6. PROMOTING HEALTH, SAFETY, AND WELLNESS

Category: 6.A.1. State, Federal, and National Standards and Practices

Category: 6.A.2. Emergency Preparedness

Category: 6.A.3. Healthy, Nurturing Environment to Promote Development

Category: 6.A.4. Children's Health Needs

Category: 6.A.5. Mental Health

Category: 6.A.6. Nutrition

CATEGORY: 6.A.1. STATE, FEDERAL, AND NATIONAL STANDARDS AND PRACTICES

Shared Core competencies across early childhood roles.

SC LEVEL 1

a. Knows and understands the purpose of and follows state and federal regulations and best health and safety practice standards.

b. Knows and understands policies and practices regarding children's safety (RI).

c. Recognizes signs of abuse and/or neglect.

d. As a manadated reporter, undertands how to identify, document, and report suspected child abuse and neglect as required by law, and follows rules of mandated reporting.

e. Knows safety standards, both indoors and out, including the proper condition of equipment and materials, and the identification and removal of potential safety hazards (RI).

f. Is capable of taking action in an emergency (such as choking, allergic reactions, etc.) and takes steps to avoid health hazards (RI).

g. Understands recommended guidelines to prevent Sudden Infant Death Syndrome (SIDS).

h. Knows ratio and group size requirements for settings, where appropriate.

i. Recognizes potential health hazards in meals and the value of CPR (choking, allergies, etc.) (RI) (SS H&S).

j. Understands that all children must be adequately supervised to ensure safety both indoors and out (NY) (RI).

k. Supervises children and models such supervision for families, when appropriate, to ensure their safety both indoors and out (including strategies such as face-to-name head counts and positioning) (NY) (SS H&S).

SC LEVEL 2

a. Applies knowledge of state regulations, licensing requirements and national standards as appropriate for role and setting.

b. Maintains required records relating to the health, safety and nutrition of children in an organized, accessible, and up-to-date manner (NY).

c. Implements strategies to teach age-appropriate precautions and rules to children and families to ensure their safety.

d. Monitors and maintains safety standards, both indoors and out, including the proper condition of equipment and materials, and the identification and removal of potential safety hazards (RI) (SS H&S).

e. As appropriate, completes daily safety checklist of indoor/outdoor environment.

f. Communicates information pertaining to safety standards to families, including the importance and elements of a safe home environment.

SC = Shared Core

The Shared Core represents common competencies across roles such as Home Visitors, Teachers, Assistant Teachers, and Interventionists (such as Birth to Three providers, mental health professionals, etc.).

Levels

Levels build upon one another. Levels 1 & 2 are always SC; Levels 3 & 4 are unique to roles and build upon Levels 1 & 2.

Role of Teacher and Caregiver (TC) in settings where children ages birth to five are educated and/or cared for.

TC LEVEL 3

a. Creates and maintains safe and healthy settings that foster children's social, emotional, cognitive, and physical development, and respect their dignity and their contributions (NAEYC Code of Ethics I-1.5).

What could this look like in practice?

- Setting reflects children's interests, work, culture, and is physically safe of choking hazards or unsafe materials.
- Uses national and state guidelines for health and safety practices (*Stepping Stones for Caring for our Children – National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs; CT Licensing Regulations*).

TC = Teacher and Caregiver

Competencies based on NAEYC initial professional preparation standards and some CEC/DEC practices. Use the NAEYC full document for the foundation of Levels 3 & 4.

TC LEVEL 4

a. Influences policies and systems to attain and maintain the highest levels of health, safety, and wellness in the setting.

What could this look like in practice?

- Actively participates in committee work creating policy and practice for the setting.

Practice examples are a sample of many possible examples.

CATEGORY: 6.A.2. EMERGENCY PREPAREDNESS

Shared Core competencies across early childhood roles.

SC LEVEL 1

a. Knows and understands emergency plans and disaster drills, including safety procedures for children with disabilities, their families, and visitors to home or classroom (RI) (MA) (NY).

b. Knows and understands the importance of maintaining up-to-date emergency contacts (SS H&S).

c. Implements and/or supports the practices of emergency plans and disaster drills, including safety procedures for children with disabilities and visitors, as appropriate to setting (MA).

d. Maintains a system to account for all children and staff (as appropriate to setting) in the event of an emergency or disaster (SS H&S).

