

Early Childhood Briefing Paper Series

All Children Ready for School: Health and Physical Well-Being



—Pat Cole

Ready Child + Ready Family + Ready School = Successful School Readiness

This working paper focuses on the *health and physical well-being* of ready children. It is part of a series identifying early education practices associated with successful school readiness for all children. Topics in this series focus on ready children (health and physical well-being, language and literacy, cognition and general knowledge, social-emotional skills), ready families, and ready schools.

Tilly, age 4, didn't follow directions, always spoke in a loud voice, and her attention span was short for a child her age. The child care program examined Tilly's physical exam records to see if there might be a physical connection to the behavior, and noted a loss of hearing acuity from the previous year. The program director arranged to meet with Tilly's parents at a time convenient for them. At the meeting, the parents shared that they also noticed the changes in Tilly's voice volume and ability to follow directions. The program director asked the parents if they would be able to return to her medical provider for further assessment. After the visit to the medical provider, the parents informed the child care director that Tilly had a wax build-up creating the hearing loss and they noticed an immediate change in Tilly's voice level and ability to focus once the wax was removed. The program director noted the same changes and shared her observation with the parents.

A child's physical well-being is the cornerstone for all components of school readiness. Researchers agree that children's physical well-being frames their learning opportunities, either expanding or limiting them. A child's physical well-being can affect the ability to actively engage, physically and mentally, in the intended and unintended learning opportunities during the most formative years. Disruption in continuous or full engagement with learning, resulting from injury or from chronic or communicable disease, can have a negative impact on the attainment of the breadth and complexity of skills necessary for school readiness.

Researchers and health professionals define physical well-being as the ability to be fully engaged, on a regular basis, in all developmentally appropriate activities. Activities of preschool-age children that are critical to school readiness require energy, stamina, visual and auditory acuity, and large and fine motor skills. The promotion and maintenance of a child's physical well-being in early care and education require a focus on prevention through safe and healthy environments and safe and healthy practices by staff and children.

Equally important is comprehensive health care for children, and support for effective communication between early education and care providers and parents to ensure access to, and utilization of, services and supports for the child's physical well-being. Without an investment of resources equal to that in other school readiness areas, a child's ability to take full advantage of an early childhood education program may be compromised.

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What We Know: Important Physical Health Attributes Associated with School Readiness

Health and early care and education experts have identified several physical health attributes that are crucial to ensuring that young children are ready and able to succeed when they enter school (Figure 1). Research has found that the presence of these attributes is significantly influenced by the socio-economic status of the family. Children from lower socio-economic families are less likely to receive routine health care, including immunizations, developmental and other screening, and dental care. Lack of screening and assessment for physical and developmental needs decreases children's enrollment in programs that provide supportive services to meet identified needs, often resulting in developmental delays. Research has shown that pre- and post-natal exposure to environmental toxins (e.g., lead, mercury) has a lifelong negative impact on children's cognitive development.

Figure 1
Physical Health Attributes Associated with School Readiness

1. Children have up-to-date recommended immunizations.
2. Physical and developmental disabilities, mental health, and chronic health conditions are identified and treated.
3. Children are free of communicable disease and accidental, unintentional, or intentional injuries.
4. Children have sufficient energy and stamina to engage in age-appropriate activities.
5. Children's teeth are free of decay and pain, and children have good oral hygiene and healthy teeth.
6. Children have age-appropriate large and small muscle development.

What We Know: Effective Early Education Practices

How can early childhood educators promote these health indicators, to help successfully prepare young children for school?

■ Implement policies and practices that promote physical well-being.

Children depend on adults to make healthy choices for them and to teach them to make healthy choices for themselves. While some degree of risk taking is desirable for learning, a quality early care and education program prevents hazardous situations and practices that are likely to result in adverse health and safety consequences for children.

Development of policies and recommended practices based on research, combined with input from local subject experts, parents, and staff can result in greater adherence to policies. Enrollment, nutrition, sanitation, transportation, exclusion of ill children, sleep, and emergency preparedness are examples of policy and procedures necessary to promote physical well-being of children and staff.

Children mimic the actions of adults, creating the need for sound health and safety practices on the part of early care and education professionals. Research cites nutrition, physical activity, and hand washing as staff practices that have the greatest impact on children's health habit development.

■ Provide safe and healthy environments.

