 they have identified a number of trusted adults. Students often identify their teachers  
2758 and other school staff as trusted adults. If a student discloses abuse or there is reason  
2759 to suspect child neglect or abuse, teachers must follow mandated reporting laws. After  
2760 filing the mandated report, teachers should follow school and district policies for next  
2761 steps. (See the section on mandated reporting in the Introduction chapter for additional  
2762 information.)

2763 In previous years, students began foundational learning about setting boundaries and  
2764 appropriate and inappropriate touching. Second graders continue to build on this  
2765 knowledge and are ready to define boundaries and personal space. As students explore  
2766 what it means to have boundaries, they can also identify examples of their own  
2767 boundaries and practice enforcing those boundaries. One way to demonstrate the  
2768 concept of boundaries is to use hula hoops to represent personal space. Students carry  
2769 the hula hoop around their bodies to form personal space that cannot be entered by  
2770 another person. This activity helps students visualize personal space and practice  
2771 maintaining boundaries. Students walk around and try not to bump into other students'  
2772 hula hoops. If students begin to bump into each other, pause the exercise and remind  
2773 students to respect each other's boundaries. After the activity, students talk about how  
2774 they felt when someone bumped into their hula hoop. Teachers explain every person is  
2775 different and desires different amounts of personal space at different times and personal  
2776 boundaries can change, even for the same person, depending on the student's comfort  
2777 level. Students should also be taught that the amount of personal space they prefer may  
2778 vary from person to person. It is up to the student to decide what their comfort level is  
2779 with each person. Students practice what they would do if they feel uncomfortable or  
2780 are hurt by someone else, such as tell a trusted adult (2.4.2.M, Interpersonal  
2781 Communication). If hula hoops are not available, students may also stretch out their  
2782 arms to create personal space around their bodies. Second graders may be familiar  
2783 with the phrase "stand an arm's length away" from other classroom activities and can  
2784 use the same idea to communicate personal space.

- 2785 Students can follow this boundary activity with a worksheet that identifies personal  
2786 boundaries and how touch boundaries might be different with different people. Using the  
2787 worksheet, students can identify people in their lives and circle which forms of touch  
2788 they are comfortable giving to or receiving from that individual.
- 2789 Sample worksheet for My Body, Boundaries

## My Body, My Boundaries

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

2790

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

- 2791 These activities can serve as lead-ins to discussions about appropriate touch and  
2792 healthy relationships. Students can understand that a *relationship* is how any two

2793 people are connected and can include relationships with family, friends, caregivers,  
2794 classmates, neighbors, and teachers. As students build relationship and decision  
2795 making skills, they learn that healthy relationships begin with respect. Through teacher-  
2796 led discussions, students define respect and consider about what it means to respect  
2797 another person, including asking before entering another person's personal space. A  
2798 healthy relationship is when both people who are connected respect each other—  
2799 students respect parents, guardians, caretakers, teachers, and classmates and in return  
2800 those people the student. This understanding is the first step in forming healthy  
2801 relationships. *Asha's Mums: Respecting Differences* by Rosamund Elwin and Michele  
2802 Paulse (1990) is a book that can be used to demonstrate respect for individuals and  
2803 groups.

2804 Fostering healthy relationships can also encourage students to work and play  
2805 cooperatively (2.1.10.M, Essential Concepts). Students may develop more meaningful  
2806 relationships with peers and friends, which may also result in cliques and some  
2807 classmates feeling excluded. Teacher need to remind students about respecting others  
2808 and that healthy relationships are important to maintaining positive health. This includes  
2809 objecting to teasing and showing respect for individual differences (2.1.7.M, Essential  
2810 Concepts; 2.7.2.M, Practicing Health-Enhancing Behaviors; 2.8.1.M, Health Promotion).  
2811 During class discussions, students share how they might feel if they are teased or  
2812 bullied. A book to illustrate the impact of teasing and the importance of acceptance is  
2813 *Yoko* by Rosemary Wells (2009). Another option is *Something Else* by Kathryn Cave  
2814 (1994). Students understand that teasing and bullying can negatively impact the mental,  
2815 emotional, and social health of themselves and others and can explain what it means to  
2816 be emotionally or mentally healthy (2.1.2.M, Essential Concepts).

2817 **Partnering with your school:** Students promote an anti-bullying environment in their  
2818 school by coloring and decorating blank puzzle-piece diagrams that are then connected  
2819 together with the slogan, "We All Fit In Here" at the top. Students distribute small puzzle  
2820 pieces to other students who have been told what the puzzle pieces represent (ideally  
2821 students in other classes and grade levels) during recess, lunch, and after school when

2822 they observe someone being kind to another person. Students are reminded bullying  
2823 can occur online as well as face-to-face and the school has rules against all forms of  
2824 bullying (2.1.7.M, Essential Concepts; 2.8.1.M, Health Promotion).

2825 **Partnering with your community:** Students learn that there are important community  
2826 resources for both students and adults with mental health challenges. They become  
2827 aware that, if someone is feeling sad, they can obtain assistance from a trusted adult to  
2828 see a therapist or locate free services in the community. Students meet a school  
2829 counselor by inviting him or her to speak to the class about the job responsibilities and  
2830 the importance of providing support for those who are experiencing unsettling emotions  
2831 or challenges (2.3.1.–2.M, Accessing Valid Information).

2832 **Partnering with the family:** Students share their Wellness Wheel with their family,  
2833 guardian, or caretaker and discuss ways to stay healthy in each of the seven  
2834 dimensions of health. Teachers identify and make available to parents, guardian, and  
2835 caretakers the people, agencies, and resources that can provide support for different  
2836 sections of the Wellness Wheel (2.2.1.M, Analyzing Influences).

2837 **Grade Three**

2838 Third grade is an important year for most children as their personal wellness practices,  
2839 health behaviors, and life skills such as study habits are being established; these skills  
2840 will last a lifetime. At this grade level, the majority of eight- and nine-year-old students  
2841 who are transitioning to the upper elementary grades are developing greater textual  
2842 analysis skills and may have an increased ability to think critically and support their  
2843 ideas with evidence. Their ability to write longer, more detailed, structured texts; learn  
2844 more complex vocabulary; and organize information is generally improving. Students  
2845 this age are typically competent readers and read multiple-chapter books about a  
2846 variety of subjects, books in a series, and books with more fully developed characters.  
2847 Most third grade students are also becoming proficient in using technology to research,  
2848 write, and apply what was learned from the research. For example, students research  
2849 online how to plant a vegetable garden; then summarize their findings in a written “how  
2850 to plant a vegetable garden” paper; finally, they apply their learning by actually planting  
2851 a garden. Physically, most children’s gross and fine motor development are almost fully  
2852 developed at this age and will continue to be refined as growth continues (Ackerman  
2853 2017, Wood 2007).

2854 Third graders typically enjoy and seek the approval of their friends, are motivated by a  
2855 sense of achievement, have increased curiosity and interest in exploration, and begin to  
2856 reveal a moral consciousness (Morotz 2015). Third grade students learn about personal  
2857 growth and development that is occurring within their own bodies and the cycle of birth,  
2858 growth, aging, and death; the benefits and importance of mental, emotional, and social  
2859 health; continued strategies for positive health practices; how to distinguish between  
2860 communicable (infectious) and non-communicable (chronic) diseases; and ways to  
2861 protect and preserve the environment. Students discover that there are many ways they  
2862 can improve the local environment such as planting a school garden which produces  
2863 vegetables that are part of healthy eating. This discovery allows them to recognize that  
2864 decisions they make about activities like composting waste and saving water can affect

2865 the health of the natural world <bbh>(CA EP&Cs, Principle V)<ebh> and their  
2866 community's environment.

2867 Three of the six content areas are covered in the third grade health education  
2868 standards: Growth and Development; Mental, Emotional, and Social Health; and  
2869 Personal and Community Health. All eight overarching standards are addressed in third  
2870 grade when instruction includes all three content areas. When appropriate for students'  
2871 needs and interests, teachers are encouraged to incorporate content areas for which  
2872 there are no standards in grade three.