SC LEVEL 2

a. Uses the *Connecticut Emergency Care Guidelines* as the foundation for emergency preparation practices.

Role of Teacher and Caregiver (TC) in settings where children ages birth to five are educated and/or cared for.

TC LEVEL 3

a. Analyzes current emergency plans for effectiveness and comprehensiveness.

What could this look like in practice?

- Systematically (every month at least) reviews plans against current facility status, child space, family/home setting, and evacuation routes.

TC LEVEL 4

a. Modifies plans for emergency situations and disaster drills to increase effectiveness, which may include reconnecting with community emergency personnel and systems.

What could this look like in practice?

- Routinely connects with community emergency personnel for advice and to maintain their awareness of the setting location and occupants.

CATEGORY: 6.A.3. HEALTHY, NURTURING ENVIRONMENT TO PROMOTE DEVELOPMENT

Shared Core competencies across early childhood roles.

SC LEVEL 1

a. Understands best practices regarding children's health (RI).

b. Understands the components of a clean and healthy environment.

c. Recognizes the need for time and space for active play, both indoors and outdoors, on a daily basis (MA) (NY) (VT).

d. Understands the potential negative impact of trauma, including interpersonal and community violence, on both children and adults (I-ECMH).

SC LEVEL 2

a. Provides families with information regarding health routines, as appropriate.

b. Provides or advocates for adequate time and space for active play, both indoors and outdoors, on a daily basis (MA) (NY) (VT).

c. Supports implementation of a daily schedule that includes opportunities for children to have adequate rest in a safe environment (MA).

d. Provides or assists others in providing a safe, nurturing environment free of toxic stress.

e. Where appropriate, collaborates with informed health professionals and consultants to ensure that the environment supports individual needs of all children.

Role of Teacher and Caregiver (TC) in settings where children ages birth to five are educated and/or cared for.

TC LEVEL 3

a. Understands that positive relationships and supportive interactions are the foundation for work with children (NAEYC 4a) (CS EFEL).

b. Understands how stress affects the brain and identifies need for additional supports to prevent toxic stress responses.

What could this look like in practice?

- See Inventory of Practices for Promoting Children's Social Emotional Competence (The Center on the Social and Emotional Foundations for Early Learning, Vanderbilt.edu/csefel).
- *Resource:* Center on the Developing Child, Harvard University. (n.d.). *Toxic Stress*.

TC LEVEL 4

a. Promotes problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation (DEC INT5).

What could this look like in practice?

- Routinely observes and documents information for reflection and analysis that informs appropriate response.

CATEGORY: 6.A.4. CHILDREN'S HEALTH NEEDS

Shared Core competencies across early childhood roles.

SC LEVEL 1

a. Understands infection control and universal precaution practices (RI).

b. Recognizes and seeks to understand culturally influenced health practices (RI).

c. Understands signs and symptoms of common childhood illnesses (MA) (RI).

d. Knows and understands the health needs of the children in the setting in which services are provided.

e. Understands the importance of obtaining a developmental health history for each child (NY).

f. Understands healthy lifestyle practices to support the health of each child.

g. Recognizes physical disabilities and other health challenges.

h. Knows sources for families to access medical insurance and medical care.

SC LEVEL 2

a. Communicates with families about practices regarding health and children's individual health status (RI), and develops an individual care plan as needed.

b. Communicates with families about medical insurance assistance, sources of medical care, and health referrals and screenings, such as dental needs or lead testing.

c. Observes children to check for evidence of health concerns (MA) (RI).

d. Provides information to families regarding communicable diseases to which their child may have been exposed or any health alerts in their community (NY).

e. In consultation with the family, gathers historical information and makes referrals regarding health and nutrition when necessary, taking into account the family's language and culture (MA).

f. Administers medication with appropriate training and in accordance with policies approving you to do so. This may not be appropriate for all roles.

Role of Teacher and Caregiver (TC) in settings where children ages birth to five are educated and/or cared for.

