AN EVALUATION OF THE OFFICE OF SUPERVISOR OF HEALTH
IN TULARE COUNTY, CALIFORNIA

by

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THESIS

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CHAPTER I

THE PROBLEM AND DEFINITION OF TERMS USED.

There is a definite need for a systematic, objective study of the position of the Supervisor of Health in the Office of the Tulare County Superintendent of Schools. To meet this need the following material has been organized and evaluated.

I. THE PROBLEM

Statement of problem. The purpose of the study is to examine the functions of the Supervisor of Health in Tulare County Schools with respect to School Health Services, Healthful School Environment, and Health Instruction.

Importance of the study. The position of Supervisor of Health is one of the newer positions in the Office of Tulare County Superintendent of Schools. Therefore, the functions of the Supervisor of Health need intensive study. At the present time no uniformity of practice in the several county offices is available. Nor are there in California any training programs in educational institutions designed for the express purpose of preparing individuals to serve as Supervisors of Health.
The popular concept of health, shared by many school administrators, is that of treatment rather than the prevention of disease; nevertheless, modern emphasis is definitely toward the prevention of disease rather than its treatment.

**Purpose of the study** - The chief objective sought in compiling, evaluating and presenting the information and conclusions contained in this project is to aid the Office of the Tulare County Superintendent of Schools in achieving its goal as expressed by the incumbent, J. Post Williams:

"The major functions of all personnel employed in the office of the County Superintendent of Schools are to develop and strengthen an instructional program which will insure maximum learning opportunity for all children, youths and adults."[1]

A second purpose is to aid teacher-training institutions in the setting up of courses of study to prepare individuals as Supervisors of Health Education. Those in charge of programming courses in these institutions may find value in the present study.

A third purpose is to develop a good health program and job responsibilities among staff members in the office

[1] Quoted by permission.
of the County Superintendent of Schools.

II. DEFINITIONS OF TERMS

**Health Education.** Health education includes health services, environment and health instruction.

**Health Appraisal.** A process including the physician's examination, nurses' and teachers' inspections, the procedures used, and all records pertaining to the health of the child.

**Supervisor of Health.** A nurse who holds a certificate of registration issued by the Board of Nurses Examiners of the State of California and a regular Health and Development Certificate.

**District Nurse.** A nurse who holds a certificate of registration issued by the Board of Nurses Examiners of the State of California, and who is employed by the several district schools in the county. She may or may not have a regular Health and Development Certificate.

**Health Advisor.** A physician employed by a school board on either a full or a part time basis. Or the county or city health officer. Anyone who advises regarding matters of health.

**Administrator.** A person delegated by the Board of Trustees, the Board of Education, elected by the people
and given the responsibility and authority to manage the school.

Health. A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Mentally Retarded Minors. Those minors who, because of intellectual deficiencies as determined by psychological examinations, are incapable of being educated efficiently and profitably through ordinary classroom instruction.

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1 Constitution of World Health Organization
CHAPTER II

OVERVIEW OF TULARE COUNTY AND ITS SCHOOLS

Description of County. Tulare County, California, lies in the San Joaquin Valley about midway between Los Angeles and San Francisco. Tulare County is famous for its agricultural products and for the Sierra Mountain Range which includes Mount Whitney, the highest point in the United States. This county is the gateway to Sequoia and Kings Canyon National Parks, the Sequoia National Forest, and to the High Sierras. In these mountains skiing, skating and toboganning furnish winter sports and offer opportunity for fishing, hunting and camping during the summer. Considerable lumber is produced in the area of Tulare County.

Tulare County has a population of approximately 145,000 and covers some 4,935 square miles or about 3,100,800 acres. Only about one-fourth of the acreage is under cultivation, yet its fundamental source of income is agriculture. Citrus, grapes, grain, cotton, early potatoes, truck vegetables, peaches, apricots, olives, plums, prunes, walnuts, poultry, dairy cattle and other livestock have all contributed to make Tulare County "The County of Diversity."
For the most part irrigation is needed to produce the crops, and consequently water is often left standing in the ditches and fields. This condition, coupled with high mid-summer temperatures, is ideal for breeding mosquitoes, flies and other insect pests. Weather conditions favor both variety and abundance of crops, and large-scale farming has led to extensive mechanization.

Public transportation is provided by two railroads, the Santa Fe and the Southern Pacific. Three bus lines serve the county, the Pacific Greyhound, the Santa Fe, and the Orange Belt Bus Corporation. Highway U. S. 99 traverses Tulare County for nearly sixty miles, a fact which facilitates rapid truck transportation of perishable products. However, the majority of the roads are state or county built and maintained. For the most part these roads are two-laned, hard surfaced, and gravel shouldered. More than twenty airports are located in the county.