### 2873 **Growth and Development (G)**

2874 Generally, third-grade students are excitable and inquisitive and are gaining a greater  
2875 sense of empathy, social awareness, and the importance of providing appropriate  
2876 responses to others. Students this age may be interested in sports and organized  
2877 physical activities such as dance, martial arts, gymnastics, and swimming. Third grade  
2878 students also typically take interest in leisure and recreational activities such as music,  
2879 riding a bicycle, or skateboarding; and they may participate in organized activities  
2880 (Ackerman 2017, Morotz 2015).

2881 Students are generally eager to continue learning growth and development concepts  
2882 that were introduced in kindergarten and first grade. However, they are typically ready  
2883 to learn more complex concepts related to growth and development including how the  
2884 body functions (3.1.3.G, Essential Concepts), what type of behaviors promote growth  
2885 and development (3.5.1.G, Decision Making; 3.7.1.G, Practicing Health-Enhancing  
2886 Behaviors), and the human life cycle from birth to death (3.1.1.G, Essential Concepts).  
2887 Third graders also discover how best to communicate with parents, guardians,  
2888 caretakers, and trusted adults regarding growth and development (3.3.1.G, Accessing  
2889 Valid Information; 3.4.1.G, Interpersonal Communication).

2890 In science, students learn that organisms have unique and diverse life cycles but all  
2891 have in common birth, growth, reproduction, and death <bbh>(California Next

2892 **Generation Science Standards [CA NGSS] CA NGSS 3-LS1-1).** <EBH> Students also  
2893 use evidence to support that traits can be influenced by the environment <bbh>**(CA**  
2894 **NGSS 3-LS3-2)**<ebh> and that those traits can be influenced by changes to the  
2895 environment caused by human activities <bbh>**(CA EP&Cs, Principle II).**<ebh> As  
2896 students learn about the life cycle of birth, growth, aging, and death in living things, they  
2897 also learn that one’s environment can have an impact on various stages of the life cycle.  
2898 These connections to growth and development provide opportunities to apply  
2899 knowledge in science to health education as students compare the human life cycle to  
2900 other animal life cycles. Integrated science and health education activities  
2901 demonstrating the human life cycle are featured below (3.1.1.G, Essential Concepts).

2902 Students discover milestones typically associated with the human life cycle. The  
2903 following age ranges are posted on large poster paper around the room: infant: 0–1;  
2904 toddler: 1–3; child: 4–10; adolescent (teenager): 11–18; young adult: 19–39; middle-  
2905 aged adult: 40–65; older adult: 66 and older. Students first reflect and may even list  
2906 which family members, friends, or other adults they know are in each of the various  
2907 stages of life. Teachers provide students a list of common developmental and life  
2908 milestones such as: learning to talk, walk, read, write, ride a bike, and drive; going to  
2909 middle and high school; graduating high school; getting a job; learning a trade;  
2910 attending and graduating college and graduate school; voting for the first time; enjoying  
2911 a career; taking a first trip to another country; getting married; raising children; retiring  
2912 from work; aging, and having grandchildren. Students are encouraged to add other  
2913 milestones to the list. After discussion in pairs or small groups, students select an age  
2914 range for each milestone. The entire class then discusses the idea that some people  
2915 encounter these milestones at different times or not at all and that not everyone’s  
2916 milestones will look the same. Students may note, for example, that some milestones  
2917 may look different for someone with a learning or physical disability (for example  
2918 reading or riding a bike). They also explore what milestones they are or are not looking  
2919 forward to and why. Students are encouraged to then share what they learned from this  
2920 activity with their parents, guardians, caretakers, or other adults by asking them to share  
2921 the growth and development milestones they are looking forward to (3.4.1.G,

2922 Interpersonal Communication). An extension of this activity provides the student with an  
2923 opportunity to interview their parent, guardian, caretaker, grandparent, or other adult  
2924 regarding how that person feels about aging, retirement, and growing older (3.3.1.G,  
2925 Accessing Valid Information). (Adapted from Public Broadcasting System [PBS]  
2926 Learning Media California: Birth, Growth, and Development).

2927 Students complete question stems on major lifecycle events and discuss their answers  
2928 in small groups. A group note taker shares with the entire class what their group  
2929 discussed. Students then write a reflective summary on the discussion. Question stems  
2930 may include:

- 2931 • As a baby or toddler, my parents, guardians, or caretakers told me I was...
- 2932 • Being in third grade is...
- 2933 • I am excited to be a teenager because...
- 2934 • A good thing about being an adult...
- 2935 • Something that is scary about being an adult is...
- 2936 • Older people like my grandparents or my neighbor...
- 2937 • An important thing about death is...

2938 Accessing free videos from medically accurate resources, third grade students view the  
2939 life cycle of various living things. Students can research online or via the school's library  
2940 and write a paper comparing and contrasting life cycles. Student research topics could  
2941 include: which animals lay eggs; which animals breastfeed like human babies; which  
2942 animal species live for very short periods of life; and which animals live shorter or longer  
2943 lives than humans. Students can also write short reports on suggested readings such as  
2944 *Tom, Johnny, and the Growing Arm Bone* (2016) by Anat Shabi and Arjun Mohan,  
2945 *Changing You!: A Guide to Body Changes and Sexuality* (2009) by Gail Saltz, or *It's Not*  
2946 *the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends* (2008) by  
2947 Robie Harris (3.1.1.G, 3.1.2.G, Essential Concepts). <bbh>(This activity also supports  
2948 third-grades students in writing informative/explanatory texts consistent with the

2949 [California Common Core Standards for English Language Arts/Literacy \[CA CCSS for](#)  
2950 [ELA/Literacy\], CA CCSS ELA/Literacy W.3.2.\)](#)<ebh>

2951 Students recognize there are individual differences in growth and development (3.1.2.G,  
2952 Essential Concepts) by first learning most babies were about 19–21 inches long at birth.  
2953 In preparation for the activity, students ask their parent, guardians, or caretakers their  
2954 length at birth. If unknown, students can use 18 inches. Working in pairs, students first  
2955 measure and mark on large vertical paper their birth height using a tape measure.  
2956 Students then measure their current height and display their measurement next to their  
2957 birth height, calculating how much they have grown since birth. Students then work  
2958 collectively to compare how much they have grown in height and creatively display the  
2959 class measurement findings anonymously in pie charts, line plots, or bar graphs. The  
2960 teacher shares that all humans grow at their own pace and differences in growth and  
2961 height are normal. <bbh>[\(This activity can be connected to the standards CA CCSS for](#)  
2962 [Mathematics 3.MD.3–4 and CA NGSS 3-LS1-1.\)](#)<ebh> Using reliable Web sites,  
2963 students research and identify various factors that impact human growth. Factors such  
2964 as heredity, nutrition, and hormones related to growth spurts may be identified (3.1.2.G,  
2965 Essential Concepts).

2966 In third grade, students are excited to learn about their external and internal body parts  
2967 and their functions (3.1.3.G, Essential Concepts). Internal systems such as the  
2968 muscular skeletal, respiratory, and digestive systems, along with key organs such as  
2969 the heart or brain, are explored by drawing life size body outlines on large pieces of  
2970 paper. Students then research where each major body part is located. To not  
2971 overwhelm the students, teachers focus instruction on select major anatomical organs  
2972 such as the heart, brain, lungs, stomach, liver, large intestine, or small intestine.  
2973 Students then creatively draw, color, and label their body parts and write one fact about  
2974 how each body part works. Students then decorate their diagram with features such as  
2975 hair, eyes, nose, mouth, and nails and post around the room. A banner displaying, “We  
2976 celebrate our differences and our likenesses” or other similar statements offer  
2977 encouragement for peers to respect individual differences in growth and development

2978 (3.8.1.G, Health Promotion). Teachers can integrate students' knowledge of the internal  
2979 and external organs and physical differences when providing content on nutrition and  
2980 physical activity in addition to describing how each organ functions during select  
2981 activities.

