

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 a young child misses many days in preschool, she is more likely to have attendance issues in elementary school.¹ Others may drop-out as they get older.² Children don't get to take advantage of all the available chances to learn. Chronic absenteeism is defined as missing one or more out of 10 school days for any reason.³

Chronic absenteeism in kindergarten, and even preK, can predict lower test scores, poor attendance and retention in later grades, especially if the problem persists for more than a year.⁴

1 45 CFR 1302.16(a)(2)

2 Please note: this resource focuses on health-related reasons for absenteeism (e.g., illness and injury).

3 45 CFR 1302.16(b) Managing systemic program attendance issues.

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."⁷

What do we know about children who are chronically absent?

In Baltimore, Maryland,

- ¼ preschool and kindergarten students had to repeat later grades compared to 9 % of students who attended regularly.⁵

In a Tulsa, Oklahoma Head Start program

- Children with regularly attendance showed more growth in literacy skills than those who were frequently absent.⁶

All Head Start and Early Head Start Programs implement strategies to promote attendance.¹ Policies and procedures that are clear to all staff and families help increase attendance. When paired with strategies that help staff partner with families to 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.

5 45 CFR 1302.16(a)(2)(ii)

6 45 CFR 1302.102(b) Monitoring program performance & (c) Using data for continuous improvement



45 CFR 1302.16(2)(iv) Within the first 60 days of program operation, and on an ongoing bases thereafter, use individual child attendance data to identify children with patterns of absence that put them at risk of missing ten percent 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.

How Can Programs Use Health Services to Address Attendance Issues?

While managers can identify *when* children are absent, knowing *why*² leads to solutions for attendance issues. They identify causes for children's absences that are related to health and build systems³ that improve attendance. They also know how to individualize for each family when absences are related to health.

Health managers help improve attendance using health policies and procedures that show staff and family members how to:

1. Prevent illness and injury; and
2. Identify when a child is sick and needs treatment.



Health policies and procedures might include details such as:

- Classroom staff use the program's *daily health check* procedures to identify the early signs of illness.
- 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 policies and procedures to reduce the spread of illness. They also 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. This includes:
 - Transportation to and from visits,
 - Help finding and getting referrals for specialists, and
 - Scheduling appointments when family members are available.
- Teachers send classroom materials home for children who are sick or injured. This helps children continue to explore and learn at home.

How can staff support families in reducing absenteeism?

Talking about attendance is crucial. Staff begin by helping families know why attendance matters. Then staff help families learn how to:

- keep children healthy,
- identify illness early, and
- get the right treatment quickly.



Once family members know “why” and “how”, they can improve their children’s attendance. Program staff 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 child’s parents when a child has multiple unexplained absences;⁵
 - A schedule of home visits for families whose children are “chronically absent”; and
 - Focused support and education for families of children who are chronically absent.
- Connecting families to a medical and dental home. This helps each child receive ongoing care, as well as quick diagnosis and treatment, as needed.
- Focusing on attendance in plans for children with special health care needs and/or disabilities.

Together, everyone can improve child attendance and offer children more opportunities to learn. They can set the stage for children’s success in school.

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.



Health Services to Promote Attendance

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

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

They 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 impact wellness;
- *Injury and incident reports*: injuries that cause absenteeism;
- *Staff's anecdotal notes or case notes*; family, health, developmental, or behavioral concerns; and
- *Attendance data*: when and why children are absent.

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.

- 1 Erlich, S.B., Gwynne, J.A., Stitzel Pareja, A., and Allensworth, E.M. with Moore, P., Jagesic, S., and Sorce, E. (2013). *Preschool Attendance in Chicago Public Schools: Relationships with Learning Outcomes and Reasons for Absences*. Chicago, IL: The University of Chicago Consortium on Chicago School Research. Retrieved from: <http://ccsr.uchicago.edu/publications/preschool-attendance-chicago-public-schools-relationships-learning-outcomes-and-reasons>
- 2 Ibid.
- 3 Bruner, C., Discher, A., and Chang, H. (2011) "Chronic Elementary Absenteeism: A Problem Hidden in Plain Sight: A Research Brief from Attendance Works and Child & Family Policy Center." *Education Week*.
- 4 Shieh, J. (2012). *Attendance in the Early Grades*. Bethesda, MD: Attendance Works. Available at: <http://www.attendanceworks.org/wordpress/wp-content/uploads/2013/02/AW-Infographic-2.12.1311.pdf>
- 5 Connolly, Faith; & Olson, Linda S. *Early Elementary Performance and Attendance in Baltimore City Schools' Pre-Kindergarten and Kindergarten*, Baltimore Education Research Consortium. March 2012.
- 6 Community Action Project Tulsa County. *Attendance Works Peer Learning Network Webinar*. February 27, 2012.
- 7 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010) *National Action Plan to Improve Health Literacy*. Washington, DC.