

NELSON

A stylized illustration of a person with dark skin and long black hair, wearing a blue and black garment, standing in the center of a large, vibrant tree. The tree has a thick, reddish-brown trunk and branches, with large green leaves and several round, textured fruits in shades of orange, yellow, and green. The background is a mix of warm colors like orange and red, with some blue and purple tones on the right side. The overall style is graphic and colorful.

HEALTHY FOUNDATIONS IN EARLY CHILDHOOD SETTINGS

FIFTH EDITION BARBARA PIMENTO • DEBORAH KERNESTED

Healthy Foundations

in Early Childhood Settings

Healthy Foundations *in Early Childhood Settings*

FIFTH EDITION

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George Brown College

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R.N.



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Before You Begin

Health is a complex subject that is interesting, challenging, thought-provoking, and always dynamic. It includes a wide range of perspectives. We are confident that this edition of *Healthy Foundations in Early Childhood Settings*, like the previous ones, reflects all of these attributes and addresses more fully those issues that are of greater concern today. As the title of this book implies, health is a cornerstone in ensuring high-quality early childhood education. Development and learning are fostered and supported when children are healthy and able to participate fully in a child-centred, play-based curriculum. Health is integrated with children's growth, development, and cultural realities, and each of this book's units reflects this belief.

In collaboration with families, educators have an integral role in maintaining or improving children's overall health status through a health promotion philosophy. This role requires an anti-bias attitude, respect, and sensitivity to diverse ethnocultural and family health beliefs and practices. Each of us has a responsibility for our own health, yet we can't dismiss the responsibility of our communities and society.

The third edition of *Well Beings: A Guide to Health in Child Care* (2008), by the Canadian Paediatric Society, provides the Canadian early childhood education community with a comprehensive health resource manual. The book's audience extends beyond directors and educators to include child care office personnel, public health staff, physicians, and early childhood education instructors and students. As with previous editions, we refer to *Well Beings* and use selected material from it throughout this textbook. *Healthy Foundations in Early Childhood Settings*, Fifth Edition, provides you with an overall health promotion philosophy, entry-level knowledge and skills, and introduces you to *Well Beings*, Third Edition, which you will use as a resource manual upon graduation to expand your knowledge and skills.

The emphasis in *Healthy Foundations in Early Childhood Settings* is on the overall health needs of all children. We have not included discussion of physical, cognitive, or socioemotional challenges and long-term medical conditions such as epilepsy or diabetes. In most, if not all, early childhood education training programs, students are required to complete a course on working with children with special needs and working effectively with families and others involved in their care. Students then combine the knowledge, skills, and attitudes that they learn in their courses and program placements to meet the physical, emotional, and social needs of each child. Most training institutions also offer post-diploma education in this area. Special Link: The National Centre for Child Care Inclusion provides researchers, policy makers, parents, and early childhood educators and directors with the best inclusive practices on the

front lines of Canadian child care. Their findings are available to everyone at http://www.specialinkcanada.org/home_en.html.

Healthy Foundations in Early Childhood Settings, Fifth Edition, reflects a national perspective while recognizing differences among the provinces' and territories' child care regulations. As a result, we have selected a number of terms that are used throughout the textbook.

Educator

Regardless of the term used officially in any particular province or territory, people working in the field use different titles for their profession. Here are a few:

- educator
- early childhood professional
- facilitator
- teacher
- caregiver
- child care worker
- child care provider
- child care practitioner
- early childhood educator
- child care professional

At the national level, there is ongoing discussion about selecting one term that can be used to designate a person who has formal early childhood education training, one term that reflects the complexity of roles in working with children and their families in child care programs. There is no national consensus. Ontario's College of ECE is the first regulatory college for early childhood educators (ECEs) in Canada. The College monitors and supports high standards in early childhood education. It also helps ensure that Ontario's children who attend early learning and care programs are being cared for by qualified professionals. Only those educators who are registered with the Ontario College can use the designation RECE (Registered Early Childhood Educator). Complicating the discussion is the fact that in most of the literature, the term "early childhood" applies to the ages between birth and 8 years, thus excluding school-agers between the ages of 9 and 12 and, by extension, those who work with them.

We have chosen to use the term "educator." We recognize that trained, qualified professionals who work in early childhood education programs care, support, facilitate, and educate.