2982 Students work in small groups to research and create a trivia game based on their  
2983 assigned body system. For example, "Q: What is the largest organ?" "A: Your skin."  
2984 Students also create songs, poems, or hip-hop rhymes to explain functions of various  
2985 organs. Integration of art and science instruction is encouraged as students trace, color  
2986 and label various body parts. Activities that integrate these important body systems  
2987 referencing the literary resources mentioned above can also be explored (3.1.3.G,  
2988 Essential Concepts). <bbh>(This activity also supports CA CCSS for ELA/Literacy  
2989 W.3.10. for third grade students in writing.)<ebh> Students this age are also highly  
2990 interested in the digestive and reproductive organs. When providing instruction on  
2991 sexual and reproductive organs, teachers can introduce the concept that gender does  
2992 not always match the sexual and reproductive organs described. For example, teachers  
2993 may share, "In the classroom, we may use the term 'female reproductive organs' but  
2994 some people <byh>who identify as<eyh> male have these organs. The actual  
2995 anatomical name for organs is utilized.

2996 Educators should inform parents, guardians, or caretakers and students before  
2997 implementing the following activity to ensure there are no food allergy or other eating-  
2998 related issues that must be taken into consideration when planning and implementing  
2999 activities that involve tasting food. Students can explore various senses such as taste.  
3000 Using an anatomical diagram of the tongue, students first label the major components of  
3001 the tongue and then map where salty, sweet, bitter, and sour are located by dabbing a  
3002 Q-tip with diluted samples of saltwater, sugar water, vinegar, and unsweetened  
3003 grapefruit juice on their own tongue. Sight is then explored by labeling the anatomical  
3004 structure of the eye. Sample eye-test charts, braille books, and eye glasses are  
3005 provided for students to explore. Hearing is then discovered with students first  
3006 diagraming the anatomical structure of an ear. Sounds are then identified by hearing

3007 various noises at different volumes while their eyes covered. Students learn that smell is  
3008 an important sense and the nose is also an important sensory organ for taste and even  
3009 safety. Students first label the major anatomical components of the nose. They then  
3010 smell various extracts such as lemon, cinnamon, or mint on a cotton ball and identify the  
3011 mystery scent. This activity provides students with an opportunity to learn that some  
3012 people are unable to see (blindness), or have very poor vision, even with glasses  
3013 (severe visual impairment). Some are able to see well with glasses or contact lenses.  
3014 Braille books allow blind people to feel words for reading, rather than see them. Just like  
3015 with vision, some students have hearing loss or can't hear at all (deafness). These  
3016 students may wear hearing aids and have other special equipment in the classroom  
3017 such as speakers or FM systems worn by the teacher, in order to hear well. Students  
3018 then write a paper on the function of one identified sensory organ. Students are then  
3019 able to identify the major internal and external body parts and their functions.

3020 <bbh>(This activity also supports CA CCSS for ELA/Literacy for third grade students in  
3021 writing.)<ebh>

3022 Around ages eight or nine, most students understand the finality of death and begin to  
3023 conceptualize that it is something that happens within the body. Although students this  
3024 age understand that death is universal and happens to each person and all other living  
3025 things, they may still consider death to be associated with elderly people. Death is also  
3026 an important part of the lifecycle that students encounter at some point. Comprehensive  
3027 curriculum on the lifecycle ideally includes a few assignments on death and dying to  
3028 enable students to process this important stage. Note that teachers should never insert  
3029 their own opinions on death and dying or use euphemistic or religious verbiage or  
3030 language. Teachers should inform families before engaging in discussion or instruction  
3031 on death and dying as some students may experience memories or strong emotional  
3032 responses. Students recall someone or a pet that was close to them who died. If  
3033 students have not experienced personal loss, they may consider someone famous who  
3034 they were fond of who died. Students write a letter to the person or pet who has died.  
3035 The letters include how they felt when the death occurred; what they miss about the  
3036 person or pet; what they would want to say to the pet or person; and how they will

3037 remember the person or pet. Each student indicates on the back of their letter if they are  
3038 comfortable with the teacher sharing their letter out loud. The teacher shares only the  
3039 letters of students who are comfortable. An extension of this assignment may be to  
3040 make a memory book of the loved one who has died (Adapted from Telljohann 2015).  
3041 Other activities such as writing a poem, selecting a tribute song to be played for the  
3042 loved one, planting a memorial garden or tree, decorating a t-shirt, or an art project such  
3043 as a painting can be incorporated. Teachers should be prepared to connect students to  
3044 supportive resources as this may be a triggering activity for some. Students are  
3045 encouraged to discuss the activity at home with their parent, guardian, or caretaker to  
3046 further process the experience. (3.1.1.G, Essential Concepts). <bbh>(This activity also  
3047 supports CA CCSS for ELA/Literacy W.3.10.)<ebh>

3048 In the classroom example below, students discover how healthy behaviors promote  
3049 healthy growth and development. Additional learning activities for growth and  
3050 development follow the classroom example.

3051 Classroom Example: 12 Weeks of Health

3052 **Purpose of the Lesson:** Students are learning more about their growth and  
3053 development. By engaging in twelve weeks (three months) of healthy behaviors, they  
3054 learn a variety of strategies for promoting healthy growth and development.

3055 **Standards:**

- 3056 • 3.5.1.P Examine why a variety of behaviors promote healthy growth and  
3057 development (Accessing Valid Information).
- 3058 • 3.7.1.P Determine behaviors that promote healthy growth and development  
3059 (Practicing Health-Enhancing Behaviors).
- 3060 • 3.2.1.P Explain how individual behaviors and one's family and school influence  
3061 growth and development (Analyzing Influences).

3062 **Supplies:**

3063 Index cards or writing paper

3064 Short, free health videos on nutrition, physical activity, and growth and development

3065 Log books (optional)

3066 Students in Ms. D's class are learning about how their bodies grow and develop; and  
3067 they are achieving a greater understanding of how their actions influence their lives. Ms.  
3068 D would now like students to discover new health practices to support positive growth  
3069 and development and a lifetime of good health.

3070 To prepare for this activity, Ms. D first asks students, What are some ways we can be  
3071 healthy? and What we can do to support our growing bodies including developing  
3072 healthy muscles and bones? Students share their responses. Some of the responses  
3073 are drinking water, eating vegetables and fruits, not drinking soda, riding a scooter or  
3074 skateboard to school while wearing a helmet, remembering to use their asthma inhaler  
3075 or other medically prescribed medications when needed, brushing their teeth at least  
3076 twice a day, washing their hands, getting plenty of sleep, recycling plastics and  
3077 aluminum at home, or following traffic laws and looking both ways when crossing the  
3078 street. Ms. D then shows students a free health video, shares various photos of children  
3079 engaging in healthy actions, or has students read an article on healthy behaviors.

3080 Students then write as many healthy behaviors and practices as they can think of on  
3081 index cards or paper, one per card or piece of paper. Ms. D reminds students that ideas  
3082 should be fairly simple and general enough so everyone can accomplish the activity at  
3083 home, in the community, or at school. Students anonymously submit their ideas. Each  
3084 Monday, Ms. D removes an index card or paper and reads the healthy behavior or  
3085 practice that the class will engage in for that particular week and how the behavior or  
3086 practice supports growth and development. Ms. D is considerate of any students with  
3087 physical disabilities and those who may be on medically specialized diets and suggests  
3088 modifications to the behavior or practice. Students learn that the behavior or practice is  
3089 a goal. How students specifically accomplish the goal is up to them. Students may want

3090 to share with the class what they plan to do to reach that goal. Students track their  
3091 weekly progress for each new goal by logging the frequency and duration of their  
3092 activity in their log books. Each month the frequency of and hours spent in their  
3093 activities are totaled in students' log books and then submitted to Ms. D. Students  
3094 compare their monthly log with their previous month by subtracting the previous month  
3095 from the new month and showing the difference of their new additional hours in a  
3096 separate page of their log book. At the end of the three months, students are surprised  
3097 not only by the variety of healthy activities they have tried and participated in, but also  
3098 by the amount of time they have spent enjoying various healthy activities to support  
3099 their growth and development.

3100 Growth and Development Learning Activities

3101 **Essential Concepts:** 3.1.3.G Identify major internal and external body parts and their  
3102 functions; **Personal and Community Health:** 3.1.4.P Identify life-threatening conditions  
3103 (eg: heart attacks, asthma attacks, poisoning).

