HD 150 HEALTH, SAFETY, AND NUTRITION OF CHILDREN



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Hd 150 Health, Safety, and Nutrition of Children

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1: INTRODUCTION

1.1: Welcome!

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1.1: Welcome!

Hello Amazing HD 150 Students,

When I received this incredible opportunity to create a zero-cost textbook for you, I was so overwhelmed with joy and gratitude.

Why you may ask?

Well because:

1. Textbooks can cost way too much.
2. Sometimes there's stuff in the textbooks that I don't really need you to spend time reading because it isn't specific to what I would like you to know.
3. I have always wanted to write something and I cannot think of a more worthy way to begin my adventures as a writer than to support my HD 150 students!

So thank you for being in this space with me as we explore the "Health, Safety, and Nutrition of Students."

Let's spend some time learning about HD 150. Please check out Irvine Valley College's HD 150 course description to see what you are going to be diving into.

Irvine Valley College: HD 150 Course Description:

This course presents laws, regulations, standards, policies, procedures, and best practices related to health, safety, and nutrition in care and education settings for children from birth through middle childhood. The course includes the teacher's role in prevention strategies, nutrition and meal planning, integrating health safety and nutrition experiences into daily routines, and overall risk management. Meets course requirement for Title 22 Licensing and the California Child Development Permit. C-ID: ECE 220

Next, we're going to take some time to look at our student learning outcomes:

Student Learning Outcomes:

1. Describe strategies used to promote the health, safety, and nutrition of children and adults in care and education settings.

2. Evaluate environments for both positive and negative impacts on children's and adults' health and safety.

3. Identify regulations, standards, policies, and procedures related to health, safety, and nutrition in care and education settings.

Last, but not least, please invest some time to review our HD 150 Learning Objectives:

Objectives:

1. Define the broad concepts and practices of health, safety, and nutrition.

2. Identify laws and regulations related to health, safety, and nutrition.

3. Identify health and safety risks and prevention strategies in care and education settings.

4. Describe a caregiver's role and responsibility in modeling good health, safety, and nutrition habits.

5. Describe culturally responsive strategies for partnering with families and the community in support of a healthy and safe environment for children.

6. Explore community resources available to support children and families.

7. Apply the recommendations for children's nutrition to the development of healthy and economical meals and snacks based on the age and individual needs of children.

8. Plan developmentally appropriate, culturally responsive learning experiences and environments that support the topics of health, safety, and nutrition.

Food for Thought:

Now, after reading all that course information stuff, please take some time to reflect upon the questions below:

1. What stands out to you?
2. What are you excited about learning about?
3. What are you curious about?
4. Do any of these topics raise up any big feelings for you? If so, what are some supports do you think you might need to be successful in this course?
5. How are you going to use this content in your career and/or life?

As you engage in Module 1's "Self-Introduction" discussion assignment, please use that safe space to share your thoughts and feelings. This is an opportunity to not only share a little about yourself and get to know your peers, but also an opportunity to share your thoughts about this course and communicate any needs that you may have. I hope that this class space will be a safe one for you as we explore the essential topics of the health, safety, and nutrition of children together!

After reading IVC's course description, our next stop take a look at the course description taken from the California Community College ECE Curriculum Alignment Project (CAP), circa August, 2021.

Course Description

This course presents a study of health practices, methods of implementing a safe environment, and planning and facilitating a sound nutrition program for children. It introduces laws, regulations, standards, policies and procedures, and curriculum related to health, safety, and nutrition. The course identifies key components that ensure physical health, mental health, safety, and adequate nutrition of both children and staff, stressing the importance of collaboration with families and health professionals. The focus is on integrating the concepts into everyday planning and program development for children. Meets course requirement for Title 22 Licensing and the California Child Development Permit. C-ID: ECE 220

Food for Thought:

Please take a look at IVC's course description and the one from CAP.

- What are some of the similarities?
- What are some of the differences?

Well, the biggest difference that stands out for me is the following sentence below:

1. The course identifies key components that ensure physical health, mental health, safety, and adequate nutrition of both children and staff, stressing the importance of collaboration with families and health professionals.

I love that this updated course description includes the phrase, "***of both children and staff***."

If anything, I hope that you will leave this HD 150 space, knowing that your health, safety, and nutrition matters just as the health, safety, and nutrition of the children you care for matters.

You cannot care for anyone if you are running on fumes and if your well is empty.

So, right now, in this moment, take a mindfulness moment and reflect upon these three questions below:

1. Are you okay? If not, what do you need to move yourself in a positive trajectory towards your personal wellness, because YOU, yes YOU are so important.
2. Have you had a chance to do something to get your body moving and something that fills your soul with joy?
3. Are you in a safe space and/or do you have access to safe spaces?
4. Have you had a chance to eat something healthy and delicious today?

If after moving through those four questions, you are feeling like something is missing or something doesn't feel right, please know that we here at Irvine Valley College have resources that can help. Please check out our the Irvine Valley College Support

Page at https://www.ivc.edu/support.

Alright, now that we are done with the basics, let's dive into the meat of our course:

Below you'll find the table of contents. Now HD 150 can be taught in a number of different formats, in-person, online, one full semester, summer session, six Saturdays and everything in-between, but regardless of the format, I am supposed to teach you the course content and in return, through our various course assignments, you need to demonstrate your understanding and mastery of our course content in order to pass our course. That being said, I want to honor the fact that this can seem overwhelming, but please know that you have a cheerleader in me who is devoted to help and support you on this incredible journey!

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2: INTERRELATIONSHIPS BETWEEN HEATLH, SAFETY, AND NUTRITION FOR CHILDREN BIRTH THROUGH MIDDLE CHILDHOOD

2.1: Defining Physical and Mental Health
2.2: Defining Safety
2.3: Defining Nutrition

This page titled 2: Interrelationships Between Heatlh, Safety, and Nutrition for Children Birth Through Middle Childhood is shared under a license and was authored, remixed, and/or curated by LibreTexts.

2.1: Defining Physical and Mental Health

Section Goals.png

Section Goals

After reading this section, the reader should be able to:

- Describe the interrelationships between health, safety, and nutrition for children birth through middle childhood and to give at least three examples.
- Define and communicate examples of "physical health," "mental health," "safety," "and "nutrition."

Interrelationships Between Health, Safety, and Nutrition for Children Birth Through Middle Childhood

The health, safety, and nutrition of human beings, from the time we are conceived within our mothers' womb until our last breath is all interrelated. In HD 150, in this section, we are specifically looking at the health, safety, and nutrition of children from birth through middle childhood. An example that I like to use is to think about someone who is anemic. So being anemic means that someone's body has an issue with their red blood cells and that's a problem because that means your body's cells are not able to get the oxygen they need to properly function (American Academy of Pediatrics, 2026).[1] During each stage of a person's life, we need iron, however the amount may differ depending upon our ages and the specific needs of that particular life stage. If a child isn't getting enough iron from healthy nutritional sources, this may lead to fainting. If the child actually faints, this can lead to possible injury, such as possible brain concussions, broken bones, etc.

Children's health, safety, and nutrition are deeply interconnected. Although we may study these topics separately, in children's everyday lives they continuously influence one another. A child's physical health can affect their appetite, energy, participation, and ability to learn. The safety of an environment can influence whether children have opportunities to move, explore, eat, rest, and develop independence. Nutrition provides the energy and nutrients children need for growth, development, immune function, and participation in daily experiences. Together, these areas create an important foundation for children's development, learning, and overall well-being.

For early childhood educators, understanding these relationships is especially important because children's needs change significantly from birth through middle childhood. Infants depend almost entirely on adults to recognize and respond to their cues, provide safe environments, support feeding, and attend to their health needs. As children become toddlers and preschoolers, they begin developing greater mobility and independence while learning routines related to handwashing, toileting, eating, physical activity, and personal safety. By the elementary years, children can assume greater responsibility for their own health and safety, but they continue to need knowledgeable adults, supportive environments, and developmentally appropriate guidance.

Health, safety, and nutrition also influence children's ability to engage in relationships and learning. Consider a preschooler who arrives at an early learning program tired and hungry. Hunger may make it difficult for the child to concentrate or regulate emotions. Fatigue may affect coordination and increase the likelihood of an accident. A child who becomes ill may eat or drink less, need additional rest, and be unable to participate fully in classroom experiences. These examples demonstrate why educators need to consider the whole child rather than addressing health, safety, and nutrition as isolated concerns.

A Whole-Child Approach

Effective practices consider children within the context of their families, cultures, communities, abilities, and individual experiences. Children may have different dietary practices, health needs, developmental abilities, family routines, cultural traditions, and experiences with food, caregiving, play, learning, and life skills. Inclusive early childhood environments recognize these differences as an important part of responsive care and education.

Educators also share responsibility with families and other professionals. Supporting children's well-being may involve communication and collaboration among teachers, caregivers, families, administrators, health professionals, nutrition professionals, and community organizations. Educators do not replace medical or nutrition professionals; instead, they observe children, follow established policies and regulations, communicate with families, implement appropriate accommodations, and help connect families with resources when needed.

The Educator's Role

Throughout this course, you will examine how intentional teaching and caregiving practices can support children's health, safety, and nutrition simultaneously. For example, a family-style meal can provide nutritious food while also supporting safe eating practices, communication, cultural connections, social development, and growing independence. Outdoor play can promote physical health and motor development while educators use active supervision and environmental assessment to reduce preventable injuries.

As you explore health, safety, and nutrition, consider one central question:

Understanding the interrelationships among health, safety, and nutrition moves educators beyond simply following individual rules or procedures. It encourages a more comprehensive approach in which relationships, environments, routines, policies, and learning experiences work together to support the whole child from infancy through middle childhood.

Food for Thought Pic.png

Food for Thought

Can you think of any other situations that clearly demonstrate the interrelated connections between the health, safety, and nutrition of children from birth through middle childhood? For extra credit, please post about it in this week's "Parking Lot Discussion" located in your HD 150 Canvas course page.

Defining Physical and Mental Health

The World Health Organization's Definition of Health

According to the World Health Organization (WHO), in 1946 they came out with statement that health "is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1946).[2]

Food for Thought Pic.png

Food for Thought

1. According to the WHO, being healthy doesn't just mean that you aren't sick- it means that you are *well*. Please sit with that for a moment. What does that mean to you?
2. The WHO (1946) states that "health is a fundamental right." How should that affect the way that we create our program policies, procedures, educational environments, and daily routines and transitions to support children's physical and mental health and well being?

