Early Childhood Education: Implications for School Readiness

Fred C. Lunenburg
Sam Houston State University

ABSTRACT

Preschool experiences are designed to provide cognitive and social enrichment during early childhood development. The goal of these experiences is to promote children’s ability to successfully make the transition to school and to prevent poor school adjustment outcomes such as school failure, unemployment, and poverty. Evidence is growing that children’s family experiences affect their readiness for school. Three of the most important parental influences on children’s adjustment to school are parental expectations of school success, cognitive stimulation that the child receives at home, and parent-child interactions. In addition, parents’ behavior, including their own health and prenatal care, can be important determinants of how well their children will do in school.

Implicit in the No Child Left Behind Act (NCLB) of 2001 (Public Law 107-110) is universal access to appropriate preschool environments, parental support in the child’s preschool education, and attention to health and prenatal care. These provisions of the NCLB law and the position statement from the National Association for the Education of Young Children (NAEYC) set the stage for a national commitment to early childhood education. NAEYC underscores developmentally appropriate preschool learning environments, the critical role parents play in the education process, and the importance of health and nutrition in the preparation of children for learning.

Preschool Experiences

Preschool experiences are designed to provide cognitive and social enrichment during early childhood development (Lee, 2011; Robinson, 2011; Smith, 2011). The goal of these experiences is to promote children’s ability to successfully make the transition to school and to prevent poor school adjustment outcomes such as school failure, unemployment, and poverty. Studies of a wide variety of programs such as Head Start, Even Start, Follow Through, Learning to Learn and other model programs (Kitsantas, 2010; Neelon, 2011; Odogbo, 2011; Reidinger, 2001; Rose, 2011; Smith, 2010;
Thompson, 2012; Zigler, 2011) have shown that one or two years of preschool can improve children’s school readiness, early scholastic achievement, and school competence such as lower grade retention and special education placement. Research supports the effects of preschool programs on long term outcomes such as reduced school dropout rates and increased employment (Lascarides, 2012; Morgan, 2012; Smith, 2011; Yelland, 2011).

Evidence indicates that once children’s achievement patterns are established, there is a high degree of continuity from that point forward, and early attainment sets boundaries on later attainment (Belsky & MacKinnon, 1994; Bauman, 2012; Entwisle, Alexander, Cadigan, & Pallas, 1986; Savage, 2002). The academic difficulties experienced by many minority children are traceable to adjustment problems and patterns of underachievement that begin in the first few years of formal schooling (Howard, 2011; Paige, 2011; Wall, 2010). The child who gets off to a slow beginning in the early school years carries a record of failure; and because of the cumulative nature of topics in the early curriculum such as reading and mathematics, a disadvantaged learner may be hindered by gaps in understanding that may be difficult to overcome (Beauchat, 2011; Blankstein, 2010; Carroll, 2012; Darling-Hammond, 2010; Murphy, 2010; Teach for America, 2011).

Compared to a generation ago, the large majority of children who enter kindergarten now have had extensive non-parental childcare experience or extra-familial home-based child care (Adams, 2012; Bloch, 2012; Lamb, 2000). It seems reasonable that children with considerable non-parental preschool experience might be expected to have fewer adjustment problems when starting school (Bloch, 2012; Lamb, 2000). Consistent with this view, studies of high quality child care indicate that such preschool experience is related to positive functioning in the early elementary grades (Andersson, 1989; Belsky & MacKinnon, 1994; Field, 1991; Howes, 1989).

On the other hand, poor quality child care is associated with poor functioning, both during kindergarten and during later schooling (Vandell, Henderson, & Wilson, 1988). For example, an extensive investigation of 227 child care centers in five major metropolitan areas in the United States found the quality of care to be “barely adequate” (Whitebrook, Howes, & Phillips, 1990). Another study of middle-class, third-graders from three elementary schools in Dallas determined that the children with the most extensive non-parental child care histories (beginning in the first and second year of life) functioned least well in terms of scholastic achievement and social development in school (Vandell & Corasaniti, 1990). Therefore, while child care experience can foster competent functioning during the early years, this possibility is not always realized for many of America’s children (Belsky & MacKinnon, 1994; Bloch, 2012).

**Family Experience**

Evidence is growing that children’s family experiences affect their readiness for school (Jeynes, 2010). Three of the most important parental influences on children’s adjustment to school are parental expectations of school success, cognitive stimulation that the child receives at home, and parent-child interactions. Children whose parents
expect them to do well in school tend to perform better than do children whose parents have low expectations, even taking the child’s mental ability into consideration. Evidence consistently indicates that the cognitive stimulation that the child experiences at home is also systematically related to children’s school performance (Belsky & MacKinnon, 1994; Bloch, 2012). Families who engaged in more teaching at home and who provided more toys, games, and books had children who outperformed their age-mates in reading and writing early in their school years (Savage, 2002). The parenting styles of parents (e.g., their level of warmth in interacting with their children) and marital interaction styles (i.e., negative and positive interactions) significantly predicted children’s kindergarten achievement. For example, conflict in the household in particular, whether between parent and child (Belsky & MacKinnon, 1994; Bloch, 2012; MacKinnon, 1989) or between spouses (Cummings, Iannotti, & Zahn-Waxler, 1985; Emery, 1982) has been consistently linked to children’s academic and social functioning in kindergarten.

Suggestions Educators Can Give to Parents

Educators can offer some specific suggestions for parents to consider in the early childhood years to promote readiness to learn. A few suggestions follow (Bulach, Lunenburg, & Potter, 2012; Lunenburg & Irby, 2002).