3104 Heart Adventure Challenge Course

3105  
3106 Students identify the major internal and external body parts and their functions.  
3107 Students research the function of each component of the heart and how to strengthen  
3108 their heart. Students are led through a short obstacle course with heart-strengthening  
3109 activities. Students are challenged to use the obstacle course throughout the school  
3110 year. <byh>As an extension of this activity, students take their heart rate following the  
3111 activity or recess or wear a pedometer or use a pedometer app to track their steps. An  
3112 optional discussion that sometimes there are heart emergencies when the heart stops  
3113 and needs to be restarted can be introduced including a review of 9-1-1 protocol, how to  
3114 call for help, and how CPR can help keep a heart beating until medical personnel help  
3115 arrives.<eyh>

3116 Standard 3-3.5.S Demonstrate how to dial 9-1-1 or other emergency numbers and how  
3117 to provide appropriate information.

3118 **Essential Concepts:** 3.1.3.G Identify major internal and external body parts and their  
3119 functions.

3120 Acronym Fun

3121 Students identify the major internal and external body parts and their functions by  
3122 creating an acrostic poem (a poem where the first, last, or other letters in a line spell out  
3123 a particular word or phrase) to remember the various body systems and functions. A  
3124 word bank is posted of the key terms for the students to see before the activity begins.  
3125 Students choose which body parts to include in their poem and are not expected to  
3126 include every part they have learned about.

3127 **Essential Concepts:** 3.1.3.G Identify major internal and external body parts and their  
3128 functions.

3129 Group Skeletal Puzzle

3130 Students identify the major bones of the skeletal system and their primary function. After  
3131 instruction and their research activities, students create a large skeletal system by  
3132 connecting and properly labeling the bones in the correct order. Bone-shapes can be  
3133 printed from online sources or resources like Halloween skeletons can be used.

3134 **Essential Concepts:** 3.1.2.G Recognize that there are individual differences in growth  
3135 and development.

3136 **Decision Making:** 3.5.1.G Examine why a variety of behaviors promote healthy growth  
3137 and development.

3138 **Practicing Health-Enhancing Behaviors:** 3.7.1.G Determine behaviors that promote  
3139 healthy growth and development.

3140 My Growth and Development Influences

3141 Students examine behaviors promote healthy growth and development by researching  
3142 how one's individuality, living situation, and school impact growth and development.  
3143 Examples may include eating healthy foods that contain proper nutrients such as  
3144 calcium for healthy bones or obtaining the proper amount of sleep ensures one's brain  
3145 is healthy and ready to learn. Students then identify one behavior they plan to  
3146 incorporate into their lives to support their growth and development. The information  
3147 found can be displayed in a creative way such as infographics or posters that promotes  
3148 health-enhancing behaviors.

3149 **Essential Concepts:** 3.1.1.G Describe the cycle of birth, growth, aging, and death in  
3150 living things.

3151 **Essential Concepts:** 3.1.2.G Recognize that there are individual differences in growth  
3152 and development.

3153 **Decision Making:** 3.5.1.G Examine why a variety of behaviors promote healthy growth  
3154 and development.

3155 Class Pets and Plants

3156 Students recognize that there are individual differences in growth and development by  
3157 enjoying, interacting, and caring for class pets such as fish, hermit crabs, turtles, guinea  
3158 pigs, hamsters, rabbits, bearded dragons, or other lizards. Plants also provide a care-  
3159 taking opportunity for children. Seeds can be planted in containers and grown under  
3160 grow lights or bright windows in the classroom. Students can be empowered to choose  
3161 which pets the classroom adopts by voting and collectively naming and caring for the  
3162 pet. Students also enjoy collecting research data on a hypothesis or predictor of what  
3163 will occur with the plant or animal as it grows and develops over time. In teams,  
3164 students create a care guide for the class pet that includes the nutrition and physical  
3165 activity needs of the pet to connect life science with health. Teachers should consider  
3166 students with possible allergies and check school or district policy. Students are  
3167 encouraged to write informational texts about the classroom pet. <bbh>(This activity  
3168 connects to science standard CA NGSS 3-LS1-1.)<ebh>

3169 **Essential Concepts:** 3.1.3.G Identify major internal and external body parts and their  
3170 functions.

3171 Our Digestive System

3172 Students first learn to identify the major internal body parts and their functions of their  
3173 digestive system by watching a short video on the digestive track. They learn that the  
3174 digestive track moves food through their body and that nutrients like fiber, calcium, and

3175 protein are absorbed as they digest food. Students then research online and label the  
3176 major parts of the digestive track used for food digestion, writing a short description for  
3177 each. As a fun follow up activity, they form a line and pass a healthy packaged snack to  
3178 one another to signify each organ that contributes to the digestive track beginning with  
3179 the teeth, tongue, throat, pharynx, esophagus, stomach (liver, gallbladder, pancreas  
3180 work alongside stomach), small intestine, and large intestine. Similar to a progressive  
3181 memory game, as the snack is received, the student has to recall each previously  
3182 stated body part and then state the addition of their assigned body part until all parts of  
3183 the digestive track are named. Creative options can be added such as the pancreas  
3184 stating, "Too much sugar is hard on me!" Students then enjoy their healthy snack.  
3185 Teachers should consider students with possible food allergies and check school or  
3186 district policy.

3187 **Partnering with your school:** Students can promote campus-wide awareness on how  
3188 to show respect for students with individual differences by creating posters, flyers, or  
3189 other creative mechanisms showing friends of different backgrounds and abilities. A  
3190 creative slogan such as *We Are All One* is developed by the students as part of the  
3191 event.

3192 **Partnering with your community:** Students examine a variety of behaviors that  
3193 promote health by participating in an American Heart Association Jump Rope for Heart  
3194 event or Dance-A-Thon at school. Students distribute heart health education as part of  
3195 the community event and fundraiser (3.5.1.G, Decision Making; 3.7.1.G; Practicing  
3196 Health-Enhancing Behaviors).

3197 **Partnering with the family:** Students initiate conversations on growth and  
3198 development with parents, guardians, caretakers, or trusted adults by interviewing them  
3199 and asking; what they remember as some of their milestones in growing up such as *the*  
3200 *first time they learned how to ride a bike; were they taller, the same, or shorter than the*  
3201 *other children in school and how it made them feel; or how they feel about aging and*  
3202 *retirement.* Educators should be sensitive to and aware of foster or displaced children

3203 who may have not spent much of their lives with a current family member. In this  
3204 situation, students can interview a teacher, the principal, <byh>a school<eyh>  
3205 counselor, a family friend, or another trusted adult. Students write a report on their  
3206 interview findings and share their interviews with classmates (3.3.1.G, Accessing Valid  
3207 Information; 3.4.1.G, Interpersonal Communication).

### 3208 **Mental, Emotional, and Social Health (M)**

3209 Most third graders are very inquisitive and excitable. Many third-grade students are  
3210 progressing from having a limited sense of social awareness to a greater sense of how  
3211 their actions impact others. They are generally discovering how to provide more socially  
3212 acceptable, appropriate responses; are able to be self-critical; and assume some  
3213 responsibility for their actions. Often impressed with themselves, they actively seek  
3214 praise from teachers and family members, guardians, and caretakers (Macmillan n.d.).

3215 Third grade is an important time of personal and social growth for most students.  
3216 According to the five competencies of the Collaborative for Academic, Social, and  
3217 Emotional Learning (CASEL) (2017), as students enter late elementary they begin to  
3218 have greater *self-awareness* and further understanding their range of emotions and  
3219 what causes them. *Social awareness*, the ability to understand and respect the  
3220 perspectives of others, is developing allowing students to better manage and control  
3221 their emotions when interacting with their peers. Third graders are developing *self-*  
3222 *management* so activities such as goal-setting can be well received. As third graders  
3223 develop their *relationship skills*, they are focusing on friendships. *Responsible decision-*  
3224 *making* (a skill that is not inherent) at this grade sets the foundation for a lifetime of  
3225 healthy behaviors.