UNESCO's Definition of Physical Health

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO, n.d.) physical health refers to:

> the overall condition of the body and its ability to perform daily activities without undue fatigue or physical stress. It encompasses aspects such as nutrition, exercise, and disease prevention. Maintaining physical health is vital for overall well-being and quality of life.[3]

Another perspective from 1987, shared that physical fitness refers to the "optimal functioning of all physiologic systems of the body, particularly the cardiovascular, pulmonary, and musculoskeletal systems (Committee on Sports Medicine; Committee on

School Health, 1987).[4] However, just focusing on the body's different physiologic systems, isn't enough, because mental health is *also* health.

World Health Organization's Definition of Mental Health

According to the World Health Organization (2025), mental health is defined as

> A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. It has intrinsic and instrumental value and is a basic human right.[5]

Again, as health, nutrition, and safety are all interrelated, this state of mental well-being can be affected and influenced by the different choices that we make. For example, for myself, if I decided to binge watch something on Netflix and don't get to bed at a decent hour, I may have to rely on an extra cup of coffee or two, to feel like I have the energy to engage in the next's days list of responsibilities. Unfortunately for me, when I drink coffee, I get jittery and easily irritable, which may mean less patience when I engage with my three boys. This in turn, can lead to a less-than-ideal social interaction with them and I may be unable to handle a conflict with them in a more self-regulated way, leading to disharmony within our family. For me personally, when I feel that I have failed as a parent to interact with my children in an optimized way, it can lead to a hit to my mental health.

Food for Thought Pic.png

Food for Thought

Please take a beat to think about your mental health. Do you take time to actively, mindfully, and intentionally invest in your personal mental health. If not, what can you do to start this important practice? What help and support might you need? Here at IVC, we have an incredible health and wellness center where you have access to mental health services both in-person and over Zoom. Please check out this section's "Further Resources for Exploration" for Irvine Valley College resources that are here to help and support you.

The Importance of Preventative Health

Health doesn't just happen. Boy, I sure wish it did. The creating, maintenance, and support of health is an ongoing and fluid process that is full of complexities to navigate. Please note that you don't have to do this alone. There are so many resources both here at IVC, Orange County, at the state and federal things, and legitimate, evidence based resources and organization that have access to to support your journey to optimize the health of children and adults within your spheres of influence.

Some basics to think about when we reflect upon supporting preventative health within the context of this course includes:

1) Positive Collaboration with Families via culturally responsive communication, learning and reflecting about their values and practices and when possible, reflecting them in our educational spaces.

2) Promoting good health, safety, and nutrition via different evidence-based avenues such as designing learning spaces, policies and procedures, and social support systems, etc. that promote health.

3) Supporting and embracing our responsibility as role models of best health, safety, and nutrition practices

For example, the Centers for Disease Control and Prevention (CDC), has a whole resource called the "Hear Her Campaign." We know that human health begins right during the moment of conception and that sometimes the hormonal changes that occurs as result of pregnancy can deeply affect the both the physical and mental health of the mother. The "Hear Her Campaign" was created to optimize the health of women who are either pregnant or postpartum. This campaign focuses on taking the listening to and acting upon the concerns of pregnant and postpartum women because this results in lives saved (CDC, 2024).[6] This campaign is a fitting example of preventative health because it aims to generate understanding of a health topic, provides information that specifies the signs and symptoms to look out for, and includes tangible effective steps to provide health support for pregnant/postpartum women, including providing resources to support this effort.

As children travel from the womb and outside of the mother's body and into the world, they enter into the very important "Zero to Three" stage of life. According to the Center on the Developing Child (2007):

> Critical aspects of brain architecture begin to be shaped by experience before and soon after birth, and many fundamental aspects of that architecture are established well before a child enters school.[7]

What does this mean?

- Well, it means that early childhood ***matters***.
- What we do for mothers who are pregnant with their babies ***matters***.
- What we do for the very youngest of infants ***matters***.

Supporting quality early childhood experiences isn't something that happens at home, what happens at school matters, and the public policies that determine the what happens in various early childhood settings matter.

Why?

To be honest, I didn't really know or think too much about this as a young parent. However, as my work and experience in the early childhood education field grew, I realized that we do not live is the isolated bubbles of our homes. What happens both inside and outside of our homes affects our children. For example, just last year in 2025, a five-year-old child was run over by a middle schooler in Irvine and according to the grapevine, suffered permanent damage to one of his arms. Recently, there have been so many rising incidents of injuries and sometimes even death related to e-bikes and now public policies are changing. In April 2026, the Newport-Mesa Unified School District has declared that:

> Students in elementary and middle/intermediate schools are strictly prohibited from possessing or operating E-bikes, E-motos, and other devices, as listed in the definitions of BP 5142.04, on school property, including the periphery of campus, at all times. (Newport-Mesa Unified School District, 2026). [8]

The laws, regulations, and policies that are in effect in our communities, whether, local, at the state level, federal level, and what happens in the world at large does affect our children. For example, my baby brother is in the Army. In September, he is headed to Texas for training and then he is going to be sent to the other side of the world on his mission. Even the this conflict is happening on the other side of the world, it is affecting my family right here in Irvine, California. My mother is sad and worried, I am sad and worried, and that affects our emotions, our cognitive load, and the way that we move and engage with the people and spaces that we are in. One model that can help to provide more clarity on this is Brofenbrenner's "Ecological Systems Theory" (Guy-Evans, O (2020).[9]

According to this theory, children's development is affected by the different environmental systems around them. These include the following:

1. The microsystem is the environments that the child has direct engagement with, such as the child's home, child care, school, peers, etc.
2. The mesosystem refers to the engagement between the child's various microsystems, for example the interaction between a child's parent and a friend's parent. An example would be the parents talking about playdates.
3. The exosystem denotes things that happen that the child may not have direct contact or experience with, but that can still affect/influence the child. Examples of an exosystem impact would be a situation in which the child's parent's company is starting to layoff workers. Although this company initiative isn't something that the child is directly experiencing, that situation can stress the child's parent out, which can affect the both the emotional mood of family life and possible the socioeconomic wellness of the child's family.
4. The macrosystem alludes to the wider cultural context that drives all systems, including public polices, laws, cultural beliefs, cultural values, and the socioeconomic status of the child.
5. The chronosystem points to the time dimension that the child exists in and includes wars, pandemics, life transitions, societal changes, historical events, etc. that occur across the child's lifespan.

AI_Brofenbrenner.png

(Figure 1.1- This infographic shows a visual depiction of Brofenbrenner's Ecological Systems Theory)

Another model that further describes the complexities and intricacies of health is the "Biopsychosocial Model." According to Purdy (2013),

> The biopsychosocial model (BSP) is a method of looking at all biological, psychological, and social influences on human health and the body's ability to respond to and recover from various diseases. The model examines a continuum of

> influences that begins with the biosphere and encompasses society, culture, community, family, and the individual and analyzes their impacts on all the systems that make up the human body. [10]

Food for Thought Pic.png

Food for Thought:

After exploring these two models, please invest some time to think about how they are similar and how they are different. As lifelong learners, we can be inundated by a lot of different theories and perspectives. It is important that we are able to critically think through various models of thought and skillfully apply information to optimize our care and education of learners and their families.

Growth and Development of Children

Growth

In a nutshell, growth refers to the physical changes that occurs as a child matures. When a child is born, the typical growth of a child is demonstrated by an increase in the child's weight, height, and other indicators such as growing teeth, and losing teeth and having the adult teeth grow in. Children's growth is affected by both genetic factors and their environments.

For example, my father-in-law was born during a time of great poverty for his family. He was the firstborn child of his family and times were tough. In his home, children were allowed to eat once the adults in the family had finished eating and sometimes he would fall asleep before he had a chance to eat dinner. On the other hand, his youngest sibling was born at a time when the socioeconomic circumstances of his family were much better and they family like to say that this youngest child was able to be in the most comfortable environment where there was plenty of food, therefore he is the tallest of all of his siblings.

Now, it comes to my children's generation. My husband's side of the family tends to be more petite, while my mother's side is the family is quite petite, but I also have tall family members on my father's side. Although thankfully all my children have grown up in safe environments with plenty of food, my oldest son is five foot ten inches tall, my middle son is five foot seven inches tall, and my youngest will supposedly be over six feet tall. So despite the environment, my children are different height.

Development

According to Dr. Joseph Woolsten from the Yale University School of Medicine, development is a much more complex affair and refers to:

> A complex unfolding of a series of skills and adaptations, with very predictable stages, that occur in multiple dimensions at approximately the same time and in approximately the same order (Yale Medicine, n.d.).[11]

As children learn and grow, their skills in the area of motor, sensory, social, and cognitive will continue to develop and mature. As educators, it is important to be aware of different developmental milestones so that we can be be mindful of whether children are on track, detecting any potential delays, and providing timely support and possible referrals to early interventions when appropriate. In my own program, I like to share the printable milestone checklists from the Center for Disease Control and Preventions (CDC, 2026).[12] I really like this CDC resource because there are free, downloadable milestone checklists that you can share with your teaching team and families and there are also different developmental milestone videos that you can also view for your own learning and can also share with families as well. In addition, because we are located in Orange County, California, one of the most beautifully diverse areas in the country, what makes this resource even more helpful is that the CDC has translated these resources into Spanish, Arabic, Brazilian Portuguese, Farsi, French, Haitian Creole, Hindi, Korean, Chinese, Somali, Tagalog, and Vietnamese!

Another one of my all-time favorite resources is "All About Young Children: Information for Families on Children's Early Development."[13] This resource groups information by the following different age groups:

1. Birth to 8 months
2. 8 months to 18 months
3. 18 months to 36 months
4. 36 months to 48 months

5. 48 months to 60 months

Within each of these age groups, developmental information is provided for five different domains which include:

1. Social-emotional development
2. Language development & literacy
3. Number sense
4. Physical development
5. Approaches to learning

For each of the domains, there is a video that is specific to the developmental domain, a written overview of the domain is provided, an introduction is shared to provide information about examples of children's development in the specific domain, and tips and strategies are provided to help adults support children's development for each domain. Again, as we live in diverse communities here in Orange County, California, this information is also available in many of the languages that are shared by the children and families in our neighborhood. These languages include English, Spanish, Hmoob, Russian, Simplified Chinese, Traditional Chinese, Tagalog, and Vietnamese.

