HEALTHY CHILDREN ARE READY TO LEARN

NATIONAL CENTER ON
Early Childhood Health and Wellness

Introduction

Health connects to school readiness long before a child enters school.[1] Healthy development continues to support learning throughout childhood and later life. "Health in the earliest years—actually beginning with the future mother's health before she becomes pregnant—lays the groundwork for a lifetime of well-being…"[2]

School Readiness Begins with Health

Physical Health

Children who access ongoing health care[3] have better attendance and are more engaged in learning. Consistent attendance helps children prepare for school.[4] Routines such as handwashing and wearing helmets help children stay healthy and avoid injuries.[5]

Oral Health: Children with healthy teeth are better able to eat, speak, and focus on learning. Daily oral health hygiene and ongoing care from oral health professionals help make sure that children have healthy teeth.[6, 7]

Nutrition: Good nutrition is essential for children's brain development. Children who have access to nutritious food have energy to learn. Providing healthy snacks and meals helps children's bodies grow, giving them what they need to talk, play, and learn together.[8, 9, 10]

Physical Activity and Motor Development: Staying active benefits young children's physical and cognitive development. Activities that get children moving build motor skills that are useful to reading, writing, and math skills.[11]

Sleep and Rest: When children get enough sleep, they can pay attention, remember what they learn, and manage their feelings.[12] When programs schedule times for a nap, rest or quiet activities, children can focus on learning.[13]

Perceptual Development: When children use their senses to explore, it helps them learn about the world around them.[14] A child's ability to see and hear affects their reading, writing, and speech and language skills. Sensory screening helps identify children who may need vision or hearing support.[15]

Mental Health

Beginning at birth, children need positive relationships with the adults who care for them. When children learn to recognize and share their feelings with trusted adults, they feel good about themselves. These relationships help them develop the confidence to learn new skills.[16] Children also learn how to manage their feelings, thoughts, and behavior, skills in the Approaches to Learning domain.

Nurturing and Responsive Relationships:
Early relationships shape children's learning and development. Children thrive when adults support their strengths and needs. Responsive adults help children feel safe and valued and learn how to get along well with others.[17]

Self-Regulation:
Children who can manage their feelings can learn and play with peers. They are better able to plan, monitor and control their behavior. They can also adjust to changes in schedules and routines.[18]

Prosocial Behavior:
Children who get along with adults learn to work together and follow rules. They can also show concern for, and share, take turns and compromise with other children.[19]

Play:
When children play, they use their imagination and creativity. They also solve problems and learn to interact with others; skills that help them grow in all developmental areas.[20]

Family Wellness

Services that promote family well-being help parents keep their families healthy. When families are healthy, safe, and financially secure, they can better support their children's learning.[21, 22]

Prenatal and Postpartum Services:
Services for pregnant mothers and expectant families set the stage for children's health and development. Postpartum services promote positive health outcomes for mothers and children.[23, 24]

Health Literacy:
Families who have health information they understand can make better health choices for their children.[25]

Cultural and Linguistic Responsiveness:
Respecting cultural practices and home languages honors families' experiences and beliefs. This respect encourages children's growth and development by understanding who they are and where they come from.[26, 27]

Comprehensive Early Childhood Health Services and Coordinated Approaches

Services that focus on the "whole child" promote children's learning and development.[28] There are specific health conditions that impact learning, which can be identified and treated early. If they are not addressed, children with these conditions may fall behind.[29] Programs have several tools to support all children's healthy development. Staff identify health conditions early through screening.[30] Managers maintain a system that tracks referrals and monitors services including follow-up plans.[31] Everyone works together to plan, design, and implement services that meet the needs of all children. Together these efforts can respond to these conditions and put children on track for school success.

Early Identification and Intervention: Using screening and ongoing assessment, staff identify issues that may impact a child's readiness for school. Everyday, they use what they know about children's health to notice when a child may look or act differently. Staff share concerns with families and respond to children's health needs. Timely referrals and evaluations help programs plan for each child's needs so all children can engage in learning.[32]

Treatment and Follow-up: When children with special health care needs have access to ongoing care, they can make progress in health and learning outcomes. To coordinate treatment and follow up, health providers share information with each other,[33] with families and with program staff.[34, 35]

Safe and Secure Environments: Making sure environments are safe reduces the chance that children may be injured. Managers train staff to look for and remove hazards and use active supervision. Everyone creates opportunities for children to explore and learn safely.[36]

For additional information about what children should know and be able to do in the early years, see the *Head Start Early Learning Outcomes Framework: Ages Birth to Five.*

Reflections

As a program, consider the following questions and possible action steps.

- How does health affect school readiness?

- How do you know that children are healthy and ready to learn? What data do you use?

- How do you communicate the connection between children's health and learning outcomes to staff and families?