3226 Building on mental, emotional, and social health content ideally learned in prior grades  
3227 such as identifying emotions, demonstrating cooperation and respect, and knowing how  
3228 to ask for help for mental and emotional needs, students continue to apply standards-  
3229 based competencies to build positive mental health practices. Role-playing, modeling,  
3230 and performance-feedback approaches and case studies are effective for learning

3231 mental health content as they engage the interest of students and elicit skill application.  
3232 Students problem-solve various solutions to different complex scenarios where it is  
3233 important to seek help or assistance from a trusted adult. Such scenarios require  
3234 students to problem-solve in situations where they feel threatened; they feel sad,  
3235 depressed, or worried; someone is pressuring them to do something they do not want to  
3236 do; or they are scared or worried about something or someone (3.3.1.M, Accessing  
3237 Valid Information). Students use this simple technique to ask adults for help (Coffee in  
3238 Telljohann 2015) (3.5.2.M, Decision Making):

- 3239 • Say, “I need your help.”
- 3240 • In one sentence, tell what the person did or how they made you feel.
- 3241 • In one sentence, explain what you have done to solve the problem yourself.
- 3242 • Repeat, “I need your help.”

3243 Students in higher grades may serve as models of responsible behavior by sharing  
3244 when they had to overcome a challenging situation. Students may enjoy creating their  
3245 own scenarios for various role-playing activities in which responsible decision-making  
3246 skills can be applied (3.4.2.M, Interpersonal Communication; 3.5.1.M, Decision Making).  
3247 It is important for students to practice conflict-resolution approaches before they are  
3248 confronted by a situation involving fear, stress, anger, loss, or grief (3.7.1.M, Practicing  
3249 Health-Enhancing Behaviors). Examples may be anger and hurt from a conflict with a  
3250 friend or experiencing stress when parents, guardians, or caretakers leaving you with a  
3251 babysitter for the night. Students learn to:

- 3252 • Define the problem
- 3253 • Negotiate with the other person or talk to someone else regarding the situation
- 3254 • Find a win-win solution

3255

3256 Five-Step Decision Making Process for Grades Three through Five

**The Model**



3257

3258 Long Description of Five-Step Decision Making Process for Grades Three through Five  
3259 available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link5>.

3260 Source: The Colorado Education Initiative (2015)

3261 Third-grade students are approaching early adolescence and have a greater  
3262 understanding of self and others, including individual differences (3.1.2.G, Essential  
3263 Health Concepts; 3.4.2.G, Interpersonal Communication). This awareness helps  
3264 students better identify emotions, build healthy social behaviors, and think critically  
3265 about influences on growth and development (3.2.1.G, Analyzing Health Influences;  
3266 3.5.1.G, Decision Making; 3.7.1.G, Practicing Health Enhancing Behavior). Third grade  
3267 students are highly interested in peer relationships and friendships and care more about  
3268 how they are viewed by peers than in earlier grades. Because of this developmental  
3269 stage, students are more aware of individual differences and the influences that shape  
3270 perspectives about personal characteristics. It is a critical time for students to learn the  
3271 importance of rejecting teasing and bullying (3.8.2.M, Health Promotion) and promoting  
3272 a positive and respectful school environment (3.8.1.M, Health Promotion).

3273 Students may differ in physical appearance, gender expression, activity preferences,  
3274 ability, and behavior. It is important to create an inclusive and welcoming environment  
3275 for all students and to encourage peers to show respect for others regardless of these  
3276 differences (3.8.1.G, Health Promotion). Through this kind of learning environment and  
3277 modeling of respect, students will also be able to demonstrate the ability to support and  
3278 respect people with differences (3.8.3.M, Health Promotion). This is also important for

3279 helping students learn how to build and nurture healthy relationships. (For additional  
3280 information on creating an inclusive learning environment, see the Access and Equity  
3281 chapter.)

3282 Because third graders have been learning about personal boundaries, consent, bullying,  
3283 gender, and healthy relationships since kindergarten, they should be familiar with these  
3284 concepts. As students' cognitive abilities advance, so does their level of understanding  
3285 and ability to practice health enhancing behaviors. Students in third grade are ready for  
3286 a more advanced discussion about boundaries to help them think critically and  
3287 understand the importance of personal boundaries for privacy, safety, and expression of  
3288 emotions (3.1.4.M, Essential Health Concepts). If willing, students can share examples  
3289 of personal boundaries after they participate in an activity in which they identify and list  
3290 some examples of their own personal boundaries. Before the activity, teachers explain  
3291 that boundaries can refer to touch, types of play, types of conversations, and time spent  
3292 with another person. For example, a student may identify a boundary as being  
3293 comfortable talking about their feelings with a parent, guardian, or caretaker. Another  
3294 example could be that a student identifies being uncomfortable hugging neighbors.

3295 A possible worksheet could include:

- 3296 • With my friends, I am comfortable/uncomfortable (*circle one*)
- 3297 • With my parents, guardians, or caretakers I am comfortable/uncomfortable (*circle*  
3298 *one*)
- 3299 • With my siblings, I am comfortable/uncomfortable (*circle one*)
- 3300 • With my neighbors, I am comfortable/uncomfortable (*circle one*)
- 3301 • With my teacher, I am comfortable/uncomfortable (*circle one*)

3302 Students who are able to identify their personal boundaries are more likely to enforce  
3303 them, which is a self-protective skill. Students partner with a classmate and practice  
3304 how to communicate directly, respectfully, and assertively regarding personal  
3305 boundaries (3.4.1.M, Interpersonal Communication). This skills practice allows students  
3306 to learn not only how to communicate about their own boundaries, but also how to

3307 communicate about and respect the personal boundaries of others. In second grade,  
3308 students conceptualize personal boundaries through the use of a hula hoop. In third  
3309 grade, students discuss how those boundaries can vary with different people and  
3310 different situations. For example, Jose might feel comfortable giving his parents,  
3311 guardians, or caretakers a hug but does not feel comfortable hugging his older brother.  
3312 Boundaries are also flexible, meaning Jose might want to hug his older brother  
3313 sometimes but not always. Students explore examples of flexible boundaries which can  
3314 be demonstrated through the use of jump ropes or another form of rope. Students can  
3315 lay the jump rope on the ground around them in the form of a circle, making it wider or  
3316 smaller depending on their boundaries. Teachers ask students questions about their  
3317 boundaries and instruct them to adjust their personal boundary circle accordingly. The  
3318 teacher may explain that the jump rope represents boundaries and ask, “What are your  
3319 boundaries for hugs? Do you have a big boundary and need a lot space? This means  
3320 that you might only be comfortable with hugs from a small number of people. Or, do you  
3321 have a smaller boundary and you’re comfortable with hugs from lots of different  
3322 people?” Teachers should demonstrate how the boundary space changes as they  
3323 explain the question. Similarly, teachers can also ask about students’ boundaries  
3324 regarding sharing their name with others, playing with classmates on the playground,  
3325 and sharing feelings with others, for example. It is important for students to understand  
3326 that only they can change their boundaries and if their boundaries are crossed, they  
3327 should tell a trusted adult. Students can also practice communicating and enforcing their  
3328 boundaries with one another. Classmates can take turns responding to each other as  
3329 though the other student had crossed a boundary line, which offers an opportunity to  
3330 practice communicating the need for boundaries to be respected through verbal and  
3331 non-verbal communication.

3332 When discussing trusted adults, students remember from previous learning that not all  
3333 adults are considered safe or “trusted” and think critically about how to identify trusted  
3334 adults. Students are able to further identify and access trusted adults and resources at  
3335 home, at school, and in the community that can help with social, emotional, and mental  
3336 health concerns (3.3.1.M, Accessing Valid Information). Teacher-led discussion provide

3337 opportunities for students to evaluate situations in which a trusted adult should be asked  
3338 for help (3.5.2.M, Decision Making). Some examples include discussing inappropriate  
3339 touching, bullying, or feelings of discomfort about specific individuals. Students learn  
3340 that in these situations, they can ask for help from a trusted adult. When discussing  
3341 telling an adult, teachers help students understand the difference between “telling” and  
3342 “tattling.” *Tattling* only gets someone in trouble, but *telling* can get someone out of  
3343 trouble. Ask students to think critically about the difference and provide examples. If a  
3344 student discloses abuse or there is reason to suspect child abuse or neglect, teachers  
3345 must follow mandated reporting laws. After filing the mandated report, teachers should  
3346 follow school and district policies for next steps. (See the section on mandated reporting  
3347 in the Introduction chapter for additional information.)