As we look at supporting children's development, it is important to remember that development is a complex and ongoing process that is affected by many different factors which include but is not limited to a child's culture, environment, family relationships, genetics, peer relationships, culture, opportunities to learn and practice skills, and other sociodemographic factors (NIH, 2014).[13] For example, growing up, my family fed me and even now, as an almost 50-year-old woman, my 78-year-old mother will use her chopsticks to put food in my mouth. This is because in my culture, sharing food and feeding food is a practice that communicates love, care, and relational closeness among family members. However, as I was raising my own boys, I have experienced getting the side eye from other moms when I was trying to feed my toddler boys. Some of my more outspoken friends would speak out and say, "you should not be feeding your kids because they should be eating on their own." Now, at age 20, 18, and 13, each of my boys are fully independent eaters, but due to cultural differences, their ability to eat independently was definitely influenced by our family's cultural values and not necessarily their individual fine motor skills and coordination.

Food for Thought Pic.png

Food for Thought

Take a beat to think about how your own family of origin experiences and cultural practices have influenced your own development. In our diverse community, how can we as educators learn about, support, and honor the cultural values and practices of our families as we support the children's optimal development?

Just as cultural values can influence children's development, factors such as children's environmental factors and safety can also affect children's development as well. Exposure to environmental hazards such as lead and other toxins can cause actually negatively affect the cognitive development of children, in addition to their health. According to the CDC (2025), lead exposure can affect children leading to "damage to the brain and nervous system and slowed growth and development."

Thinking about all the factors and components of child development can feel overwhelming at times. I want to reassure you that those feelings are normal, because the truth is that it is a lot to learn, however, just as I am here to help you, there are also many wonderful, evidence-based and free resources that are available for you to explore. In addition to the ones that I have mentioned earlier, I also want to take some time here to share about "Zero to Three." Zero to Three is a non-profit, national organization in the United States that focuses on the well-being and healthy development of children aged, surprise, from 0 to three years of age.

Since there are so many different factors that influence children's growth and development, as adults in our world, it is crucial that we mindfully invest in the time to create physically and emotionally appropriate environments for children that support their health, safety, and nutrition. This requires careful attention, planning, intention, support, and resources that depend upon collaboration between educators, administrators, schools, programs, families, and other community partners and stakeholders and YOU! Please don't forget that you are an important part of promoting children's health and well-being. That being said, as hard as you are working towards the well-being of children and families within your spheres of influence, what are you doing to support your own wellness?

Food for Thought Pic.png

Food for Thought:

According to Zero to Three (2024), " a happy, healthy, and responsive early childhood education (ECE) workforce is a cornerstone of high-quality care." This means that YOU matter! Wellness doesn't just happen overnight. It takes time, reflective practices, and mindfulness to make sure that you are well. Our weekly "daily rhythm logs" and wellness reflection discussion assignments were created to support you in your own personal journey of wellness. Please take some time to sit down and complete your wellness assignments and as you reflect, please celebrate the awesome ways that you are caring for yourself and challenge yourself to creatively construct new practices of self-care.

Further Resources for Exploration

All About Young Children: Information for Families on Children's Early Development: https://allaboutyoungchildren.org/

Brofenbrenner's Ecological Systems Theory (Sprouts, 2021): https://www.youtube.com/watch?si=2r61-PaVJuSTlTMD&v=g6pUQ4EDHeQ&feature=youtu.be&themeRefresh=1

Center on the Developing Child: Brain Architecture: https://developingchild.harvard.edu/key-concept/brain-architecture/

Irvine Valley College Health and Wellness Center Mental Health and Wellness Toolkit: Resources for Student Success : https://www.ivc.edu/sites/default/files/hwc/pdf/IVCHWC22-Mental-Health-Toolkit.pdf

Irvine Valley College Support & Help Resource Page: https://www.ivc.edu/support

World Health Organization: https://www.who.int

Zero to Three Early Childhood Resource Center: https://www.zerotothree.org/resources/

References:

[1]American Academy of Pediatrics. (2026, June 22). *Iron deficiency and anemia in babies, children, and teens*. HealthyChildren.org.

https://tinyurl.com/5xvpvvpy

[2]World Health Organization. (2026). *WHO Constitution*. https://www.who.int/about/governance/constitution

[3]United Nations Educational, Scientific and Cultural Organization. (n.d). *Physical health*. https://www.unesco.org/en/query-list/p/physical-health

[4] Committee on Sports Medicine; Committee on School Health. (1987). Physical fitness and the schools. *American Academy of Pediatrics, 80*(3), 449–

450. https://doi.org/10.1542/peds.80.3.449

[5] Mental Health. (2025, October 8). World Health Organization. (2025). https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[6] Hear Her Campaign. (n.d.). *HEAR HER Campaign*. U.S. Centers for Disease Control and Prevention. *https://www.cdc.gov/hearher/index.html*

[7] Center on the Developing Child. (2026). *Brain architecture*. https://developingchild.harvard.edu/key-concept/brain-architecture/

[8] Newport-Mesa Unified School District: Public Information. (2026, April 30). *New! Student Bicycles and E-Bikes Policy- Effective 2026-2027 School Year*.

Newport-Mesa Unified School District.

https://web.nmusd.us/departments/public-information/news/details/~board/nmusd-news/post/bicycle-e-bikes-policy-2026-2027-school-year

[9] Guy-Evans, O (2020). *Bronfenbrenner's ecological systems theory*. Simply Psychology. https://www.simplypsychology.org/bronfenbrenner.html

[10] Purdy, E.R. (2013). *Biopsychosocial mode*. EBSCO. https://www.ebsco.com/research-starters/social-sciences-and-humanities/biopsychosocial-model

[11] Yale Medicine. (n.d.). *Child development*. https://www.yalemedicine.org/conditions/child-development

[12] Center for Disease Control and Preventions. (2026, February 16). *CDC's developmental milestones*. https://www.cdc.gov/act-early/milestones/index.html

[13] Eunice Kennedy Shriver National Institute of Child Health and Human Development. (2014, September 29). *Exploring factors that influence child development*. https://www.nichd.nih.gov/newsroom/resources/spotlight/092914-factors-child-development

[14] Zero to Three. (n.d.) New research on intervention models to improve educator well-being. https://www.zerotothree.org/resource/new-research-on-intervention-models-to-improve-educator-well-being/

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2.2: Defining Safety

Section Goals.png

Section Goals

Defining Safety

According to HeadStart (n.d.), early learning programs “keep children safe by ensuring environments are hazard free, staff are actively supervising and providing nurturing care, and everyone communicates about safety concerns.” In addition to this more traditional perspective of safety, another dimension of safety that should be an essential focus of care-educators is “emotional safety” because emotional safety is foundational for the development of human relationships and basic human need (Brenner & Letich, 2023).

Food for Thought Pic.png

Food for Thought:

- What does safety mean to you?
- When you were a child, what supported your feelings of safety and security?
- As an adult, what supports your feelings of safety and security?
- As think about supporting the safety of children and adults in educational settings, what are the different dimensions of safety that need to be considered and addressed?

Safety is a fundamental part of caring for and educating children. In early childhood education, safety involves creating environments, relationships, routines, and practices that reduce the risk of preventable harm while supporting children’s healthy development, exploration, learning, and growing independence. Safety is not simply the absence of accidents or injuries, because the truth is, no matter how careful you are, things are bound to happen. It is an ongoing process of anticipating potential hazards, making thoughtful decisions, and responding to the changing needs of children.

Young children naturally learn by moving, touching, climbing, tasting, experimenting, asking questions, and testing their abilities. These experiences are essential for development, but they can also introduce risk. An infant learning to crawl encounters different safety concerns than a preschooler climbing outdoor equipment or an elementary-age child developing greater independence. Effective safety practices must therefore be developmentally appropriate and responsive to each child’s abilities, experiences, and individual needs.

Safety Is More Than Preventing Injuries

When we think about safety, physical safety may come to mind first—such as preventing falls, choking, burns, poisoning, or playground injuries. However, supporting children’s safety is broader than preventing physical injury. Educators must consider multiple dimensions of a safe environment, including:

- **Physical safety:** maintaining environments, materials, equipment, and routines that reduce preventable injuries.
- **Active supervision:** positioning adults, observing children, anticipating behavior, and responding when assistance is needed.
- **Health and sanitation:** reducing exposure to infectious illness and environmental hazards through appropriate health and hygiene practices.
- **Emergency preparedness:** planning and practicing appropriate responses to emergencies, disasters, injuries, and other unexpected situations.
- **Emotional safety:** creating relationships and environments in which children experience respect, consistency, belonging, and responsive care.
- **Inclusive safety:** providing appropriate accommodations so that children with differing abilities and developmental needs can participate safely and meaningfully.

Balancing Safety, Exploration, and Development

Creating a safe environment does **not** mean eliminating every possible risk. If adults remove all opportunities for challenge, children may lose valuable opportunities to develop coordination, judgment, confidence, problem-solving skills, and an understanding of their own abilities.

For example, climbing may involve some risk, but developmentally appropriate climbing experiences can help children develop strength, balance, spatial awareness, and confidence. The educator's role is not necessarily to prevent children from climbing; rather, it is to provide appropriate equipment, maintain safe surroundings, actively supervise, and help children learn how to navigate challenges safely.

This distinction introduces an important concept for early childhood educators: the difference between a hazard and a developmentally appropriate risk. A hazard is a source of danger that children may not be able to recognize or manage, such as an unsecured cleaning product or broken playground equipment. A developmentally appropriate risk is a manageable challenge through which children can practice skills and learn about their capabilities.

Safety as a Shared Responsibility

Children's safety is supported through collaboration among educators, families, administrators, health professionals, community partners, and children themselves. Educators must understand and follow applicable laws, licensing requirements, program policies, professional standards, and emergency procedures while also using observation and professional judgment in everyday situations.

As children develop, educators can also help them become increasingly active participants in their own safety. Children can learn to recognize hazards, communicate when they need help, care for their bodies, use materials responsibly, practice emergency procedures, and make increasingly thoughtful choices.

Throughout our study of safety, consider this guiding question:

How can educators protect children from preventable harm while still providing the freedom, challenge, exploration, and independence children need to learn and develop?

Viewing safety through this lens shifts our focus from simply preventing accidents to intentionally creating environments in which children can explore, participate, develop competence, and thrive.

Defining Unintentional Injuries

As we invest the time to think about and address safety, there's an important term that I would like to introduce and that is the concept of "unintentional injuries." According to the CDC (n.d.), unintentional injuries were actually the leading cause of death of Americans aged 1-44, which definitely merits our close consideration and action.

