Caring for Our Children:
National Health and Safety Performance Standards

STANDARD 2.061
HEALTH EDUCATION TOPICS

Health education for children and staff shall include physical, oral, mental/emotional, nutritional, and social health and shall be integrated daily in the program of activities, to include such topics as:

a) Body awareness;
b) Families (including cultural heritage);
c) Personal/social skills;
d) Expression of feelings;
e) Self-esteem;
f) Nutrition;
g) Personal hygiene;
h) Safety (such as home, vehicular care seats and belts, playground, bicycle, fire, and firearms);
i) Conflict management and violence prevention;
j) First aid;
k) Physical health;
l) Handwashing;
m) Awareness of special needs;
n) Importance of rest and sleep;
o) Fitness;
p) Oral health;
q) Health risks of secondhand smoke;
r) Taking medications;
s) Dialing 911 for emergencies.

RATIONALE: For young children, health and education are inseparable. Children learn about health and safety by experiencing risk taking and risk control, fostered by adults who are involved with them. Whenever opportunities for learning arise; facilities should integrate education to promote healthy behaviors. Health education should be seen not as a structured curriculum, but as a daily component of the planned program that is part of child development. Certified health education specialists are a good resource for this instruction. The American Association for Health Education (AAHE), the National Commission for Health Education Credentialing, Inc. (NCCHEC), and the State and Territorial Injury Prevention Directors’ Association (STIPDA) provide information on this specialty. Contact information for the AAHE, NCCHEC, and STIPDA is located in Appendix BB.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 2.062
GENDER AND SEXUALITY

The facility shall prepare caregivers to appropriately discuss with the children anatomical facts related to gender identity and sexuality differences.

RATIONALE: Open discussions among adults concerning childhood sexuality increase their comfort with the subject. The adults’ comfort may reduce children’s anxiety about sexuality.

COMMENTS: Developing a common approach to matters involving young children, sexuality and gender identity is not always easy because the views of facility administrators, caregivers, parents, and community leaders do not always coincide (53).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 2.063
STAFF MODELING OF HEALTHY BEHAVIOR

The facility shall require all staff members to model healthy behaviors and attitudes in their contact with children in the facility, including eating nutritious foods, complying with no tobacco use policies, and handwashing protocols.

RATIONALE: Modeling is an effective way of confirming that a behavior is one to be imitated.

COMMENTS: Modeling healthy behavior and attitudes can be specified in the plan as compliance with no tobacco use policies, handwashing protocols, and so forth.

See Policy on Smoking, Tobacco Use, Prohibited Substances, and Firearms, STANDARD 8.038 and STANDARD 8.039. See also Hygiene, STANDARD 3.012 through STANDARD 3.019, on handwashing protocols.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home