Director

The daily operation of an early childhood program is often determined by the number of children enrolled and the organization's management style. As a result, in some situations, the director is responsible for the program's overall administration, is responsible for the supervision of staff, and sometimes also works with children. In other situations, the director oversees the finances and policy and staffing decisions and takes primary responsibility for networking in the community and formally representing the program. In addition, one or more supervisors oversee the staff and work directly with children and families for all or part of each day. The term "director" refers to the individual who has primary responsibility for supervising educators and managing day-to-day operations. Programs that operate as cooperatives do not have directors. In these programs, "director" refers to the collective that makes decisions.

Program and Setting

In this edition, we use the terms “program” and “setting” rather than “centre.”

The term “program” refers to the learning environment planned and implemented by educators, who base it on the children’s emerging needs and interests. The term is also used to refer to the program in a more general sense, as an early childhood education program that is licensed by a province or territory. The use of “centre” is an exclusive rather than an inclusive term in relation to educators. Educators work not only in child care centres but in a variety of programs, such as family resource centres, family daycare homes, and nursery school programs.

The term “setting” generally refers to the physical space—the structure, the building—that houses the program.

Parents and Families

The terms “parents” and “families” refer to any adult who has primary responsibility for the child. The terms encompass legal guardians and foster parents. We recognize that the child’s immediate family may comprise individuals other than biological or adoptive parents, and we hope that our use of these terms reflects inclusiveness.

Child Care Office

The term “child care office” refers to the office or agency primarily responsible for licensing programs in individual provinces and territories. When we refer to child care regulations, we mean those that apply to your province or territory.

Age Groups of Children

Classifications for age groups vary with child care regulations. We use these definitions throughout the textbook:

- infants: birth to 12 months
- toddlers: 12 to 24 months
- preschoolers: 2 to 5 years
- school-agers: 6 to 12 years

New to the Fifth Edition

The new edition contains updated information and statistics in all units. Other significant changes are as follows:

- Unit 1: The health promotion action plan has been streamlined to three levels, merging the collective self-help and community action levels into community action. This change recognizes that a community can range from a few people to a large number working together to affect change. The importance of the population health approach in addressing the social determinants of health has been expanded. This recognizes that policy makers at all levels of government and agencies must embed health into social policies in order to improve the health of Canadians.

- Unit 2: The negative association between cellphone and social media use and fitness is discussed. There is a new table summarizing the four components of fitness (Table 2.2). Footwear safety in the workplace is discussed, and an example footwear policy is included (Appendix 2.2). Table 2.6, “Evaluating Workplace Factors: Positive and Negative Features,” identifies factors in a work setting that contribute either to a more positive or a more negative atmosphere.
- Unit 3: The discussion around alternatives to bleach has been increased, and a table that outlines a variety of products (Table 3.3) has been added.
- Unit 4: A discussion around bedbugs in early childhood settings has been included. The references and information about antibiotic-resistant bacteria, the use of over-the-counter medications, and asthma have been updated.
- Unit 5: “Digestion: The Basics” is a new section that includes a figure of the digestive tract (Figure 5.1) and a table that outlines the digestive process (Table 5.3). The content on dietary fat and the types of fat has been separated into two sections. The content on vegetarianism has been enhanced with a new table on what to include in a healthy vegetarian diet for children and teens (Table 5.10). New information on the benefits of and controversies surrounding food biotechnology is introduced.
- Unit 6: Urban sprawl and the concepts of the built environment and active transportation and how these impact active living have been introduced. “Biology and Beyond” is a new section that discusses the rapid rise in obesity levels over the past 30 years. This includes the scientific work in epigenetics, which looks at our exposure to environmental toxins and how our DNA can be changed, and how those changes are connected to diseases including obesity. Best practice in tracking children’s growth utilizes the new World Health Organization growth charts, which were adapted for Canada and are considered to be the gold standard internationally. The section “Active Healthy Kids Canada’s Position on Active Video Games” was added to the discussion on screen time and physical activity. Three new appendixes were added:
 - 6.1: Canadian Physical Activity Guidelines: For the Early Years—0–4 Years
 - 6.2: Canadian Sedentary Behaviour Guidelines: For the Early Years—0–4 Years
 - 6.3: Canadian Physical Activity Guidelines: For Children—5–11 Years
- Unit 7: The content of the five W’s of safety has been redesigned to incorporate statistics and preventions for each type of injury. Tables 7.1 to 7.6 provide
 - an overview of one of the six types of childhood unintentional injuries
 - age groupings, identifying in which the risks are highest
 - prevention strategies to implement in early childhood settings

Buying safe products for the early childhood setting was added in Appendix 7.1.