So what are unintentional injuries? Unintentional injuries refers to injuries that occur without predetermined intent to cause harm. For example, a child is running across the playground, trips on the jump rope that left on the ground, and then falls and skins his knee. That skinned knee is an unintentional injury, no one meant for the child to come to harm.

As I encourage you to widen your perspective of safety to also include emotional safety considerations, I would also consider an unintentional injuries to also include situations when words may have spoken that lead to emotional hurt. For example, I remember as a child and wanting to play on the slide with my classmates and being called a racist term by a teacher and being told that I was excluded from being on the slide. As much as we are making sure that are playgrounds are hazard free, we should also consider creating positive climates of play, so that all children have the skills, strategies, and tools to engage in prosocial behavior and relationships with one another.

According to Patel et al. (2017):

> Unintentional injuries are one of the leading causes of mortality and morbidity amongst the paediatric population. The term 'accident' has fallen out of favour, since it implies an unpredictable and unavoidable event whereas in reality many injuries may have been anticipated and are therefore potentially avoidable.

Why is the phrase “unintentional injury” so important? Why does it need to replace a term we so often use when children are injured, which is the term “accident?” Well for one thing, when we think of the word “accident,” it can evoke a sense that the injury “just happened,” or that “there was nothing that could be done to prevent it. However, if we approach children’s safety from a perspective that prioritizes prevention, then many of these so-called “accidents” can actually be prevented and minimized.

As care educators, it is crucial that we invest time to consider all aspects of safety and carefully, intentionally, preventatively, proactively, design, implement, and continually reflect and revise our safety policies and procedures, policies, environments, routines, schedules, and transitions to optimize the safety of children and adults in educational settings. This also means that we must creatively and positively utilize the resources and establish effective collaborations with community stakeholders to advocate, educate, and advance opportunities to optimize community safety. We will be diving more deeply into the topic of safety in _____, so please be on the lookout for that.

So what are some of the areas of safety that we should be mindful of addressing? There are many free online resources that are helpful when addressing safety and I would like to share a few sources with you that you can explore at the end of this section titled "Further Resources for Exploration."

1. The CDC Early Care and Education Portal addresses “Safety, Health, and Injury Recommendations” and links to various pages that do a deeper dive into different safety concerns that include, preventing adverse childhood experiences (ACES), road safety, drowning prevention, concussion prevention, playground safety, and safe medication storage (CDC, 2026). You can access this resource here.
2. Head Start, a government run programs that assists children from low-income families to prepare for school, also hosts a “Safety Practices” page. I feel like this page is very useful for educators in the classroom because it provides pragmatic tips on how to actively supervise children and how to create a culture of safety in our educational settings. You can access this resource here.
3. HealthyChildren.org, which is a website from the American Academy of Pediatrics, has an entire page dedicated to “Safety & Prevention.” It provides great information that shares about immunizations, which are important for public health and safety, ways to keep your home safe, play safety, on-the-go safety in motor vehicles, and environmental safety, which address safety concerns from climate change, extreme weather etc. You can access this resource here.
4. Right here in Orange County, the OC Health Care Agency also has a dedicated page to “Child Safety.” This page shares great safety information on environmental health, including important information about pesticides in the environment, drinking water safety, mercury in fish, child lead poisoning prevention, safe sleep, and car seat safety program. I really like this site because as you explore the safety information here, you can find programs and organization that exist right here in our backyard that you can share with your colleagues and the children and families in the communities where you live and work! You can access this resource here.

Further Resources for Exploration

Reference List

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2.3: Defining Nutrition

Section Goals.png

Section Goals

Defining Nutrition

Raise your hand in the air if you're a foodie! If we were in the same space together, you'd see that I have BOTH hands up! I love food! I love eating delicious food whether I'm eating with a group of people or snacking on something yummy while I'm writing a textbook. Unlike living plants, we can just soak up sunshine and water and generate the sustenance that we need to live and grow. We actually need to eat something in order to support the energy needs of our bodies. For our earliest of learners, this is even more important because a solid nutritional foundation and healthy eating habits provides a crucial beginning not only to lifelong positive relationships with food, but the nutrition that children receive from the very beginning when they are conceived in the womb, affects their cognitive and physical development. This is why when women become pregnant, their doctors will counsel them to take prenatal vitamins. During pregnancy, women need more iron and folic acid because the folic acid supports healthy development of the baby's spinal cord and brain and the iron helps get oxygen to the baby and keeps contributes to a healthy placenta (Mayo Clinic, 2025). Prenatal vitamins are so vital for a growing fetus that it is actually recommended that a woman should start taking prenatal vitamins before you actually get pregnant!

Nutrition is just as important to children's development as quality learning opportunities are as shared by Hurley et al. (2016):

> The early provision of optimal nutrition and opportunities for learning (supported by responsive caregiving behaviors that are prompt, contingent on children's actions, and developmentally appropriate and stimulating) have been linked to positive early child development (ECD) outcomes.

Nutrition gives the body the fuel and building blocks needed for immunity, emotional wellbeing, supports brain development, and each of the human body systems, including the circulatory system, nervous system, digestive system, skeletal system, immune system, and muscular system. Therefore, early childhood is such a critical period for children to not only be provided with the proper nutrition that will support their growth and development in all domains, it is also a crucial time for them to learn healthy eating habits and to develop the language, skills, strategies, and tools to continue a lifetime of healthy nutrition. This is where you come in! You as the care educator of children, can greatly influence the children in your lives by being a healthy role model when it comes to living out what it looks like to have a healthy relationship with food and modeling eating a balanced diet filled with a variety of nutritious food in appropriate amounts.

So what is nutrition?

According to the National Institute of Environmental Health Sciences (2026), nutrition "is the process of consuming, absorbing, and using nutrients from food that are

necessary for growth, development, and maintenance of life."

Later on in this course and in this text, we will be exploring the specifics of nutrition and how it contributes to the development of children, how we can support the individual nutritional needs of children in their specific developmental stages and much more!

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3: LAWS, CODES, REGULATIONS, AND POLICIES

3.1: Fire and Health Codes

3.2: Title 22

3.3: Title 5

3.4: Emergency Medical Services Authority

3.5: Local Requirements

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3.7.1: Mandated Reporting

3.7.2: Prevention Strategies

3.7.3: Community Resources

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3.1: Fire and Health Codes

Laws, Codes, Regulations, and Policies

A large part of my career was spent in auditing, risk management, and operations, so I tend to get excited about this portion of the course, even though it may seem heavy or dry to others.

And that's okay! All sorts of people work in the field of education and we each bring our varied perspectives, experiences, strengths, and assets to our field. If this section isn't your cup of tea, please take a deep breath, practice one or two of you favorite grounding activities, and dive in!

Food for Thought

Are you a rule-breaker? When you see a boundary, does it create an itch within you that challenges you to cross the boundary?

Or

When you see a boundary, are you are very careful to walk at least one foot within it?

The phrase "laws, codes, regulations, and policies" can trigger different responses in different people. It's important to invest some time to reflect upon your personal response to these phrases and then also reflect upon your own responses to how others respond to these phrases.

Why do we need to reflect about how we respond to "laws, codes, regulations, and policies?"

Because it will affect the way you respond to trainings about the laws, codes, regulations, and policies and work with others as we aim to provide the highest level of care and education to children and their families. It's important to have a calm, open-mind, that is intentionally and actively interacting with training on the content with the goal of optimizing the health, safety, and nutrition of children.

Why am I taking time to talk about mindset when it comes to trainings on this topic?

As professionals in this field, it is important to keep up with our trainings. Whether they be mandated reporter trainings, CACFP program trainings (more info on that to come), attending Licensing Zoom meetings that are introducing new licensing forms or requirements, or staff trainings at our various sites. Even if we've attended the same thing for years, it's so important to go in with an open-mind that's willing to be on the lookout for new information or be receptive to refreshers that keeps us aligned with best practices.

The term "laws, codes, regulations, and policies" is such a broad one. In my mind, as I try to chew on it and figure out how best to share about it in a helpful way with this class, I think it is helpful to think about these terms and envision them like highway guard rails. According to the U.S. Department of Transportation (n.d.), a guardrail is "first and foremost, a safety barrier intended to shield a motorist that has left the roadway." So basically, we need to take ""laws, codes, regulations, and policies" because they are in place for safety and keeping us from danger.

Food for Thought

- What do you think are the reasons and purpose behind "laws, codes, regulations, and policies?
- Have you ever had a positive experience with them?
- Have you ever had a negative experience with them?
- What place to they have in our profession?

I recently visited a hospital and the patients inside were not allowed to use erasers. I asked the nurse on duty why they couldn't use erasers and was informed that it was a safety issue for these patients and that's why this safety policy of not allowing patients to use erasers was enforced because someone had ruined it for everyone. Honestly speaking, as you speak to a lot of seasoned veterans in the field, that's truly what it feels like, laws, codes, regulations, and policies are in place because we have learned the hard way that we needed a "guardrail" in this area to prevent awful consequences from happening.

And I think it is important to not view them as something punitive, but as an important formal structure to highlight an issue of concern and to provide information that protects the health, safety, and nutrition of children and adults in educational care settings. So with that in mind, let's think about what some of those specifics might look like.

Fire and Health Codes:

Fire and health codes are in place to ensure fire safety and to set health standards for the well-being of the children and adults in educational sites. The specific fire and health codes depend upon what kind of program you are running, whether you are family child care, center, school, child care program etc. There are a couple of places that you can explore when it comes to familiarizing yourself with fire and health codes.

1. First 5 Orange County (2026) actually has a page of resources for people looking to open up a child care business and has information on how to stay in compliance with regulatory organization when it comes business basics, licensing information, health, safety, and nutrition laws, regulations, policies and procedures. You can access this resource here.
2. After you apply for a license from the California Department of Social Services, you will be filling out Form STD 850 and work with the Orange County Fire Authority to request a fire inspection. For information on that process, please see here.