Programs must develop and maintain a safe and healthy environment that provides appropriate and well-maintained indoor and outdoor physical environments to minimize exposure to illness and injury. Environments are never neutral in their impact on children. Too little or poorly designed free space creates risks for injury and disease for children and staff. Interaction between the space and the furnishings helps direct people to desired activities. For example, placement of the eating area and the toileting area adjacent to sinks promotes the practice of hand washing. Careful attention to large motor equipment and spaces is

critical due to the exploratory nature of young children. Also, the creation of different areas for large and small muscle play encourages appropriate use of materials and decreases the likelihood of injury resulting from an incompletely developed sense of body image and coordination.

Sufficient ventilation and air circulation, removal of toxic materials such as lead and mercury, moderate room temperature and humidity, a combination of natural and artificial light, and easy to clean wall and floor surfaces are all important environmental elements in early care and education settings that affect a child's physical health.

■ Provide and maintain age-appropriate equipment, furnishings, and materials.

Properly maintained and cleaned equipment, furnishings, and materials will result in fewer outbreaks of communicable disease and injuries. Additionally, the arrangement of furnishings to facilitate a child's ability to focus and interpret the experiences provided by the program is critical to the development of all good health habits, as well as other related school readiness skills. Provision of too little or too much equipment and materials will result in less than optimal safety for the children. Children's non-engagement due to a lack of materials, or overstimulation due to a cluttered environment, increases their risk of injury.

Adhering to a regular schedule of equipment and toy inspection and cleaning is important to reduce the potential for injury from unsafe materials and illness spread by contaminated objects.

■ Ensure that staff is knowledgeable about health services in the community.

The attainment and maintenance of optimal physical health, to facilitate a child's consistent attendance at and engagement in all components of early care and education, require the utilization of health services for immunizations, well-child checks, treatment of illness, and identification of special health issues. Early care and education providers'

knowledge about available community health services, eligibility, and processes for enrollment in those services is crucial to the health status of individual children and, consequently, to the overall level of health in the facility.

Equally important is familiarity with eligibility for and enrollment in Medicaid and Hoosier Healthwise, programs that provide healthcare cost coverage for children.

■ Ensure that staff communication with families and health care providers is consistent, timely, and meaningful.

Implementation of and support for consistent, timely, and meaningful communication between the program, the child's family, and the child's community-based health professionals and agencies, to address any health, mental health, or safety matter that affects a child, are critical components of school readiness. It is estimated that over 12 percent of children under five live in poverty, increasing the likelihood that access to preventive and therapeutic health services is extremely limited or nonexistent.

Requesting support, consultation, and education for staff from community-based health professionals increases the ability of the staff to meet the needs of all children, and helps health professionals become more knowledgeable about early care and education, increasing their ability to talk with parents about childcare concerns.

■ 6. Obtain health histories.

Children's chronic and temporary health conditions can affect their ability to fully engage in the activities critical to the development of school readiness skills. When conditions such as hearing and vision impairments, respiratory conditions, chronic ear infections, food allergies, physical and mental disabilities, and diabetes are unknown to early care and education providers, the implementation of accommodations to ensure the acquisition of school readiness skills is compromised. To prevent this, childcare programs should obtain child and family health histories upon children's enrollment, and then update records yearly at a minimum. All information provided must be kept confidential by staff.

Making These Practices Work for ALL Children: The Universal Design of Early Education

The strategies summarized above answer the question, "How can early childhood educators promote these positive approaches to learning that successfully prepare young children for school?" The next question to answer is, "What do early educators need to do to insure these strategies will work for all learners, regardless of differences in abilities, cultural and linguistic backgrounds, and economic status?" The focus of this section is on the universal design of early education—designing our physical, social, and instructional environments to ensure that every child is able to participate, learn, and benefit (see Figure 2).

The principles of universal design are applicable to the field of early care and education because increasingly diverse groups of children are entering into early childhood programs. We know that a one-size-fits-all approach simply will not work. We know that some children may struggle in learning specific skills for reasons related to their abilities, cultural and linguistic background, or economic status. All children can learn and all bring specific gifts to the classroom, but some children may also face challenges related to their diverse backgrounds and ability levels. Figure 2 offers suggestions for universally designing the recommended practices presented earlier.