3348 Students in third grade learn more about healthy relationships, including the benefits of  
3349 having positive relationships with family and friends (3.1.3.M, Essential Health  
3350 Concepts). Building positive relationships also helps develop support systems, which  
3351 students can rely on if they need to tell a trusted adult or friend about uncomfortable or  
3352 threatening situations (3.3.2.P, Accessing Valid Information).

3353 Threatening situations may extend beyond in-person interactions, and students in third  
3354 grade should be made aware of Internet safety. Third graders may begin utilizing online  
3355 resources more for research, other school assignments, and recreational purposes.  
3356 Students learn the school rules for Internet use and can explain the rules are meant to  
3357 help protect students from online dangers and also to prevent cyber bullying. With the  
3358 teacher facilitating, students discuss “netiquette” and the importance of using the  
3359 Internet for good purposes. Some third graders may also have access to social media.  
3360 Students respond to hypothetical questions posed by the teacher to generate critical  
3361 thinking about potentially dangerous situations they may encounter online. Some  
3362 examples include:

- 3363 • What would you do if someone online asked for your name or address or to send  
3364 a photo?

- 3365       • What would you do if you saw or read something online that made you feel  
3366       scared or confused?
- 3367       • What would you do if someone was being mean or rude to you online?
- 3368       • What would you do if noticed someone was being mean or rude to another  
3369       person online?

3370       With instruction, students learn that in these kinds of situations, they should always talk  
3371       to or tell a trusted adult. Students should also be aware of how their actions online could  
3372       impact others. When discussing bullying and encouraging students to promote a  
3373       positive and respectful school environment, teachers explain that this also applies to  
3374       Internet usage and behavior online and through social media. Students are encouraged  
3375       to reject bullying and teasing of others and to report any kind of bullying behavior to a  
3376       trusted adult. Students can create a contract for Internet safety that includes telling a  
3377       trusted adult in specific situations and a commitment to be kind to others.

3378       Two useful resources for Internet safety are the *Model School Library Standards for*  
3379       *California Public Schools, Kindergarten Through Grade Twelve* (CDE 2011) and  
3380       KidSmartz.org, a program of the National Center for Missing & Exploited Children that  
3381       includes age appropriate printouts and guidelines. Additional learning activities are  
3382       found below.

3383       Mental, Emotional, and Social Health Learning Activities

3384       **Interpersonal Communication:** 3.4.1.M Demonstrate how to communicate directly,  
3385       respectfully, and assertively regarding personal boundaries.

3386       Repeat, Refuse, Alternative

3387       Students demonstrate how to communicate directly, respectfully, and assertively  
3388       regarding personal boundaries by practicing using two different techniques for  
3389       communicating about personal boundaries. **Option 1:** Repeat the refusal using eye  
3390       contact; **Option 2:** Suggest an alternative activity to what is being suggested. Prompts

3391 may include *I will repeat...*, *I will refuse by...*, *I may suggest the following alternative or*  
3392 *other activity or option...*

3393 Students work in small groups to role play various scenarios presented on index cards  
3394 or paper. Students practice what to say when they are stressed or concerned about  
3395 something. The teacher or selected student(s) demonstrates each technique first, then  
3396 the students practice communication skills in small groups.

3397 **Practicing Health-Enhancing Behaviors:** 3.7.1.M Evaluate effective strategies to  
3398 cope with fear, stress, anger, loss, and grief in oneself and others.

3399 Helping Myself, Helping Others

3400 Students evaluate strategies to cope with fear, stress, anger, loss, and grief in oneself  
3401 and others by reflecting on and listing what they do when they feel stressed, worried,  
3402 angry, or sad. Options for responses to emotions can also be explored via valid online  
3403 resources. Students then explore how to help others who are feeling fearful, stressed,  
3404 worried, or sad. Suggestions are provided by the student such as talking to a trusted  
3405 adult about their feelings, exercising, listening to music, taking deep breaths before  
3406 reacting, or reframing the challenge or disappointment by setting a new goal. Students  
3407 evaluate which activities they find effective and would use. Students are encouraged to  
3408 keep their list in their health journal or folder to reference when they feel any of the  
3409 emotions discussed. Activities may be voluntarily practiced in class such as sharing  
3410 one's favorite music or practicing breathing exercises together. As an extension of this  
3411 activity, students create a class bulletin board featuring pictures of healthy coping  
3412 mechanisms.

3413 **Goal Setting:** 3.6.1.M Make a plan to help at home and show responsibility as a family  
3414 member.

3415 **Essential Concepts:** 3.1.2.M Describe the importance of assuming responsibility within  
3416 the family and community.

3417 **Essential Concepts:** 3.1.3.M Explain the benefits of having positive relationships with  
3418 family and friends.

3419 A Supportive Family Member

3420 Students describe a plan to help at home and be a responsible family member after  
3421 reading various books that provide examples of the qualities of a supportive family  
3422 member such as *And Tango Makes Three* or *Tres con Tango* by Justin Richardson and  
3423 Peter Parnell (2015) or *Frog and Toad Are Friends* by Arnold Lobel (2003). Students  
3424 write a paragraph or two about ways they can be a responsible family member.

3425 <bbh>(This activity also supports students in writing informative/explanatory texts, CA  
3426 CCSS for ELA/Literacy W.3.2.)<ebh>

3427 **Partnering with your school:** Students read the book, *The Juice Box Bully:*  
3428 *Empowering Kids to Stand Up to Others* (2010) by Bob Sornson and Maria Dismondy.  
3429 This book poses the question, *Have you ever seen a bully in action and done nothing*  
3430 *about it?* Children in the book get involved instead of being bystanders and allowing the  
3431 character, Pete, to bully and tease others. Pete’s classmates teach him about The  
3432 Promise, a commitment not to bully others. Students lead a Promise school campaign  
3433 with anti-teasing and anti-bullying posters, posts to the school’s Web site and social  
3434 media sites, assembly and public address system (PA) announcements, and by taking  
3435 an active stance in the Promise. The school principal provides awards for the group of  
3436 students or individuals whose behavior exemplified The Promise throughout the school  
3437 year. Students may also promote a No Name Calling Week campaign in January.  
3438 Research No Name Calling Week online for resources (3.1.1.M, 3.1.3.M, Essential  
3439 Concepts; 3.8.1–3.M Health Promotion). <bbh>(This activity also supports the CA  
3440 CCSS for ELA/Literacy for third grade students in writing informative/explanatory texts,  
3441 W.3.10.)<ebh>

3442 **Partnering with your community:** Children’s Mental Health Awareness Month is  
3443 typically celebrated the first week of May. Consider hosting a campus-wide awareness  
3444 event with a guest speaker to show support and respect for people with differences  
3445 (3.8.3.M, Health Promotion). Students learn that there are important community  
3446 resources for people with mental health challenges for both students and adults. They  
3447 become aware that if someone is feeling sad, they can see a therapist or locate free  
3448 services in the community with the assistance of a trusted adult. Students invite the  
3449 school psychologist or social worker (who may be from another school or within the  
3450 district) to speak to the class about their job responsibilities and the importance of  
3451 providing support for those who are experiencing unsettling emotions or challenges  
3452 (3.3.1.M, Accessing Valid Information; 3.5.2.M; Decision Making).

3453 **Partnering with the family:** Students create a poster of three ways they plan to help at  
3454 home and show responsibility as a family member (3.1.2.M, Essential Concepts;  
3455 3.6.1.M, Goal Setting). Under each goal, students create a grid or weekly calendar to  
3456 track when each of their tasks is accomplished. Star stickers are distributed for students  
3457 to place on their grid each time a goal is reached. Parents, guardians, or caretakers are  
3458 also encouraged to provide a positive affirmation when a goal is met.