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3.2: Title 22

Title 22

Title 22 represents California's basic health, safety, and nutrition operational regulations for community care, which includes child care facilities and family child care programs. The California Department of Social Services Community Care Licensing Division (CCLD) enforces these regulations and it is basically the bare minimum required to be in place for the operation of licensed child care facilities. These regulations include policies and procedures related to:

- Emergency procedures
- Health and safety considerations
- How to apply for a license, including information on fire inspections
- Indoor and outdoor facility space
- Personnel background checks
- Record keeping
- Reporting procedures (unusual incidents, communicable diseases, etc.)
- Sanitation rules
- Staff-to-child ratios
- Training (mandated reporter training and pediatric CPR, first aid training)

Care educators operating and/or working in licensed facilities need to be familiar with Title 22 regulations and the way to achieve this familiarity is through reading communication from CCLD, attending CCLD informational webinars, staff training, and being on the email information list. You can join the subscription list to learn about the latest Title 22 update and licensing updates here (CDSS, 2026).

Title 22 Regulations are available for either child care centers of family child care homes. To access the different title 22 regulations, please see below:

- CCLD Title 22 Child Care Regulations
- CCLD Title 22 Family Child Care Regulations

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3.3: Title 5

Title 5

Title 5 governs state-funded/publicly funded early education programs in California. These include California state preschool programs. Title 5 usually has stricter standards than Title 22, including higher adult to children ratios, focuses on educational quality, higher educational requirements of staff, and program standards (ChildCareEd, n.d.). For example, under Title 5, teachers must hold state child development permits. Staff must also keep learning and growing through documented professional training to keep their permits. To check them out, please see here (Thomson Reuters Westlaw, n.d.).

If you'd like to explore the differences between Title 22 and Title five, you can check it out here

(ChildCareEd, n.d.)

Food for Thought

What do you think about the differences between Title 22 and Title 5?

Do you think this is fair?

Do you think this is right?

Why do you think these differences exist?

What can you do as a care educator to bring equity to this situation?

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3.4: Emergency Medical Services Authority

The Emergency Medical Services Authority (EMSA) is:

charged with providing leadership in developing and implementing EMS systems

throughout California and setting standards for the training and scope of practice of various

levels of EMS personnel. The EMS Authority also has responsibility for promoting disaster

medical preparedness throughout the state, and, when required, coordinating and

supporting the state's medical response to major disasters (CA.gov, 2025).

So why do we care?

Well, the EMSA is an important part of our community's health and safety infrastructure. As the name indicates, they are in charge of disaster medical preparedness, emergency disasters, and coordinating the efforts between multiple agencies and services, included but not limited to "local administrators, fire agencies, ambulance companies, hospitals, physicians, nurses, and other healthcare providers (California Emergency Medical Services Authority, 2023). This organization is responsible for coordinating efforts that need to be flexible and nimble enough to meet emergency medical needs at the state level, regional level, and local level. As I was exploring content to share with you, I came across the "California EMS System Strategic Plan: Mission, Vision, Guiding Principles, and Priorities" document. I thought this was an interesting and helpful read because you really get an insider's look at all that they want and hope to accomplish. You can access this document here: https://df7c6sj3qwqvl.cloudfront.net/uploads/sites/71/2023/05/External-Strategic-Plan.pdf (California Emergency Medical Services Authority, 2023) and I'm hoping that that it will provide meaningful insight into the incredible feats of organization and collaborative effort that is behind the efforts to keep our communities safe during emergency medical situations.

To view the website for the "Emergency Medical Services Authority California," please see here:

https://www.emsa.ca.gov/caemsa

To view the website for the "Orange County Emergency Medical Services," please see here: https://ochealthinfo.com/providers-partners/emergency-medical-services

Figure 3. An infographic depicting the Orange County Emergency Medical Services' System of Care. From the Orange County Health Care Agency (n.d.)

According to the Orange County Health Care Agency (n.d.), its Emergency Medical Services division is:

responsible for Emergency Medical System management including direction, coordination,

and evaluation of Emergency Medical Services for the County of Orange. Responsibilities

include the implementation of Federal, State, and County mandates. EMS provides

oversight to all providers of emergency medical services, including fire departments,

medical transportation providers, base hospitals, emergency departments, trauma centers,

and to the emergency medical technician and paramedic training programs within the

county.

As an instructor her in Orange County, I think it is really important that I can share local information and resources with you. Personally, I am the person that likes to know "how things work" and to have a better understanding of how things work "behind the scenes." When you check out the Orange County Emergency Medical Services page, you'll be able to look into so many

facets of what they do. If you're interested in emergency medical forms for children with special needs, you can find it here. If you're interested in local health disaster preparedness information, including how to get involved to help, you can also find that information there.

Food for Thought:

As a parent and as an educator, I didn't really start thinking about all the different organizations and systems that need to be in place for the health and safety of my own children and students until I started teaching this course. After health challenges experienced by both myself and other family members, you start to really wonder, what are the processes behind the timing of when an ambulance or fire truck shows up to where the emergency situation is. What factors come into play when ambulances are directed to specific hospitals? By investing the time to learn about the different puzzle pieces that come into play when there is an emergency medical situation, we can be a source of accurate, helpful, and comforting assistance when challenges arise.

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3.5: Local Requirements

Local Requirements

So in this section, we're supposed to explore local requirements for "Laws, Codes, Regulations, and Policies." Sounds pretty broad doesn't it? Well, local requirements don't just happen overnight, often times a lot of thought, debate, and work goes into creating laws, codes, regulations, and policies. These local requirements can be created at the city level, county level, regional level, state level, and so on and so forth. Depending upon the specific situation, there may be different committees, city councils, county boards, tribal board, or another governing or authoritative bodies/organizations that establish various local requirements. Sometimes there are very specific policies and procedures that have been debated and put into place that determine how various issues are addressed, how they can be discussed and communicated among the various stakeholders, how that information should be shared with the public, and also for finalizing decisions for what the local requirements are.

The Public Health Law Center provides some helpful insight of these processes, but from the specific perspective of safeguarding public health when it comes to tobacco control. It states how ordinances, which are local laws, are different from a statute, which are state laws, because they are passed by municipal governing authorities, so think about your local city council or board of commissioners (Public Health Law Center, 2015). So from this perspective, these ordinances determine how tobacco products can be sold, used, or distributed within your city. For example, in the city of Irvine, according to Irvine Municipal Code 4-10-501 to 516, individuals cannot smoke or vape in any public places (City of Irvine, 2019), whereas if you go to another city (probably not in Southern California), you may be able to smoke in specific designated public areas.

It's really important to be aware of how local governance works to that we can be engaged in and advocate for the laws, codes, regulations and policies that influence and affect our lives and the lives of the children and families that we care for. It does take an investment of time, resources, and energy, but it is so important to value and activate the contributions that we can make to the communities that we live and work in.

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3.6: Food Programs

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3.7: CHILD ABUSE AND NEGLECT

**Trigger Warning

The following content on child abuse and neglect can be triggering. Please know that there are resources here at Irvine Valley College to help you navigate any challenges as you navigate this content. Please feel to reach out to me via Canvas messages, but because it may take me up to two business days to get back to you, you can also seek assistance at the Irvine Valley College's Health and Wellness Center. For information on this center, please see here: https://www.ivc.edu/hwc.

Taking a Breath

Before we dive into this next unit. I would like for you to take some time and think about the things that help you move into a more positive space when you are feeling uncomfortable. What are the things that help you? Please check out the list below and see which ones are your favorite go-to supports:

- Drinking some water
- Going for a walk
- Looking at the sky
- Looking out the window
- Stretching
- Taking a deep breath
- Working on a puzzle

What else can you think of?

Just know that anytime you are working through challenging content, you can take a break and care for yourself before you continue. That is an important part of self-care.

**Please note that the next module can be a triggering one and there is disturbing content which includes child maltreatment content (violence, abuse, etc.).*

Child Abuse and Neglect

What is considered child abuse?

According to the California Department of Social Services (2026), California law defines child abuse as any of the following:

- A child is physically injured by other than accidental means.
- A child is subjected to willful cruelty or unjustifiable punishment.
- A child is abused or exploited sexually.

Child neglect is defined as failure by the "parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision (CDSS, 2026)."

I want to take some time here to talk about things that I have experienced. There have been conversations I've had with other grown-ups and they talk about spanking their children and describing it as "discipline." Now to be clear, the term "discipline" actually comes from an origin that is describing "teaching," and "guidance." When a child is being spanked, the child is experiencing fear and pain. Science shows that this fear and pain is more likely to trigger "fight, flight, freeze, or fawn" responses which can actually disconnect children's connection to their prefrontal cortex which is responsible for executive functions, higher-level thinking, and self-control (Cleveland Clinic, 2025).

Food for Thought

When physical punishment, what is a child experiencing?

When physical punishment is used, what is the child learning?

If you experienced physical punishment as a child, do you feel that was a safe and effective way for you to learn? Why or why not?

There is a beautiful article from NAEYC titled, "Instead of Discipline, Use Guidance." I would like for you to read it here. It shares the difficulties of how discipline may easily become punishment and how punishments actually can become barriers to children's abilities to learn important pro-social skills. According to Gartrell (2020), guidance is "about building an encouraging setting for every person in the group. It means helping young children understand they can learn from their mistakes, and it starts with showing them how." Physical punishment, threats, and intimidation may bring about compliant behavior, but it doesn't mean that children are learning the skills or behaviors that you are hoping for.

Knowing this, even though it may seem counterintuitive, corporal punishment, also known as physical punishment, is not illegal. Parents can still choose to physically punish a child, but if it leaves a mark such as a bruise, welt, etc. this can then be categorized as physical abuse and can result in legal consequences.

But what about emotional abuse?

Yes, that is still considered abuse.

Emotional abuse are "acts or omissions by parents or caretakers that have caused, or could cause, serious behavioral, cognitive, emotional or mental disorders (The Child Abuse Prevention Center, 2014)." Emotional abuse can include, but is not limited to shaming, threatening, deliberate withholding of love and affection, and screaming.

For a "Facts About Child Abuse," please can check out this information from The Child Abuse Prevention Center here.

The U.S. Centers for Disease Control and Prevention (CDC) (2024) further states that:

Child abuse and neglect includes all types of abuse and neglect of a child under the age of

18 by a parent, caregiver, or another person in a custodial role (e.g., a religious leader, a

coach, or a teacher) that results in harm, the potential for harm, or threat of harm to a child.

According to the CDC (2024), there are four main types of neglect and abuse:

1. Physical abuse- intentionally using physical force that can result in physical injuries. This includes, but is not limited to spanking, shaking, kicking, paddling, pushing, etc. Children that are victims of physical abuse may exhibit bruising, burns, welts, broken bones, etc.