TC LEVEL 3

a. Knows and understands the multiple influences on development and learning (NAEYC 1b).

What could this look like in practice?

- Plans show appropriate modifications for children with health or developmental needs.

TC LEVEL 4

a. Reflects upon children holistically when assessing growth in development and learning, considering that there are multiple influencing factors, such as physical and mental health, that affect development and learning.

What could this look like in practice?

- Documentation of observations and evidence of strategy modifications inform overall assessment.

CATEGORY: 6.A.5. MENTAL HEALTH

Shared Core competencies across early childhood roles.

SC LEVEL 1

a. Understands that children are more likely to thrive when they feel physically and emotionally safe (NH).

b. Understands the importance of good mental health and how it connects to the individual's overall health.

c. Knows culturally and linguistically appropriate mental health services and resources.

d. Understands the impact of stress and trauma on behavioral health, safety, and wellness.

SC LEVEL 2

a. Provides appropriate referral information for children and families (MA).

b. Implements practices that support the emotional well-being of children and youth.

c. Utilizes trauma-informed strategies to address behavioral symptoms of trauma or stress in children and make appropriate referrals (MA).

d. Understands the influence of, and interaction between, risk factors and protective factors on child behavior and development and family (I-ECMH).

e. Utilizes culturally and linguistically appropriate mental health services and resources.

Role of Teacher and Caregiver (TC) in settings where children ages birth to five are educated and/or cared for.

TC LEVEL 3

a. Knows and understands the multiple influences on development and learning (NAEYC 1b).

What could this look like in practice?

- Plans show appropriate inclusion and modification for children with mental health needs.

TC LEVEL 4

a. Reflects upon children holistically when assessing growth in development and learning, considering that there are multiple influencing factors, such as physical and mental health, that affect development and learning.

What could this look like in practice?

- Works in collaboration with mental health professionals to address learning needs.

CATEGORY: 6.A.6. NUTRITION

Shared Core competencies across early childhood roles.

SC LEVEL 1

a. Understands that the nutritional needs of all children, including those with special dietary needs or cultural considerations, are unique to their development (RI).

b. Understands the impact of lack of access to affordable, nutritional, toxin-free foods, as well as food insecurity.

c. Recognizes symptoms and behaviors of children that signal possible nutritional need or feeding/eating concerns (RI).

SC LEVEL 2

a. Communicates with families regarding nutritional needs, family preferences, and cultural influences on food and eating practices (RI) (NY).

b. When appropriate, models safe eating habits and safe eating spaces for children.

c. Observes children during mealtime to learn about individual eating preferences as appropriate to setting (RI).

Role of Teacher and Caregiver (TC) in settings where children ages birth to five are educated and/or cared for.

TC LEVEL 3

a. Knows and understands the multiple influences on development and learning (NAEYC 1b).

What could this look like in practice?

- Utilizes resources to provide for nutritional needs.

TC LEVEL 4

a. Reflects upon children holistically when assessing growth in development and learning, considering that there are multiple influencing factors, such as physical and mental health, that affect development and learning.

What could this look like in practice?

- Advocates for policies and procedures that affect the nutritional welfare of children and families (RI).

SHARED CORE LEVELS 1 & 2 | TEACHER/CAREGIVER UNIQUE COMPETENCIES LEVELS 3 & 4

6. Promoting Health, Safety, and Wellness

	NAEYC	CEC	DEC	InTASC	CT AIMH	CSEFEL	I-ECMH	HS/EHS RBC	NASW	SS H&S	STATES	CT ELDS
6.A.1.SC 1												
a.												
b.											RI	
c.												
d.												
e.											RI	
f.											RI	
g.												
h.												
i.										1.4.2.2	RI	
j.											NY, RI	
k.										2.2.01	NY	
6.A.1.SC 2												
a.												
b.											NY	
c.												
d.										5.3.1.1	RI	
e.												
f.												
6.A.1. TC 3												
a.	X									X		
6.A.1. TC 4												
a.												
6.A.2.SC 1												
a.											RI, MA, NY	
b.										9.2.4.5		
c.											MA	
d.										9.2.4.3		
6.A.2.SC 2												
a.												
6.A.2.TC 3												
a.												