- How do you screen for and manage health concerns that impact school success?

- How do you address children's health status when planning and conducting ongoing child assessment?

- How do you make use of community resources to support children's ongoing health and wellness?

Notes

1. These early school experiences include family child care and home visiting programs as well as center-based care.

2. Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood.* Retrieved from http://www.developingchild.harvard.edu

3. Subpart D – Health Program Services. 1302.42 Child health status and care.

4. Subpart A − Eligibility, Recruitment, Selection, Enrollment, and Attendance. 1302.16 Attendance. (a) Promoting regular attendance.

5. Subpart C − Education and Child Development Program Services. 1302.31 Teaching and the learning environment. (e)(3) Promoting learning through approaches to rest, meals, routines, and physical activity.

6. Subpart D – Health Program Services. 1302.42 Child health status and care. (c) Ongoing care.

7. Subpart D – Health Program Services. 1302.43 Oral health practices.

8. Subpart D – Health Program Services. 1302.42 Child health status and care. (b)(4) Ensuring up-to-date child health status.

9. Subpart D – Health Program Services. 1302.44 Child nutrition. (a) Nutrition service requirements.

10. Subpart C − Education and Child Development Program Services. 1302.31 Teaching and the learning environment. (e)(2) Promoting learning through approaches to rest, meals, routines, and physical activity.

11. Subpart C − Education and Child Development Program Services. 1302.31 Teaching and the learning environment. (e)(2) Promoting learning through approaches to rest, meals, routines, and physical activity.

12. Paruthi S, Brooks LJ, D'Ambrosio C, et al. (2016). Recommended amount of sleep for pediatric populations: a consensus statement of the American Academy of Sleep Medicine. J Clin Sleep Med.; 12(6):785–786. Retrieved from: http://www.aasmnet.org/Resources/pdf/Pediatricsleepdurationconsensus.pdf

13. Subpart C − Education and Child Development Program Services. 1302.31 Teaching and the learning environment. (e)(1) Promoting learning through approaches to rest, meals, routines, and physical activity.

14. Subpart C − Education and Child Development Program Services. 1302.31 Teaching and the learning environment. (c) Learning Environment.

15. Subpart D – Health Program Services. 1302.42 Child health status and care. (b)(2-3) Ensuring up-to-date child health status.

16. Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. (b)(1) Effective Teaching Practices.

17. Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. (b)(1) Effective Teaching Practices.

18. Subpart D – Health Program Services. 1302.45 Child mental health and social and emotional well-being. (a) Wellness promotion.

19. Subpart D – Health Program Services. 1302.45 Child mental health and social and emotional well-being. (a) Wellness promotion.

20. Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. (c) Learning Environment.

21. Subpart E – Family and Community Engagement Program Services. 1302.50. Family engagement. (b)(3) Family Engagement Approach.

22. Subpart E – Family and Community Engagement Program Services. 1302.52 Family partnership services. (a) Family partnership process.

23. Subpart H – Services to Enrolled Pregnant Women. 1302.80-1302.82

24. Subpart D – Health Program Services. 1302.46 Family support services for health, nutrition, and mental health. (b)(1)(iii) Opportunities.

25. Subpart D – Health Program Services. 1302.46 Family support services for health, nutrition, and mental health. (a) Parent Collaboration.

26. Subpart E – Family and Community Engagement Program Services. 1302.50. Family engagement. (b)(2); (b)(5) Family Engagement Approach.

27. Subpart D – Health Program Services. 1302.41 (a) Collaboration and communication with parents.

28. Subpart E – Family and Community Engagement Program Services. 1302.53 Community partnerships and coordination with other early childhood and education programs. (b) Coordination with other programs and systems.

29. Children's Health Fund (2017). *Health Barriers to Learning: The Prevalence and Educational Consequences in Disadvantaged Children*. Retrieved from https://www.childrenshealthfund.org/hbl-literature-review/.

30. Subpart D – Health Program Services. 1302.42 Child health status and care. (c)(2) Ongoing care.

31. Subpart D – Health Program Services. 1302.42 Child health status and care. (d)(1-2) Extended follow-up care.

32. Subpart D – Health Program Services. 1302.42 Child health status and care. (c)(2) Ongoing care.

33. According to the Family Education Rights Protection Act (FERPA) and the Health Information Portability and Accountability Act (HIPAA), parental consent must be obtained before education and health information can be shared.

34. [Subpart E – Family and Community Engagement Program Services. 1302.53 Community partnerships and coordination with other early childhood and education programs.](#) (b) Coordination with other programs and systems.

35. [Subpart D – Health Program Services. 1302.41 (a) Collaboration and communication with parents.](#)

36. [Subpart D – Health Program Services. 1302.47.](#)