- Unit 8: This unit provides a general update on statistics and references.
- Unit 9: The subsections under “Healthy Brain Development”—“Self-Regulation,” “Helping Children Cope with Stress,” and “Sexuality”—have been supplemented with new information. The Canadian Paediatric Society’s 2013 position statement on oral health care for children is a good example of how public policy can improve the health of Canadians.

Two or more Critical Thinking questions are asked in each unit, enabling students to explore the issues introduced.

Updates to resources, including websites for further reference, are available at the end of each unit.

Learning Outcomes

Educational reform and initiatives across Canada—such as prior learning assessment, standards, and outcomes—are catalysts for some educational institutions to embark on the process of establishing learning outcomes. These are clear, broad statements that embody the necessary and significant knowledge, skills, and attitudes that learners are expected to demonstrate to successfully complete each course or program.

We have examined this textbook for significant learning statements. On completion of this textbook, in conjunction with studies in health, it is expected that students will have demonstrated the ability to

1. represent the holistic nature of health through examining its physical, emotional, and social dimensions
2. identify the scope and limits of the educator’s roles with regard to health in early childhood settings, recognizing the importance of sensitivity and respect for the primary role of parents and family
3. apply the principles of a health promotion philosophy to their own lives as well as to their work with children
4. promote children’s health based on knowledge of child development and observation within the context of the family culture
5. assimilate the importance of collaborating and networking with other professionals and agencies on an ongoing basis to enhance health in early childhood programs
6. transfer the principles of essential health policies and practices to new situations in early childhood programs

Acknowledgments

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Deborah and I continue to work a province apart, but it feels as if we are sitting side by side. When we work together, it's magic! I marvel at Deborah's many strengths and enjoy ongoing discussions and laughs we have through the process. It is a privilege to write with a longtime friend!

—Barbara Pimento

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In 1993, Barb and I sat at her dining room table for about a year writing our first edition. We would pass disks back and forth to share content. Email wasn't available. How technology has changed, making it possible for Barb and I to have written the last four editions while being separated geographically. I've said this in each edition and do so now, but I couldn't have asked for a better writing partner and friend.

—Deborah Kernested

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Instructor Resources

All key instructor ancillaries are provided on the Instructor Companion Site at <http://www.nelson.com/site/healthyfoundations5e>, giving instructors the ultimate tool for customizing lectures and presentations.

PowerPoint: Microsoft® PowerPoint® lecture slides for every unit have been created by the text authors, Barbara Pimento and Deborah Kernersted. There is an average of 75 slides per unit, many featuring key figures, tables, and photographs from *Healthy Foundations in Early Childhood Settings*, Fifth Edition.

Instructor's Manual and Test Bank: The Instructor's Manual and Test Bank to accompany *Healthy Foundations in Early Childhood Settings*, Fifth Edition has been prepared by the text authors, Barbara Pimento and Deborah Kernersted. The manual contains suggested classroom activities and ideas for assignments, questions to promote critical thinking and help students to assess their learning, and other resource materials to give you the support you need to engage your students within the classroom.

Additionally, each chapter contains a set of test questions for each section including a mix of multiple choice, true/false, fill-in-the-blank, short answer, reordered list, and matching questions that you may use to evaluate the class. There are approximately 100 examples of each question type in the Instructor's Manual and Test Bank as a whole.

DayOne: Day One—Prof InClass is a PowerPoint presentation that instructors can customize to orient students to the class and their text at the beginning of the course.



Health Promotion

1

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Promoting the health of children and families in early childhood programs is one of the most important roles of educators. So much of what educators do is interconnected with health and well-being. In this introductory unit, we establish what health is, and we look at what determines our health. We explore health promotion and our changing attitudes toward health. The unit closes with an introduction to the health promotion action plan and how it can be incorporated into early childhood programs. It is important for early childhood educators to recognize their essential role as health promoters. The action plan is revisited in subsequent units.

What Is Health?

Objective

To identify the World Health Organization's definition of health.

The most influential definition of health in the 20th century was introduced by the World Health Organization (WHO) in 1948. Health, said the WHO, is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2013b). The definition has been criticized over the years because of, among other reasons, its use of the word “state” rather than “process” and for the impossibility of achieving a “complete” state of health. Yet there is no doubt that this definition paved the way for a social model of health and health promotion in Canada, broadening the concept of health from a medical one to one that encompasses quality of life.

In 1986, the WHO revised its definition of **health** to the extent which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective for living; it is a positive concept emphasizing social and personal resources, as well as physical capacity. (World Health Organization, 2005, p. 3)

This momentous change in how health is defined in 1986 was primarily a response to growing expectations for a new public health movement around the world, recognizing the impact of the community and society on individual health.