Figure 2

Application of Universal Design Principles to Early Education

1. The design of the **physical environment** enables all children to have access and equitable opportunities for full participation in all program activities. This includes structures, permanent and movable equipment and furnishings, storage, and materials.
2. The design of **health and safety program components** minimizes risks and hazards for all children. It ensures all children, regardless of health status or condition, have ongoing access to early care and education by minimizing interruptions to their learning due to illness and injury.
3. The design of the **social-emotional environment** offers all children equitable access and full membership to the social-emotional life of the group, and supports their social-emotional development.
4. The design of the **instructional environment** enables all children equitable access to learning opportunities and multiple means for engagement and learning. This includes the curriculum, instructional practices, materials, and activities.
5. The design of **individual assessment and program evaluation practices** provides multiple approaches to finding out what children know and can do in order to equitably assess individual learning, development, and educational progress.
6. The design of **family involvement practices** supports the equitable access and engagement of all families in the full range of experiences. This includes ongoing communication, learning opportunities, and program involvement activities.

Summary & Implications

Physical and mental health and well-being are important for children to be successful in school and later in life. Early care and education professionals profoundly affect children's physical and mental health status through a program's environment, equipment and materials, practices, collaboration with health service providers, and partnership with parents to

address health issues. These same early education concerns are even more critical for children who have had limited interactions with the health care system because of poverty, family culture, or inadequate health services. The application of the principles of universal design to meeting children's early health needs can help to ensure that each child will enjoy the health and well-being necessary for school readiness and success. The principles, ideas, and strategies in this brief represent a starting point for giving early educators the tools to make this happen.

Table 1
Universal Design Applications

| Evidence-Based Practices | Universal Design Considerations for the Early Educator |
|--|---|
| <p>1. Health and safety policies and practices exist that address the promotion of good health habits (e.g., disease transmission prevention, nutrition, physical activity), responses to emergency situations (fire, natural disasters, serious injury, and illness), and sanitation.</p> | <ul style="list-style-type: none"> ■ Ensure that emergency evacuation policies include provisions for children or staff with physical limitations. ■ Establish practices that ensure children with dietary restrictions due to food allergies and/or religious preferences receive proper nutrition. ■ Ensure that children with chronic health conditions requiring medication or medical procedures are included in care. ■ Implement policies and practices that minimize risk of exposure of children and staff to communicable diseases, but that enable enrollment of children with life-threatening health conditions. |
| <p>2. The outdoor and indoor environments are safe, clean, attractive, and comfortable for all children and ensure their personal health and safety.</p> | <ul style="list-style-type: none"> ■ Ensure that protective surfacing in fall zones allows maximum mobility for children with motor impairments. ■ Make passageways between furniture and equipment wide enough to accommodate all children. ■ Ensure that environments are free of clutter to allow equal access to all areas by staff and children. ■ Place bathroom fixtures to allow easy access to toilets and hand-washing sinks by all children. |
| <p>3. All equipment, furnishings, and learning materials, including toys, are in good repair, easily cleaned, and developmentally appropriate for the children enrolled.</p> | <ul style="list-style-type: none"> ■ Arrange furnishings to ensure access to learning materials by all children. Make sure shelf height and fasteners do not limit access. ■ Choose and arrange furnishings, such as tables and chairs, to promote and facilitate small and large group activities for children of all physical statures. ■ Choose learning materials, including books and clothes for role playing, that reflect multiple cultures in socially acceptable ways. |
| <p>4. Early care and education staff are knowledgeable about the availability of health services in the community, eligibility requirements for the services, and the process for enrollment.</p> | <ul style="list-style-type: none"> ■ Have a directory of services available on site that includes those that support children's physical, mental, and social-emotional health. ■ Make accommodations for interpretation to avoid language barriers to access. ■ Provide sufficient staffing to allow review of copies of applications for enrollment in health services. |
| <p>5. Consistent, timely, and meaningful communication between the program, the child's family, and the child's community-based health professionals is implemented and supported in order to effectively address health, mental health, or safety matters.</p> | <ul style="list-style-type: none"> ■ Use a variety of communication strategies to accommodate all families' literacy levels, languages, and physical challenges. ■ Convey communication, both written and oral, in a culturally sensitive manner. ■ Schedule staff to allow time for the meaningful and timely exchange of information in the preferred language of the parent. ■ Ensure that the timing and volume of communication reflect an understanding of families' life circumstances. |
| <p>6. Child and family health histories are obtained upon enrollment and updated yearly, at a minimum. All information provided is kept confidential by staff.</p> | <ul style="list-style-type: none"> ■ Use health history forms that include information from the family and any health professionals involved with the child. ■ Ensure that questions included on the form are easily understandable by parents and presented in a culturally sensitive way. ■ Post notices of dietary restrictions, alternative positioning of infants as requested by a physician, and necessary medication records in key locations, with adequate covering to ensure confidentiality. |