### 3459 **Personal and Community Health (P)**

3460 Many third graders are becoming more interested in sports and physical activity than in  
3461 prior years and are learning more about how their internal and external body functions.  
3462 They are also typically developing more of an interest in friends and the world around  
3463 them, making personal and community health an important content area upon which to  
3464 focus. Teachers and administrators play an important role and have responsibility in the  
3465 promotion of personal, community, and environmental health and helping students  
3466 understand that their own actions can affect the environmental health of others in their  
3467 community <bbh>(CA EP&Cs, Principle V).<ebh>

3468 Chronic diseases have replaced infectious diseases as the top causes of morbidity and  
3469 mortality when compared to a century ago (World Health Organization 2017b).

3470 Approximately 20 million children in the United States live with a chronic illness, with  
3471 asthma being the most common (CDC 2017a). Despite marked progress in medical  
3472 care for children, including immunizations and routine screenings, children's health  
3473 issues such as obesity, asthma, diabetes, dental <byh>caries,<eyh> attention deficit  
3474 hyperactivity disorder, and autism spectrum disorders continue to be important health  
3475 considerations in California and across the nation. Many children still experience  
3476 challenges accessing healthcare along with a myriad of health disparities in their  
3477 everyday life that negatively impact academic performance and success (CDC 2017a).  
3478 Teachers and other educators are in influential positions to empower their third grade  
3479 students to value and respect their personal health for the dual purposes of achieving  
3480 optimal health and improving academic performance outcomes. Third grade provides  
3481 opportunities to implement standards-based instructional strategies to help students  
3482 gain the knowledge and skills to adopt a lifetime of good health practices.

3483 Learning opportunities focused on personal health are essential to ensure a lifetime of  
3484 positive health practices. Standards-based instructional strategies and application  
3485 opportunities that allow third graders to make informed decisions that promote their  
3486 personal health can be easily integrated and implemented throughout the daily  
3487 curriculum. Instruction should build upon the student competencies achieved in prior  
3488 grades by now focusing on skill practice such as demonstrating refusal skills, applying  
3489 decision-making processes, and setting goals. An example may be a student politely  
3490 declining to play video games with a friend and suggesting they go outside and play  
3491 basketball or play in a park for physical activity to reach their daily physical activity goal  
3492 of 60 minutes of exercise.

3493 Students discover the difference between communicable (infectious) and non-  
3494 communicable diseases (chronic diseases) by researching examples of each online.  
3495 Students provide class presentations using a creative technological program on  
3496 prevention or risk-reduction tips for a chosen infectious or chronic disease (3.1.1.P,  
3497 Essential Concepts). They learn that bacteria and viruses attack the body's immune  
3498 system when an infectious disease is transmitted and is living in one's body. Students

3499 participate in mock reenactments such as never sharing eating or drinking utensils or  
3500 not handling food or drinks used by any other person (3.1.2.P, 3.1.5.P, Essential  
3501 Concepts). In pairs, students practice various assertive refusal skills and risk-reduction  
3502 tips that they have identified and written on individual cards (3.1.1.P, Essential  
3503 Concepts). Examples of refusal skills include politely declining to share eating or  
3504 drinking utensils used by another person (3.4.1.P, Interpersonal Communication).  
3505 Students write a positive health practice goal that they will practice daily and accomplish  
3506 (3.6.1.P, Goal Setting) for one month to lower their risk for both an infectious disease  
3507 and a chronic disease (3.1.3.P, Essential Concepts). Students' goals (with their names  
3508 removed) are creatively displayed in the classroom to encourage classmates to adopt  
3509 healthy practices beyond their own goals. Additional learning activities on personal and  
3510 community health following the classroom example. In the classroom example below,  
3511 students learn that healthy behaviors can be learned from family, friends, and other  
3512 influences.

3513 Classroom Example: Healthy Family, Healthy Friends, Healthy Me!

3514 **Purpose of the Lesson:** Students are learning how culture, family, friends, and the  
3515 media influence positive health practices. By creating a collective mural, students  
3516 demonstrate how family, friends, and others influence positive health practices.

3517 **Standards:**

- 3518 • 3.2.1.P Identify how culture, family, friends, and media influence positive health  
3519 practices (Analyzing Influences).
- 3520 • 3.1.5.P Describe how a healthy environment is essential to personal and community  
3521 health (Essential Concepts).

3522 **Supplies:**

- 3523 • Very large scroll of paper to create a mural
- 3524 • Printer to print photos or online pictures

3525 Students in Ms. E's class are learning more about body systems and are being  
3526 introduced to infectious and chronic diseases. They are beginning to have a greater  
3527 understanding of the influences around them that affect their wellbeing. Ms. E would  
3528 now like students to discover how family, friends, and the media influence positive  
3529 health practices.

3530 To prepare for this activity, Ms. E asks the students to observe the positive health  
3531 practices of their family members, guardians, caretakers, and friends over the next  
3532 week and to write brief notes describing their observations. Students obtain an existing  
3533 photo or draw a picture of themselves engaged in a healthy activity such as brushing  
3534 their teeth or participating in physical activity. Media examples of healthy behaviors  
3535 seen on television or online are also shared by the students and Ms. E. Students  
3536 describe examples of positive health practices such as a family member who exercises  
3537 by taking a long walk each day or who cooks a healthy meal that includes many  
3538 vegetables; a sibling who pushes her brother's wheelchair to the park and then plays  
3539 catch with him; a friend who rides their bicycle to and from school and always wears a  
3540 helmet; a friend who just joined a soccer team; or a Web site that advertises a recycling  
3541 program. Every day, Ms. E checks in with the students and asks them to report positive  
3542 health practices they have observed so far. After one week, students bring their  
3543 personal photos and drawings or download images from reliable Web sites to illustrate  
3544 the positive health practices of others that they observed. With permission, they can  
3545 also include photos of their friends or family members engaging in the activities.  
3546 Students discuss with one another their observations and enjoy sharing the photos,  
3547 drawings, and images they have collected. Photos and drawings of the students  
3548 engaged in healthy activities are featured in the middle of the mural. The photos,  
3549 drawings, and images are collectively pasted onto a mural that displays words the  
3550 students have painted, "Healthy Family, Health Friends, Healthy Me!" The principal asks  
3551 Ms. E to post the mural in the main school hallway outside the office.

3552 This interdisciplinary classroom example incorporates health education, science, and  
3553 environmental topics.

3554 Classroom Example: I Can Make a Difference!

3555 **Purpose of the Lesson:** Students discover an environmental health challenge in their  
3556 school or local community and create and implement a project to help resolve the  
3557 challenge. By working together to resolve the littering and waste that occur in the lunch  
3558 area, they recognize that they can help resolve a local environmental health problem.

3559 **Standards:**

- 3560 • 3.8.2.P Encourage others to promote a healthy environment (Health Promotion).
- 3561 • 3.1.6.P Discuss how reducing, recycling, and reusing products make for a healthier  
3562 environment (Essential Concepts).
- 3563 • 3.1.5.P Describe how a healthy environment is essential to personal and community  
3564 health (Essential Concepts).
- 3565 • **EP&C I:** The continuation and health of individual human lives and of  
3566 human communities and societies depend on the health of the natural systems that  
3567 provide essential goods and ecosystem services.
- 3568 • **EP&C V:** Decisions affecting resources and natural systems are based  
3569 on a wide range of considerations and decision-making processes.
- 3570 • **CA NGSS 3–5-ETS1-1** Define a simple design problem reflecting a  
3571 need or a want that includes specified criteria for success and constraints on  
3572 materials, time, or cost.
- 3573 • **CA NGSS SEP-3** Planning and Carrying Out Investigations

3574 **Supplies:**

- 3575 • Poster paper
- 3576 • Printer to print photos or online pictures

3577 Students in Mr. A's class are learning how the littering and food waste that takes place  
3578 every day during lunchtime can spread beyond the schoolyard and may pollute the  
3579 nearby coastal waters. Earlier in the year they learned how polluted water can affect  
3580 their health and the health of their community **(CA EP&C I).** They are  
3581 starting to make connections between their actions and the health of the environment.