Warning signs of physical abuse in children include:

- Frequent injuries or unexplained bruises, welts, or cuts.
- Is always watchful and "on alert" as if waiting for something bad to happen.
- Injuries appear to have a pattern such as marks from a hand or belt.
- Shies away from touch, flinches at sudden movements, or seems afraid to go home.
- Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days.

(California Department of Education, 2024)

1. Sexual abuse- any attempted or completed acts of sexual contact and/or acts with a child by an adult. This includes, but is not limited to viewing and/or exposing children to pornography, fondling, penetration, etc. For signs of and indicators of child sexual abuse, please refer to this resource from the Australia's National Office of Child Safety (n.d.) here. This resource is quite comprehensive and goes into the myths and misconceptions of sexual abuse, grooming, online safety, and how to keep children safe, so please make sure to go through it.

Warning signs of sexual abuse include:

- Trouble walking or sitting.
- Displays knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behavior.
- Makes strong efforts to avoid a specific person, without an obvious reason.
- Doesn't want to change clothes in front of others or participate in physical activities.
- A sexually transmitted disease (STD) or pregnancy, especially under the age of fourteen.

- Runs away from home.

(California Department of Education, 2024)

1. Emotional abuse- this refers to actions that harm a child's emotional well-being and self-image. This includes, but is not limited to rejecting a child, belittling a child, and withholding love.

Warning signs of emotional abuse include:

- Excessively withdrawn, fearful, or anxious about doing something wrong.
- Shows extremes in behavior (extremely compliant or extremely demanding; extremely passive or extremely aggressive).
- Doesn't seem to be attached to the parent or caregiver.
- Acts either inappropriately adult-like (taking care of other children) or inappropriately infantile (rocking, thumb-sucking, throwing tantrums).

(California Department of Education, 2024)

1. Neglect- this refers to the failure of the adults in a child's life to meet children's basic emotional and physical needs. This includes, but is not limited to providing appropriate food, clothing, housing, education, access to health care, and meeting the emotional needs of the child.

Warning signs of neglect include:

- Clothes are ill-fitting, filthy, or inappropriate for the weather.
- Hygiene is consistently bad (unbathed, matted and unwashed hair, noticeable body odor).
- Untreated illnesses and physical injuries.
- Is frequently unsupervised or left alone or allowed to play in unsafe situations and environments.
- Is frequently late or missing from school.

(California Department of Education, 2024)

When it comes to neglect, I do want to stress something here. Just because a family is struggling financially and may be houseless, this does not mean that the child's family is being abusive. There needs to be a clear understanding here. If you discover that a child is living out of the family car, that does not mean that the parents are abusive. However, it does mean that it is important to connect the child's family to resources to support their housing needs.

Now why is child abuse harmful for children? Sometimes I'll hear conversations where people have shared, "I was smacked around by my parents all the time and I turned out alright." Well, the evidence shows that there are many harmful effects of child abuse and neglect. These negative consequences, according to the CDC (2024), include, but are not limited to:

Delayed brain development

Immediate physical injuries

Lower educational attainment

Limited employment opportunities

Psychological and emotional problems

Sexually transmitted diseases

Substance abuse

Toxic stress

The frightening thing about child abuse is that all children are vulnerable to it, regardless of age, race, culture, ethnicity, socioeconomic status etc. However, there are certain factors that can increase and/or decrease this risk. According to the CDC (2024), a combination of "factors at the individual, relationship, community, and societal levels can increase or decrease the risk of violence." For example, children who are younger than the age of four can be at higher risk of abuse and/or neglect. As a

mother of three, that makes sense to me. There are a lot of developmentally appropriate challenges that happen when children are younger. For example, when children are really young, parents might be dealing with the challenges of sustained interrupted or lack of sleep that can result from breastfeeding or bottle-feeding a young infant every two hours, teething, colic, etc. I can share with you firsthand that sustained lack of sleep or not-stop interrupted sleep can really create barriers for an adult to self-regulate. When I don't get enough sleep, it can be hard for me to focus, I can be cranky and irritable, and it can affect my ability to make good choices and be my best for those around me.

Another risk factor is poverty. According to the CDC (2024), rates "child abuse and neglect are five times higher for children in families with low socioeconomic status compared to families with a higher socioeconomic status." We know from our personal experiences as human beings that it can be hard to be our best when we our tired, cold, hungry, and worried about finances. Imaging if you are struggling to put a safe and secure roof over your head, juggling with the exhaustion of multiple jobs, and running on fumes. Living with that kind of nonstop stress would make nurturing, present, and engaged parenting very challenging. This is why it is so important to make sure that all families have access to protective factors that can optimize the health, safety, and nutrition of children.

Children are at the highest level of risk when there are multiple risk factors at play. For example, if there is an adult that has abusive tendencies, when a child is more vulnerable because there are multiple risk factors at play (temperament, age, disability, etc.), and if there are different family and/or environmental stressors (poverty, deployment, etc.).

In the same way, that certain situations might be a risk factor, on the other side, there are things categorized as "protective factors," that can reduce the risk of child abuse and neglect. So just think of the previous scenario where there is a situation with a really young child. If the adult/adults in the child's life has a safe and strong community where they have people in their lives who can take the baby and give the child's grown-ups a break to rest, then that support will increase the child's chances of being safe. If the adults in the child's life has access to good medical care, such as postpartum care for mothers, then that is also a protective factor for children.

For example, when my first child was born twenty years ago, when I went for my check up with my obstetrician, she didn't ask me any questions about my emotional wellness. However, with advances in medicine and a deeper understanding of postpartum depression, during my six-week after birth check-up of my second child, my doctor asked me questions like, "Do you have any anxiety?" During the appointment, I shared that I actually was experiencing anxiety and during the course of our conversation, my doctor was able to provide information and resources to help me with my anxiety. When parents are able to parent from an emotionally healthier place, that is a protective factor against child abuse and neglect. For a list of risk factors and protective factors from the CDC (2024), please see here.

Another example of the younger age of a child being a risk factor presents itself in a form of child abuse called, "Abusive Head Trauma." According to the American Academy of Pediatrics (2025), abusive head trauma is a "leading cause of fatal head injuries in children under 2 years old." These symptoms include bleeding in the eyes and/or brain, long-term developmental delays, and severe head injury due to the violent shaking of children's heads and/or blunt trauma to the head. You can read more about it here.

When children are exposed to stressful and or traumatic events in childhood, such as child abuse and neglect, these adverse childhood experiences (ACES), are associated with "poor childhood and adult health, mental health, behavioral and social outcomes and demonstrate a pattern of high rates of intergenerational transmission (Office of the California Surgeon General, 2026).

What does this mean?

If I may be vulnerable and share my own personal narrative here:

I grew up in a home full of domestic violence and experienced abuse as a child. Statistics actually show that when there is domestic violence in a home where a partner is being abused, then unfortunately, it is not surprising when the children in the home are being abused as well. This is why the presence of domestic violence is also a risk factor for child abuse. There were many nights when I would fall asleep to the awful and frightening sounds of my parents fighting and my mother being hurt. It was so horrible that as a child, I would often hold my breath while falling asleep, hoping that I wouldn't have to wake up the next day.

Now as an adult, sometimes I struggle with suicidal ideation. When I was young and without any form of help, I created these unhealthy patterns in my brain, so when I feel helpless and hopeless, I struggle. However, I work hard every day to be emotionally healthy and I ask for help when I need it. The last couple years and especially during the pandemic when my early learning program took a huge hit (I lost nine out of my twelve students and my entire teaching team of six), I can tell you that I dialed that

Suicide and Crisis Lifeline more than once. Currently, I am also in regular therapy to help me process through what happened in my childhood and to navigate my challenges in healthier ways. I want to tell you, if you are struggling, please know that you are not alone, there is nothing to be ashamed of, and there is hope.

If you are struggling, you can access California's 988 Suicide & Crisis Lifeline. You can call 9-8-8 or text 24 hours a day, 7 days a week if you are in emotional distress. You can actually also go on the website and engage in an online chat here.

So this is just my personal example of what ACEs can affect an adult, but for a list of the impacts of ACES and toxic stress and how it can affect populations by age, you can check out this list resource from ACES Aware: Screen, Treat, Heal (2026) here. Some examples are that ACES can result in anything from disrupted sleep to failure to thrive in infants. For school-age children, ACES can result in difficulties with behavior and learning.

It is important that educators understand the risks that adverse childhood experiences can cause, in order to take preventative, proactive, and effective action in their local communities to support the safety, health, and well-being of children and families in their neighborhoods.

So now that you know what child abuse and neglect looks like, what can you do about it? Please check out the Mandated Reporting section below:

3.7.1: Mandated Reporting

3.7.2: Prevention Strategies

3.7.3: Community Resources

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3.7.1: Mandated Reporting

Mandated Reporter

In an ideal world, everyone should be vigilant and making sure that any suspected cases of child abuse are being reported, however, according to the California Penal Code, certain people are mandated by law to report suspected cases of child abuse or they can be charged with a misdemeanor and be subject to up to six months in jail or pay $1,000, or both (Orange County Social Services Agency, n.d.).

So who are mandated reporters?

These are individuals who have a working relationships with children, so if anyone comes into contact with children as part of their occupation, then they are considered mandated reporters. This includes but is not limited to teachers, coaches, social workers, police officers, clergy, counselors, etc. For a complete list from OC Social Services Agency (n.d.), please see here.

Licensed child care providers in the state must take mandated reporter training within 90 days of employment, and every two years thereafter, as a condition of licensure. School personnel in the state must take mandated reporter training within 6 weeks of each school year or and retrain annually (Child Abuse Mandated Reporter Training, 2026).

So what do mandated reporters need to do?

1. You need to complete the mandated reporter training that either your school district will have you complete or you can complete it on your own here through the Mandated Reporter Training portal. You will need to keep a copy of your completion certificate for work.
2. If you suspect child abuse or neglect then you need to report it. Here in Orange County, you would call the Orange County Child Protective Services at (714) 940-1000 or 1-800-207-4464. These hotlines are available 24 hours a day, seven days of the week, so you can and should call them at anytime (Orange County Social Services Agency, n.d.). During the phone call, you will be asked a series of questions. If possible, you will need as many details as possible, including the child's name, what you observed, etc. If you are a mandated reporter, you will be required to give your name. If you are not a mandated reporter, then you are not required to give your name. Please note that the information that you provide will always be confidential (OC Social Services Agency, n.d.).
3. After the phone call, here in Orange County, you can fill out the online "Mandated Reporter Application," which you can access here. You must complete this online form within 36 hours. If you want to download a PDF form, you can access it click on the same link for the "Mandated Reporter Application" to download it. A link for this form, BCIA 8572 can also be accessed here. Then you would fill it out and mail it to:

County of Orange Social Services Agency
Children and Family Services/Child Abuse Registry
PO Box 14102
Orange, CA 92863-1502

(OC Social Services Agency, n.d.)