SHARED CORE LEVELS 1 & 2 | TEACHER/CAREGIVER UNIQUE COMPETENCIES LEVELS 3 & 4

6. Promoting Health, Safety, and Wellness

	NAEYC	CEC	DEC	InTASC	CT AIMH	CSEFEL	I-ECMH	HS/EHS RBC	NASW	SS H&S	STATES	CT ELDS
6.A.2.TC 4												
a.												
6.A.3.SC 1												
a.											RI	
b.												
c.											MA, NY, VT	
d.							2					
6.A.3.SC 2												
a.												
b.											MA, NY, VT	
c.											MA	
d.												
e.												
6.A.3.TC 3												
a.	4a					X						
b.												
6.A.3.TC 4												
a.			INT5									
6.A.4.SC 1												
a.											RI	
b.											RI	
c.											MA,RI	
d.												
e.											NY	
f.												
g.												
h.												
6.A.4.SC 2												
a.											RI	
b.												
c.											MA, RI	
d.											NY	
e.											MA	

SHARED CORE LEVELS 1 & 2 | TEACHER/CAREGIVER UNIQUE COMPETENCIES LEVELS 3 & 4

6. Promoting Health, Safety, and Wellness

	NAEYC	CEC	DEC	InTASC	CT AIMH	CSEFEL	I-ECMH	HS/EHS RBC	NASW	SS H&S	STATES	CT ELDS
f.												
6.A.4.TC 3												
a.	1b											
6.A.4.TC 4												
a												
6.A.5.SC 1												
a.											NH	
b.												
c.												
d.												
6.A.5.SC 2												
a.											MA	
b.												
c.											MA	
d.							2					
e.												
6.A.5.TC 3												
a.	1b											
6.A.5.TC 4												
a.												
6.A.6.SC 1												
a.											RI	
b.												
c.											RI	
6.A.6.SC 2												
a.											RI, NY	
b.												
c.											RI	
6.A.6.TC 3												
a.	1b											
6.A.6.TC 4												
a.											RI	

NAEYC – National Association for the Education of Young Children, Washington, DC

Source: Copple, C. & Bredekamp, S. Eds. (2009). *Developmentally Appropriate Practice in Early Childhood Programs Serving Children Birth Through Age 8.*

Source: Lutton, A., Editor (2012). *Advancing the Early Childhood Profession: NAEYC Standards and Guidelines for Professional Development.*

CEC – Council for Exceptional Children

Source: CEC Initial Special Educator Preparation Standards, Early Childhood Specialist Set. (2012).

DEC – Division of Early Childhood of the Council for Exceptional Children

Source: Recommended Practices in Early Intervention/Early Childhood Special Education. (2014).

InTASC – Interstate Teacher Assessment and Support Consortium (InTASC), Council of Chief State School Officers

Source: Model Core Teaching Standards: A Resource for State Dialogue. (2011).

CT AIMH – Connecticut Association for Infant Mental Health

Source: Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®. (Copyright 2002, 2011 MI-AIMH).

CSEFEL – Center on Social and Emotional Foundations for Early Learning, Vanderbilt University

Source: Inventory of Practices for Promoting Social Emotional Competence.

I-ECMH – *Infant/Early Childhood Mental Health Consultation Competencies*

Source: Georgetown University Center for Child and Human Development, Center for Early Childhood Mental Health Consultation.

HS/EHS RBC – *Head Start and Early Head Start Relationship-Based Competencies for Staff and Supervisors Who Work with Families.*

Source: National Center on Parent, Family, and Community Engagement.

NASW – National Association of Social Workers. *Source: NASW Standards for Social Work Practice in Child Welfare.* (2013).

SS H&S – *Stepping Stones to Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition.* (2013).

Source: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education.

STATES – State Core Competency Documents were reviewed and text was either borrowed or paraphrased from states. A concerted effort was made to look at northeast states for potential regional alignment: Maine, Massachusetts, Nebraska, New Hampshire, New York, Rhode Island, and Vermont.

CT ELDS – Connecticut Early Learning and Development Standards. (2014). Supporting All Children Using the CT Early Learning and Development Standards. *(2016).*

Source: Connecticut Office of Early Childhood (OEC).