3582 To kick off this activity, Mr. A takes the students to the lunch area and asks them to  
3583 make a drawing and write brief notes about what they saw. After they have made their  
3584 drawings and notes, Mr. A starts a class discussion with the questions, “What did you  
3585 see in the lunch area?” and “How did it get there?” Students share, for example, that  
3586 they saw paper and plastic litter on the ground, the overflowing trash cans, and some  
3587 food getting thrown away. It was a windy day and several said that they saw litter  
3588 blowing out of the lunch area, into the schoolyard, and off into the street.

3589 Mr. A asked students to work in small groups and discuss why it is important to come up  
3590 with a solution to the problem of food waste and litter on campus <bbh>(CA EP&C  
3591 V).<ebh> With those reasons in mind, he tells students to develop some simple criteria  
3592 to compare the design solutions they create to resolve these problems <bbh>(CA  
3593 NGSS 3–5-ETS1-1).<ebh> Based on the criteria they established, students develop a  
3594 variety of design solutions. When the small groups report out, they share ideas such as:  
3595 starting a compost bin and placing it near the lunch area to collect waste food; telling  
3596 the custodian what they saw and asking that the garbage cans be emptied twice during  
3597 lunch to prevent overflow; and conducting a poster campaign to tell other students  
3598 about the environmental health problems caused by waste and littering.

3599 The students decide to start an “I Can Make a Difference!” poster campaign. After just  
3600 two weeks of monitoring they observed that the amount of litter and food waste on  
3601 campus had decreased by 50% <bbh>(CA NGSS SEP 3).<ebh>

3602 Personal and Community Health Learning Activities

3603 **Essential Concepts:** 3.1.4.P Identify life-threatening conditions (e.g., heart attacks,  
3604 asthma attacks, poisoning).

3605 **Accessing Valid Information:** 3.3.1.P Recognize individuals who can assist with  
3606 health-related issues and potentially life-threatening health conditions (e.g., asthma  
3607 episodes or seizures).

3608 Help! It's a Life-threatening Emergency: Call 9-1-1

3609 Students use classroom and valid electronic resources to identify common life-  
3610 threatening emergencies specific to their age group (e.g., epilepsy and seizures, food  
3611 allergies, diabetic emergencies, poisoning) and their symptoms along with  
3612 recommended solutions for each emergency. Students should specifically include when  
3613 to call 9-1-1 for assistance and who to ask (e.g., teacher or school nurse) for medical  
3614 assistance at school. Populations with special needs such as students with disabilities  
3615 should be included. Students learn that 9-1-1 should only be called in a true emergency  
3616 such as someone needing help because they are unconscious; if they themselves or  
3617 their family members or friends are in danger; or there has been an event where others  
3618 are in danger such as an earthquake or fire. 9-1-1 should never be called as a joke or  
3619 prank as this prohibits someone from receiving lifesaving attention. Free emergency  
3620 response posters from American Heart Association or American Red Cross can be  
3621 displayed in the classroom. (This activity is connected to the Model School Library  
3622 Standards on accessing and using information.)

3623 **Essential Concepts:** 3.1.2.P Describe how bacteria and viruses affect the body.

3624 **Essential Concepts:** 3.1.3.P Identify positive health practices that reduce illness and  
3625 disease.

3626 **Practicing Health-Enhancing Behaviors:** 3.7.1.P Evaluate ways to prevent the  
3627 transmission of communicable diseases.

3628 Yucky Picnic

3629 Students describe how bacteria and viruses affect the body and identify positive  
3630 practices that reduce illnesses by researching online the common foods that are a risk  
3631 for food poisoning and their related symptoms. Foods include potato salad, eggs, egg  
3632 salad, and peanut butter (salmonella); salads and undercooked meat (e-coli); ice cream  
3633 (listeria); and berries (Hepatitis A). Students cut out shapes of the high-risk foods and  
3634 make a collective collage for the classroom or cafeteria. Each shape contains a  
3635 prevention message on how to avoid the food illness.

3636 **Essential Concepts:** 3.1.3.P Identify positive health practices that reduce illness and  
3637 disease.

3638 **Practicing Health-Enhancing Behaviors:** 3.7.1.P Evaluate ways to prevent the  
3639 transmission of communicable diseases.

3640 Infectious Disease Shields

3641 Students identify ways to prevent transmission of communicable disease by creating  
3642 colorful symbolic European Medieval or Middle Ages shields made with poster board  
3643 and markers that display one effective way to prevent an infectious (communicable)  
3644 disease from spreading. They obtain information on disease prevention and ideas for  
3645 designing their shields from online resources. Ideas may include using hand sanitizer,  
3646 covering one's mouth and nose with one's arm when sneezing or coughing, washing  
3647 hands, using gloves, or not sharing a drink with someone who is sick. Shields are  
3648 displayed in a designated area in school or in the classroom. Students present their  
3649 shields and describe their prevention idea to students in earlier grades.

3650 **Essential Concepts:** 3.1.6.P Discuss how reducing, recycling, and reusing products  
3651 make for a healthier environment.

3652 **Practicing Health-Enhancing Behaviors:** 3.7.2.P Demonstrate ways to reduce, reuse,  
3653 and recycle at home, at school, and in the community.

3654 **Health Promotion:** 3.8.2.P Encourage others to promote a healthy environment.

3655 Environmental Health Challenge

3656 Students describe and demonstrate ways to reduce, reuse, and recycle and encourage  
3657 others to promote a healthy environment by engaging in environmental conservation  
3658 initiatives such as recycling, water conservation, or minimizing pollution. Students can  
3659 participate in a park, beach, river, lake, or school cleanup effort. To minimize air  
3660 pollutants, students can walk or carpool to school or bring a refillable water bottle. Third-  
3661 grade classes could challenge other classes in a competition on which class collectively  
3662 conserves the most. Environmental health education messages can be distributed  
3663 through posters, assemblies, the school's Web site, and newsletters.

3664 **Partnering with your school:** Students recognize other students who are engaging in  
3665 a positive health practice by giving them a sticker or ribbon that signifies they are a  
3666 Health Hero. The premise of this activity is that it does not take a huge act to make a  
3667 difference, but small acts of positive health behaviors are important to one's overall  
3668 health. Stickers are supplied to the students. Students are provided with examples of  
3669 commendable actions such as eating a healthy lunch, refusing a sugary beverage,  
3670 riding a bike to school, visiting the dentist or doctor, recycling, or choosing physical  
3671 activity over sedentary activities. Health Heroes can be honored weekly, monthly, or  
3672 by grading period. Students can also recommend Health Heroes by filling out a slip  
3673 provided at the main office and placed in a box. Different classes can take turns  
3674 reading, reviewing, and selecting the winners based on the criteria listed (commendable  
3675 actions). Students and teachers publicize the Health Heroes campaign through various  
3676 campus mechanisms including the morning circle, school assemblies, bulletin boards,  
3677 school newspapers and Web site, and public announcements. (3.2.1.P, Analyzing  
3678 Influences; 3.8.1.P, 3.8.2.P, Health Promotion).

3679 **Partnering with your community:** Who Can I Call? Following a discussion and role-  
3680 playing scenarios of third grade students feeling threatened, students research and  
3681 discover who to call if they are feeling threatened (3.3.2.P, Accessing Valid Information).

3682 Students create a contact card to place in their backpack or other easily accessible  
3683 place. Each card contains information for various contacts such as the teacher, school  
3684 nurse, principal, <byh>school<eyh> counselor, parent, guardian, caretaker, trusted  
3685 adult, or community organization. Students also enjoy a field trip to a fire department or  
3686 emergency response unit to see firsthand how these agencies respond to such  
3687 emergencies as heart attacks and poisonings (3.1.4.P, Essential Concepts).

3688 **Partnering with the family:** Contact the American Red Cross, American Heart  
3689 Association, Poison Control Center, Epilepsy California, or emergency medical services  
3690 to request educational materials on healthy practices, when to call for emergency  
3691 health, and community resources to assist after an emergency (multi-language  
3692 materials are available in some areas) for students to take home and share with their  
3693 family (3.8.1.P, 3.8.2.P, Health Promotion).

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