Read to preschool children at least 20 minutes a day. Regular reading to children is one of the most important activities parents can do with their children to improve their readiness for school, serve as their child’s first teacher, and instill a love of books and reading.

Keep good books, magazines, and newspapers in the house; the home can mirror the school in this respect. Make it easy – both for adults and children – to find something interesting to read in the home.

Add to children’s enjoyment of reading by discussing each book they read. Discussing the book familiarizes children with story components such as character, plot, action, and sequence and helps them associate language with printed text. Offer them computer-assisted games that promote language, writing, mathematics, and thinking.

Make sure children see parents or the caregiver read for at least 20 minutes a day. Remember, parents are a child’s first teacher. Children spend the majority of their time outside of school.

If a parent has difficulty reading, tell children stories. Telling stories is another important way that parents can participate in shared literacy activities with their children. In some cultures, storytelling and oral traditions play a more central role than reading books aloud.
Limit children’s television viewing to no more than two hours a day. Studies indicate that while some television viewing every day is alright, excessive time watching television is directly linked to poor school performance. Watch the program with the child; then discuss the program and its implications in simple lessons.

Know what kind of homework is expected from teachers, and make sure children complete it. The more involved you are in your children’s schoolwork, the more involved your children will be. Provide children with a regular, quiet place where they can do homework. Set up a place with few distractions, but close enough so they can ask you questions. Technology, through local and national service companies, now affords individual campuses the luxury of having homework hotlines, school announcements, and individualized teacher messages for parents to call.

Demonstrate commitment to high standards. Don’t ask teachers to give children grades or promotions they have not earned. The goal is a good education, not a good report card. Have high expectations of children. Encourage them and tell them that “You can do it!” Words can be strengthening or demoralizing.

Support school efforts to develop and maintain rules for student discipline. Children thrive in an environment where they know what is expected of them. Children want a safe and supportive environment at school.

Help interest children in learning outside of the school day. Find out about after-school and summer programs in the community. School leaders need to avail parents of such programs or assist them in beginning a few for the children on their campuses.

Health and Prenatal Care

Parents play a critical role in preparing their children for school, and parents’ behavior (even before birth) can be an important determinant of how well their children will do in school (Lustig, 2011). It is critical that particularly young parents receive this information from educators and that educators are aware of the factors that influence later learning.

Five birth characteristics linked to children’s later health, behavior, and academic achievement have been combined into a Children’s Health Index to monitor the general status of the nation’s children (Lunenburg, 2003). The pre-birth health risks are: (a) late (third trimester) or no prenatal care, (b) low maternal weight-gain (less than 21 pounds), (c) mother smoked during pregnancy, (d) mother used illicit drugs during pregnancy, and (e) mother drank during pregnancy.

These risks are related to coming to school ready to learn. The first three months of pregnancy, or the first trimester, is the most critical period of fetal development. Mothers who receive early and continuous prenatal care are more likely to follow a nutritious diet; gain an adequate amount of weight; abstain from smoking, alcohol, drugs,
and other harmful substances; and give birth to a baby who is above the standard for low birth-weight (i.e., at or above 5.5 pounds) (Marotz, 2012). However, a mother who receives no prenatal care is three times more likely to deliver a low birth-weight baby than one who has received appropriate prenatal care (U.S. Department of Health and Human Services, National Center for Health Statistics, 2000a).

Low birth-weight is a condition that may increase a child’s risk of developing health, learning, and behavioral problems later in life. Studies of children born with low birth-weights were more likely to be enrolled in special education classes, to repeat a grade, or to experience school failure than children born with normal birth-weight (McCormick, Gortmaker, & Sobel, 1990). In addition, low birth-weight disproportionately affects some minority groups. African-American children are twice as likely as others to be born with low birth-weight. This is most common among Puerto Rican children (U.S. Department of Health and Human Services, National Center for Health Statistics, 2000b).

Immunization against preventable childhood diseases is one of the most important preventive actions parents can take to assure that their children begin school with healthy minds and bodies. The American Academy of Pediatrics recommends a regular series of immunizations and booster shots to protect children against nine preventable childhood diseases: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, and hemophilus influenza type b (U.S. Department of Health and Human Services, National Center for Health Statistics, 2000a).

By age 5, most children in the United States have been immunized, because immunizations are required for school enrollment by nearly all states. However, a little over half of younger U.S. children (between ages 1.5 and 3) have been completely immunized. Low-income children are less likely to be fully immunized than others. Individual states and local communities must target their immunization efforts at populations of children who are at greatest risk. At the international level, data collected by the United Nations Children’s Fund (UNICEF) indicate that the United States compares favorably to nations such as Japan, France, and Australia in the percentage of its one-year-olds who are immunized against measles. However, the U.S. is below the measles immunization levels in comparison to a number of developing nations including Columbia, Pakistan, Panama, Thailand, and Zimbabwe. Moreover, among industrialized nations, the United States ranks very low—21st out of 28 (United Nations Children’s Fund, UNICEF, 2003). Healthy children are more likely to be “ready to learn” children.

Conclusion

Implicit in the No Child Left Behind Act (NCLB) of 2001 (Public Law 107-110) is universal access to appropriate preschool environments, parental support in the child’s preschool education, and attention to health and prenatal care. Preschool experiences are designed to provide cognitive and social enrichment during early childhood development. The goal of these experiences is to promote children’s ability to successfully make the transition to school and to prevent poor school adjustment outcomes such as school failure, unemployment, and poverty. Evidence is growing that children’s family
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References


