

HEALTH SERVICES TO PROMOTE ATTENDANCE



NATIONAL CENTER ON
Early Childhood Health and Wellness

From the first day of enrollment, a young child's attendance matters! Good attendance leads to lifelong learning and positive habits.

Getting into a schedule of regular attendance starts early. If young children miss many days in preschool, they are more likely to have attendance issues in elementary school.⁴ Others may drop out as they get older.^B Children don't get to take advantage of all the available chances to learn.

Chronic absenteeism is defined as missing one or more school days out of 10 for any reason.^C

Chronic absenteeism in kindergarten, and even pre-K, can predict lower test scores and poor attendance and retention in later grades, especially if the problem persists for more than a year.^D

- In Baltimore, Maryland, A quarter of preschool and kindergarten students had to repeat later grades compared to 9 percent of students who attended regularly.^E
- In a Tulsa, Oklahoma, Head Start program, children with regular attendance showed more growth in literacy skills than those who were frequently absent.^F

45 CFR 1302.16(a)(2)(iv). Within the first 60 days of program operation and on an ongoing basis thereafter, use individual child attendance data to identify children with patterns of absence that put them at risk for missing 10% of program days per year and develop appropriate strategies to improve attendance among identified children, such as direct contact with parents or intensive case management, as necessary.



All Head Start and Early Head Start programs are required to implement strategies to promote attendance that are clear to all staff and families.¹ When paired with policies and procedures that help keep children healthy, programs can improve child attendance. This resource offers tips to plan and evaluate health services that support attendance and improve school readiness.

How can programs use health services to address attendance issues?

While managers can identify when children are absent, knowing why² leads to solutions for attendance issues. It helps to identify causes for children's absences that are related to health and then build systems³ that improve attendance

Health policies and procedures may include the following protocols:

- Classroom staff use the program's *daily health and wellness check* procedures to identify the early signs of illness.

¹ 45 CFR 1302.16(a)(2).

² 45 CFR 1302.16(b). Managing systematic program attendance issues.

³ 45 CFR 1302.16(a)(2)(ii)

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- Staff and family members use *short-term exclusion* policies to make sure children come to school when they are healthy enough to attend.
- Staff use hand-washing, diapering, and related policies and procedures to reduce the spread of illness.
- Programs provide training to parents on ways to keep children from getting sick when they are at home.
- Staff identify and remove hazards to reduce injury.
- Family service workers help families find safe places for sick children when parents are working.
- Staff help families get needed follow-up and treatment, including:
 - Transportation to and from well-child and medical home visits
 - Help finding and getting referrals for specialists
 - Scheduling appointments when family members are available
- Teachers send classroom materials home for children who are sick or injured so they can continue to explore and learn at home.



How can staff support families in reducing absenteeism?

Talking about attendance is crucial. Staff can begin by letting families know why attendance matters, and then help them learn how to:

- Keep children healthy
- Identify illness early
- Get the right treatment quickly

Once family members know why and how, they can improve their children's attendance. Program staff help to build families' "health literacy,"⁴ including basic health skills that connect attendance to child development. They also partner with families to improve their children's attendance by:

- Helping families read and understand program policies and procedures related to attendance
- Developing attendance policies that include:
 - A home visit or other direct contact with a child's parents when a child has multiple unexplained absences⁵
 - A schedule of home visits for families whose children are "chronically absent"
 - Focused support and education for families of children who are chronically absent
- Connecting families to medical and dental homes, which help each child receive ongoing care, as well as quick diagnosis and treatment, as needed.
- Focusing on attendance plans for children with special health care needs or disabilities.

Together, everyone can improve child attendance and offer children more opportunities to learn. Families and program staff set the stage for children's success in school.

⁴ Health literacy is defined as "the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health."

⁵ Promoting regular attendance, 45 CFR 1302.16(a)(2)(ii)

How can ongoing monitoring and self-assessment support health managers in improving attendance?

Ongoing monitoring and self-assessment systems help managers make sure health strategies are improving attendance.⁶ Throughout the year, they constantly review attendance data to measure success. If children continue to be absent due to illness, brainstorm new solutions to improve children's attendance. When attendance is an issue for a specific child, the health manager may meet with the staff and family together. Programs also use their annual **self-assessment process** to look at trends over time, learning how health impacted attendance.

Throughout the year, health managers will want to ask questions about:

- Overall percentage of absent children
- Percentage of absences related to infectious disease
- Patterns that explain the reason for absences
- Training needed for staff and family members

Partner with the management team and the Health Services Advisory Committee (HSAC) to analyze and use relevant data. Together, identify successful strategies, remaining challenges, new concerns, and possible solutions.⁶



⁶ Achieving Program Goals, 45 CFR 1302.102: (b) Monitoring program performance; (c) Using data for continuous improvement



Health managers can often find the answers by examining:

- **Child health records:** Well child health, including oral health, treatment, and follow up
- **Daily health check records and health observations by family members:** Signs and symptoms of illness and injury
- **Nutrition assessment forms:** Nutrition concerns that affect wellness
- **Injury and incident reports:** Injuries that cause absenteeism
- **Staff's anecdotal notes or case notes:** Family, health, developmental, or behavioral concerns
- **Attendance data:** When and why children are absent

Endnotes

A Erlich SB, Gwynne JA, Stitzel Pareja A, et al. Preschool attendance in Chicago Public Schools: relationships with learning outcomes and reasons for absences. <http://ccsr.uchicago.edu/publications/preschool-attendance-chicago-public-schools-relationships-learning-outcomes-and-reasons>. Posted 2013. Accessed March 20, 2017

B Ibid.

C Bruner C, Discher A, Chang H. Chronic elementary absenteeism: a problem hidden in plain sight—a research brief from Attendance Works and Child & Family Policy Center. <http://www.edweek.org/media/chronicabsence-15chang.pdf>. Posted November 2011. Accessed March 20, 2017

D Shieh J. Attendance in the early grades. <http://www.attendanceworks.org/wordpress/wp-content/uploads/2013/02/AW-Infographic-2.12.1311.pdf>. Posted 2012. Accessed March 20, 2017

E Connolly F, Olson LS. Early elementary performance and attendance in Baltimore City Schools' pre-kindergarten and kindergarten. Baltimore Education Research Consortium. <http://www.baltimore-berc.org/pdfs/PreKKAttendanceFullReport.pdf>. Posted March 2012. Accessed March 20, 2017

F Community Action Project Tulsa County. Attendance Works Peer Learning Network Webinar. February 27, 2012.

G 45 CFR 1302.102(b) Monitoring program performance and (c) Using data for continuous improvement. <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-102-achieving-program-goals>.