

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.

Young children who miss many days in preschool are more likely to have attendance issues in elementary school.^A They are also at higher risk for dropping out of school when they're older.^B

Chronic absenteeism is defined as missing 1 or more out of 10 school days for any reason.^C

Chronic absenteeism in kindergarten, and even pre-K, can be used to 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, 25% of preschool and kindergarten students who were chronically absent had to repeat later grades, compared to 9% of students who attended school 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.



Head Start and Early Head Start programs implement strategies to promote school attendance.¹ Well-written policies and procedures can increase attendance, especially when paired with strategies that help families keep children healthy. This resource offers tips to plan and evaluate health services that support attendance and improve school readiness.

Addressing Attendance Issues from a Health Perspective

While managers can identify *when* children are absent, knowing *why* leads to solutions for attendance issues. They can identify when children's absences are related to health and build systems² to improve attendance. It also helps them individualize solutions for each family.

Health policies and procedures that help increase attendance might include details such as

- 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.

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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 wash hands, change diapers hygienically, and use other 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 help families get needed follow-up and treatment for children who are ill. This includes:
 - Transportation to and from 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. 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 understand why attendance matters. Then staff can help families 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 build families’ ability to identify illness and get the right treatment quickly. 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 may include
 - A home visit or other direct contact with a child’s parents when a child has multiple unexplained absences³
 - 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 a health provider from a source of continuous, accessible care; 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 school attendance and offer children more opportunities to learn, to set the stage for children’s success in school.

³ 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.⁴ Throughout the year, attendance data are constantly reviewed to measure success. If children continue to be absent because of illness, brainstorm new solutions to improve 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 and learn how health affected 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 reasons for absences
- Training needed for staff and family members

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



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

⁴ US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. National Action Plan to Improve Health Literacy. <https://health.gov/communication/initiatives/health-literacy-action-plan.asp>. Accessed March 20, 2017

Endnotes

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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

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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>.