4) If you are in a licensed child care facility, you will also need to file an LIC 624 report if you are in a child care center or LIC 624B if you are a family child care provider (CDSS, 2026).

*It is also important that during this process that you are communicating with your program/school team in alignment with their specific policies and procedures.

This is very, very important to understand:

You do not need to have 100% proof that abuse or neglect has happened.

It is not your job to investigate suspected child abuse or neglect, it is only your job to report it if you have reasonable suspicion. Also, if you make a report, then you are protected against retaliation according to Penal Code 11172. This states that:

No mandated reporter shall be civilly or criminally liable for any report required or

authorized by this article, and this immunity shall apply even if the mandated reporter

acquired the knowledge or reasonable suspicion of child abuse or neglect outside of their

professional capacity or outside the scope of their employment. (OC Social Services

Agency, n.d.).

So what happens after you make the report?

Well, as someone who has made that very challenging call a couple of times and who has helped to support others to make the phone call, I would say, please be mindful that you may need time to process through this. From my personal experience, and depending on the situation, I have felt many different things, sadness, betrayal, fear, anxiety, and even depression.

Again, if you are experiencing a lot of big emotions, please know that you are never alone. We have resources here at Irvine Valley College to help you and we can connect you to those who can, if we don't have the resources here. A great place to start to get support at Irvine Valley College is our Health and Wellness Center. You can access this wonderful resource here.

I remember one situation where my four-year-old student and her one-month old baby brother were both taken away from their parents. I felt awful because my student was taken away from my program. My student was screaming while trying to grab for my hand and when I walked her to the social worker's car, I saw her tiny, baby brother crying in the backseat. I will tell you that I literally had difficulty sleeping for weeks after that. I did end up seeking counseling services to help me process through this difficult time and that was very helpful.

It can be very, very hard when you are witness to something like this, however, you can be confident that social services is not out to destroy and break apart families. Their goal is for children to be safe and well with their families. Sometimes that phone call that you make can be the very phone call that gets families the help that they need. According to the OC Social Services Agency (n.d.), families are often referred to:

- Counseling
- Parenting classes
- Public assistance agencies
- Other community resources

I am happy to share that there was a happy ending for the situation I shared above. So after class one night at IVC, I was hungry and I went to grab some ramen next to campus. After entering the restaurant, I noticed a very familiar looking family. It turned out that this was the family that I had reported and they were all sitting together eating ramen. I have friends who work in social services and when I followed up with this family's case, which you can do, I found out that the parents didn't know that what they were doing was wrong. Through the support of OC Social Services and attending parenting classes and counseling, they were able to be equipped with positive guidance strategies and tools to be healthier parents. This young couple was able demonstrate that it was safe for their children to be reunited with them and their family is now whole and healthy. And that is the good that we can do as mandated reporters. Not only can we keep children safe, we can be part of the process to bring healing and wellness to the families and communities that we live and work in.

So we've now talked about what child abuse and neglect, factors that either contribute or reduce the risk of it, the warning signs, the effects and how to report it. Now...let's talk about something that I feel is of first and foremost importance, which is how to *prevent child abuse*.

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3.7.2: Prevention Strategies

Prevention Strategies

So in the previous section, we briefly touched upon protective factors that can reduce the chance of child abuse and neglect. Now I get the meaningful, healing, and redemptive opportunity to share with you the crucial prevention strategies that you can take to ***prevent*** child abuse and neglect.

According to the CDC (2024), the key points to prevent child abuse and neglect are:

- Offering children safe, stable, nurturing relationships and environments prevents child abuse and neglect.
- Training and treatment for children and families can reduce short- and long-term effects of child abuse and neglect.
- Everyone has a role to play in preventing child abuse and neglect.

These seemingly simple three statements can be much more complicated than the words on the page. Remember in the first module when we talked about Brofenbrenner's Ecological System's theory? If one of the key points is to create safe, stable, nurturing relationships and environments for children, then that also means creating safe, stable, nurturing relationships and environments for their grown-ups. Starting from the very basic of human needs, to help prevent child abuse and neglect, we need to create neighborhoods where the families living in them have access the clean, safe, healthy, and affordable food. There needs to be access to safe and affordable housing. We need opportunities for grown-ups to have opportunities to work that meets their cost of living needs and that have work policies that are supportive of families (i.e. ability to take time off work to take care of their sick children, maternity and paternal leave, etc.). There needs to be access to quality and affordable medical care, quality education, and more. And this is where you come in. Through your advocacy, whether it's showing up to community meetings, or voting on certain legislation, or reaching out to your government leaders, you have a voice to influence our world to help make our communities safer for the children and families that live in them.

One thing that grown-ups need that can also be overlooked, is safe communities to connect with others. It doesn't matter if you are a four-year-old preschool or a forty-year-old parent, we all need friends. We need people that get us, that are there for us, that are in our corner to help us and support us as we navigate life's challenges. When we feel lonely and overwhelmed, it's easier to make decisions that may not be the healthiest for ourselves and our children.

I think this is why Irvine Valley College is such a special place. We have so many clubs and opportunities to get connected here. For an active listing of the clubs, please see here. In the same way, it is really important as educators to be aware of the different opportunities for the grown-ups in the lives of children to find opportunities for safe connection that match and honor individual needs, whether it be different cultural centers, religious communities, or parent groups.

As we think about creating opportunities for healthy connection, I wanted to share something that helps me as an educator. Although I am older now than the parents in my program, sometimes when I have a grumpy parent, or a parent that can be harsh, it can feel like a barrier when I am trying to care for their child. In some cases, I can become anxious when dealing with parents that communicate in ways that I find to be challenging.

Now, I started teaching Sunday School at the age of twelve and that was back in 1988. That means that I have been working with children and families for almost forty years. Even though it isn't always a walk in the park when working with families, one thing I can say for certain is that in *most* cases, the grown-ups in the lives of children are not out to be evil, abusive, and/or neglectful to the children in their care. These grown-ups may have grown up in circumstances where unhealthy patterns of children engagement is all that they have known. In addition, they may be facing what feels like insurmountable circumstances, whether it be health or socioeconomic strains that have contributed to negative situations for the children in their lives.

Now, hear me clearly...does that mean that child abuse and/or neglect is ever okay?

NO...NEVER...

Let me say that very clearly...

Child abuse and/or neglect is NEVER okay.

AND, while we hold that truth, it is also very important to have a realistic understanding of what might have contributed to actions

taken by the adults in their lives.

As a long time educator, this is something that I have learned that may be hard for some to swallow. What I have learned is that it does not help to vilify the grown-ups in a child's life. I think it is important to have a very clear and accurate understanding of what is happening, but when we work with children and families, as hard as it can be sometimes, we need to come with an assets-based approach because we need to be able to recognize and build upon the foundations that we have. This means, learning about and practicing professional strategies to support and communicate with families, even when it can be challenging.

Please sit with that for awhile...

Okay, take a deep breath, let's continue...

Often, when families are struggling in their relationships with one another and others outside of the family, it may just be that they don't have the education, training, and support to try a healthier way of communicating and/or processing through challenges.

That is why you are in this class. You are here learning about this content, these resources, and these strategies so that you can *help*. It is important for educators to proactively seek and be knowledgeable about prevention strategies for child abuse and neglect and to have comprehensive training as mandated reporters in order to optimize the safety and well-being of students and their families. Programs need to have strong and effective policies and procedures in place for hiring, screening prospective staff, and training staff. This training should include understanding what child abuse and neglect look like, how to report it, organizational communication (both within the school and with other agencies), and the various follow-up procedures after the report.

So what are some of the screening practices for people that might want to work with children?

Well, once the interview is done, prospective employees must go through the fingerprinting and Live Scan screening process per Title 22 Regulations. These processes will take potential hires' names and check them against the Child Abuse Central Index (CACI) to make sure that those working with children do not have a criminal record of arrests and/or convictions (CDSS, 2026). For additional information and to check out the forms and procedures for these processes, please see here. Each program and/or district may have specific human resource policies and procedures for these screening processes, so please proactively explore those.

It can feel like jumping through a bunch of hoops to work in this field, but these laws and regulations are so important in creating supports for children safety. In addition to these laws and regulations, there are also, many of these supports and resources are actually free for you and free for the families that need them that can help to prevent and/or minimize child abuse and neglect. I am going to list of couple of local community resources that can help to prevent child abuse and neglect on the next page:

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3.7.3: Community Resources

Community Resources

1. 211

211 is a one-stop shop for everything you might need. You can access it on their website here. You can also dial 211 on the phone. 211 helps with crises and emergencies, disaster recovery, housing expenses, utility expenses, healthcare expenses, mental health, substance abuse, and food program, and more (211, 2026). If someone is so overwhelmed and they don't even know where to start, they can call 211 and there will be someone to talk who can help them.

1. The Child Abuse Prevention Center

There is an Orange County resource webpage that lists different organizations that seek to support children and families to prevent child abuse. You can access this list here.

1. City of Irvine Parenting Resources

Right here in the City of Irvine, there is a whole webpage of free resources to support parents, including free behavioral health coaching for parents and caregivers through BrightLife Kids, parenting resources from the Irvine Unified School District that includes parent education workshops, and supports and referrals to community agencies, and information for the Priority Center, an organization that helps families to create a safe and nurturing home environment for children (City of Irvine, n.d.). You can access this resource here.

4) The Raise Foundation

The Raise Foundation is the Orange County's designated official "Child Abuse Prevention Council." It's located right here in Tustin and works to end child abuse and neglect through family support, education, and community collaboration (The Raise Foundation, 2021). You can access this resource here.

5) Triple P Positive Parenting Program

According to the Orange County Health Care Agency (n.d.), This completely free, online program "helps parents and caregivers of children ages 0-12 and teens better understand and support their children's emotional and developmental needs." Another cool part of this free parenting program is that it also available in Spanish. You can access this resource here.

6) For the position statement from NAEYC (1996), "Prevention of Child Abuse in Early Childhood Programs and the Responsibilities of Early Childhood Professionals to Prevent Child Abuse," please see here. This statement includes the importance on focusing on a number of different preventative strategies including "focusing on the importance of carefully planned and implemented policies with regard to practices with children, staff screening and recruitment, and partnerships with families (NAEYC, 1996)." This includes making sure that there are no hidden and private locations where abuse may occur.

Thank you for taking time to familiarize with this content and these resources. Now you are a protective factor that can help to create safer communities for children and families. Thank you!

To continue this important conversation about safety, let's transition into our next topic of study, "Safety Management."

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4: SAFETY MANAGEMENT

4.1: Safe Environments
4.2: Accommodations for Special Needs
4.3: Injury Prevention and Care
4.4: Emergency Preparedness Response and Recovery
4.5: Car Seats

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4.1: Safe Environments

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4.2: Accommodations for Special Needs

Accommodations for Special Needs

I had thought that I was fairly familiar with serving children and families with special needs. I had volunteered in an early intervention center working with all types of infants and toddler with a wide variety of various diagnoses. Then I moved into a new neighborhood and I lived near a single mother with a young son. I had just transitioned from working in finance to becoming a family, friend, and neighbor provider. I began helping my neighbor out by picking her son up from the same elementary school that one of my sons was attending at the time. One day, it was especially hot, I picked up my neighbor's son from school and the little boy had become incredibly aggressive. He had completely changed from the gentle, little boy I had known for years. What I learned that day was that increased temperatures could affect his body chemistry and lead to his aggressive behavior. Another moment of learning occurred a few years later when I met a mother who was allergic to UV light and mourned the fact that she could not chaperone school field trips due to the danger that the sun posed to her.

After serving children and families for close to forty years, I have learned that anything is possible, and while it is impossible to be completely prepared for every single safety challenge that may present itself, having a kind and open-mind that is willing to invest the time and energy to learn about something new, with the intent to protect and keep children and families safe, is one of the most important qualities educators can have.

Food for Thought

Have you heard about Piaget's schemas? It's the idea that everyone, whether an infant or a family elder, is navigating through life using certain frameworks that have been created using knowledge that we have acquired through life's various experiences. Now when something new comes up, it can take a bit of time for us to be able to pivot, absorb the information, and then effectively apply it to our lives. According to Piaget, we either assimilate the information into an existing schema or we need accommodate the new information by either updating the existing framework that we have or we need to create a brand new one (Simple Psychology, 2026). This time of equilibration where we are making sense of the difference between what used to be and what is new takes some time and adjustment. This can take up mental and physical energy depending on what the situation. The question I would like to pose to you here is, in these moments when the world seems to be shifting, how can you be kind to yourself as you navigate these changes and still be thoughtful, considerate of, patient, and professional with those around you?

So why did I spend all that space talking about this? Families who care for children with special needs are more vulnerable to chronic stress and burnout (Garey, 2026). Similarly, when educators are working with children with special needs, we can also be experiencing a lot of stress as well. There can be a lot to learn and it can feel like a lot is coming at us from different directions and with a lot of high stakes consequences if things go wrong.

I remember when a friend of my found out that her toddler son had significant allergies and it seemed that her personality had completely changed. She began to yell and scream at me, sometimes in public, when we weren't always able to accommodate their family's situation, despite our best efforts to do so. As I began learning more about working with diverse families, I learned that fear and anger are cousins. Sometimes when we are in a highly anxious state and/or fearful, that inner fear, feeling overwhelmed, or out of control can spiral into angry and/or frustrated behavior. Is that okay? NO! In an ideal world, everyone would be perfectly polite, kind, and considerate of others, but that doesn't always happen because we are all human.

As educators, it is important for us to maintain our professionalism. In my experience, sometimes others will come to us with different requests that may feel illogical, inconvenient, or even disrespectful. In these moments, it is so important to really invest the time to sit with our big feelings and think about them. We need to figure out what is troubling us and work towards returning to a regulated state so that we can positively move forward in positive and professional ways for the children and families that we are serving. Is it always an easy process? Nope, it is not. *However, it is worth it.*

Inclusive safety management means thoughtfully designing environments, routines, communication, supervision, and emergency procedures so that every child can participate in developmentally appropriately safe and meaningfully ways. An accommodation changes how a child accesses or participates in the program, but it does not lower the educator's responsibility to protect the child. Another key foundation is that the accommodation should not unnecessarily separate children from their peers. Effective accommodations are individualized, developed with families and relevant professionals, practiced by staff, and consistently reviewed and improved as the child and setting change (California Department of Education [CDE], 2023; U.S. Department of Justice [DOJ], 2026).

Food for Thought

A child is not the safety problem. Safety concerns arise from the interaction among a child's strengths and support needs, the environment, the activity, adult practices, and program systems. What can educators do to identify barriers and add supports that preserve both protection and participation?

Foundations for inclusive safety

Foundation	Meaning	Question for educators
Access	The child can enter, reach, understand, and use the environment, materials, and routines.	What barrier prevents access, and what change could remove it?
Participation	The child is actively involved with peers, adults, materials, and routines.	Does the support increase engagement or merely place the child in the room?
Support	Adults intentionally scaffold communication, movement, regulation, health care, and learning.	What does the child need before, during, and after this activity?
Belonging	The child is recognized as a full group member whose identity, communication, and contributions are valued.	Does this practice protect dignity and relationships as well as physical safety?

Legal and professional boundaries

Many child care centers are covered by Title III of the Americans with Disabilities Act. Covered centers generally must make reasonable modifications to policies and practices unless a requested change would fundamentally alter the program. Decisions must be individualized; programs should not exclude a child based on assumptions or a diagnosis alone. A direct-threat determination must be based on objective evidence and consideration of reasonable modifications (DOJ, 2026). IDEA separately governs early intervention and special education for eligible children, including services in natural or least restrictive environments (U.S. Departments of Education and Health and Human Services, 2023). It is important for educators to consult current law, licensing requirements, program policy, the child's IFSP or IEP when applicable, and qualified health or disability professionals.

A collaborative accommodation process

Step	Action	What it looks like
1	Begin with strengths and participation	Describe what the child enjoys, communicates, understands, and can already do. Identify the routine or activity the child is trying to access.
2	Gather family knowledge	Ask what works at home, what creates concern, how the child communicates discomfort, and which practices are culturally or personally important.

3	Observe the interaction	Record objective information about the child, environment, task, peers, adult positioning, timing, and sensory demands. Avoid diagnostic labels as explanations.
4	Identify the barrier and safety concern	State the specific mismatch. For example: “The evacuation signal is auditory only, and the child does not consistently detect it.”
5	Select the least intrusive effective support	Adapt the environment, routine, communication, materials, staffing pattern, or teaching strategy while preserving peer participation.
6	Clarify implementation	Record who will do what, when the support is used, how substitutes will know, what training is needed, and what confidential information may be shared.
7	Practice and evaluate	Rehearse ordinary routines and emergencies. Use observable evidence to decide whether the accommodation improves safety and participation.
8	Revise with the team	Update the plan when abilities, health needs, equipment, family preferences, staffing, or environments change.

Person first and identity respectful practice

Use the language preferred by the child and family. Some people prefer person-first language, such as “child with autism,” while others prefer identity-first language, such as “autistic child.” Do not use disability labels as shorthand for behavior, risk, competence, or worth. Describe observable needs and effective supports. It is important to proactively communicate with families in order to gather information that optimizes the care and education of students in our programs/schools.

Planning questions before implementation

- Does the plan increase access and participation with peers?
- Can staff implement the support consistently during ordinary routines and staffing changes?
- Could the support create a new hazard, stigma, restraint, or unnecessary dependence?
- Has the child’s communication and assent been considered in a developmentally appropriate way?
- Are emergency procedures, transportation, field trips, outdoor play, meals, rest, toileting, and medication addressed?
- What evidence will show that the accommodation is working?

Accommodation domains and examples

The examples below are starting points, not prescriptions. An accommodation that is effective for one child may be unsafe, unnecessary, or intrusive for another. Plans should be based on individual information and team review.

Domain	Possible barrier	Potential accommodations	Safety check
Mobility and positioning	Narrow routes, unstable seating, inaccessible play surfaces	Clear wider routes; stable positioning equipment; duplicate materials at accessible heights; additional transition time	Keep exits open; use equipment according to professional guidance; include evacuation transfer plans

Communication	Spoken directions or alarms are not understood or detected	Pictures, objects, gestures, sign, Augmentative and Alternative Communication device (AAC), first-then supports, visual and vibration alerts	Teach and practice the signal; keep AAC available and charged; do not remove communication as punishment
Sensory processing	Noise, light, touch, crowds, or abrupt changes lead to distress or reduced awareness	Predictable schedule; quieter area; gradual entry; headphones when appropriate; reduced visual clutter	Maintain supervision and exit access; confirm that sensory tools do not mask emergency cues
Attention and regulation	Long waits, unclear expectations, or complex routines increase unsafe movement	Short steps; movement opportunities; visual boundaries; co-regulation; transition warnings; choice within limits	Use proactive supports; avoid seclusion, humiliation, or physical control except as lawfully authorized for immediate safety
Feeding and swallowing	Food texture, posture, allergy, motor, or swallowing needs affect meals	Individual health or feeding plan; adapted utensils or seating; allergen controls; trained adult support	Follow licensed-professional directions; know choking and emergency procedures; prevent cross-contact
Medical needs	Asthma, seizures, diabetes, allergies, or other conditions require monitoring or treatment	Individualized health plan; accessible medication; trained staff; symptom and response instructions	Confirm authorization, storage, dosage, documentation, backup coverage, emergency contacts, and expiration dates
Vision or hearing	Signs, demonstrations, room layouts, or verbal warnings are inaccessible	Tactile and high-contrast cues; consistent layout; close visual access; captions; paired visual and auditory information	Remove trip hazards; identify yourself before assisting; verify the child detects emergency information
Personal care	Standard toileting, diapering, dressing, or hygiene routines are inaccessible	Adapted step, changing surface, clothing supports, privacy procedure, added time, two-adult protocol when required	Protect dignity; follow safe lifting and infection-control practices; document training and consent boundaries

PITC and inclusive infant toddler safety

The Program for Infant/Toddler Care is a collaboration of the California Department of Social Services and WestEd. PITC describes high-quality infant–toddler care as respectful, responsive, relationship-based, and attentive to each child's background and needs. Its six essential policies are primary care, small groups, continuity of care, individualized care, culturally responsive care, and inclusive care (Program for Infant/Toddler Care [PITC], n.d.).

The chart below uses the PITC framework to think about accommodations for children with special needs, from the six core principles:

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