There is a wide variation in the socio-economic status of the inhabitants, ranging from that of the wealthy landowners to that of the itinerant laborers. This disparity of status is responsible for a widely divergent standard of living. Due in part to lack of education in matters of finance, many families do not save money during periods of employment. The inability of so many workers
to differentiate necessity from luxury, as well as the cost of maintaining relatively large families on a low income, tend to limit the amount of money available to pay for medical care. These are factors which combine to keep many families in a state of undernourishment and ill health.

The children in the rural areas generally do not enjoy as good health as do children in more populous parts of the county. This is especially true where both parents work long hours in the fields, return home exhausted, and have little time or strength left to devote to their children's health needs. While parents are working, they do have some money to spend on medical care but cannot afford to take time from work to bring their children to the free clinics sponsored by the county health departments. Some of these clinics are centrally located in Visalia, hence are far from the county's outlying areas. Efforts are made to decentralize some types of clinical services, but the otological clinic is held at the Tulare County Hospital only.

Transportation poses a problem because frequently there is no available bus service. Often there is no shelter against rain or sun while waiting for whatever bus service is offered. Distances, too, are in many instances great, and necessitate long travel time. The
family car is often dilapidated or badly in need of repair. Perhaps the mother does not know how to drive, or the father must use the car for transportation to his place of work. To drive the ailing children to the clinic means a loss of work and income. Neighbors are in much the same predicament and can offer little assistance.

In the extreme southeast section of the county there is a sizeable lumbering area which has a combined high school and elementary school enrollment of eighty-one. The school district of this section spent $411.25 per pupil during the 1953-54 school year. The physician employed by the lumber company is responsible for meeting the medical needs of the entire community, and does the immunization in the schools. Although this school district is some seventy-five miles from the office of the County Superintendent of Schools, the service rendered by the company physician to children eliminates a health problem as far as this office is concerned.

In the extreme southwest part of Tulare County there is another area whose inhabitants are exclusively colored people. This is a low-income area. Cotton picking on large land holdings is practically the only work to be had. This small community has two wells with electric pumps, one of which belongs to the school. Like all other
schools in Tulare County, this one has flush toilets and has a supply of running water for drinking and other purposes. Most of the families in this settlement haul water for their household uses from the other well. Only three families have flush toilets, the remainder use unscreened, dirty privies, which of course present the usual problem of contamination. Most of the homes have electricity but are in need of repair. Lack of sanitation, overcrowding, inadequate housing, insufficient clothing, undernourishment are ever-present problems in this area. Coryza, pediculosis, impetigo and the other nuisance diseases are major causes of absenteeism from school.

In cases of accidents, illness, or suspected communicable disease in some schools, the administrator cannot call many of the parents because they have no phone. If the administrator takes the student home, possibly neither parent is there to receive the sick child who must be taken back to school, or to an emergency hospital, or be left with some kindly neighbor. In several areas no resident physician can be found in a radius of perhaps fifteen miles.

The chief industry in the rural central valley section of the county is that of fruit and vegetable production. Within this central area is found a nucleus of
stable landowners, and also permanent farm labor camps. Usually the local school lies in the camp itself. These camps house the year-round farm laborer as well as large numbers of migratory workers. The fact that crops are harvested in season occasions considerable variation in the average daily attendance at such schools.

Physical defects among the children are often uncorrected because their parents are working in the crops during their short stay in the area, and move on to another crop in another area before the children's defects can be corrected. Not infrequently emotional problems present themselves because these migratory children have little feeling of belonging; due to interruptions in class work and almost constant need for readjustment in the total school situation. Few of these families have a regular physician, which contributes to the high incidence of uncorrected defects in their children.

There are seventeen districts in the county which employ nurses either full or part time. In these districts Parent-Teachers Associations and other community service agencies help in the solution of health problems. Urban and near urban areas have comparable health problems, but they have the advantage of clinics, hospitals, and physicians near at hand who give considerable gratuitous
services. More nurses have been hired for the 1954-55 school year in the district schools. Some teacher-training institutions are now requiring health education courses in their teacher preparation programs. Communities are becoming more conscious of the importance of good health education. These three factors have contributed to a general improvement in the health of the children.

The very presence of a school nurse working daily within a district tends to upgrade the health instructional program. Her presence affords a professional resource person ready and trained to aid the teacher with knowledge, materials and methods. Her presence is often a relief to worried parents because they recognize her competence to advise them, to demonstrate needed procedures, to interpret the doctor's orders. Her presence invariably gives a definite sense of security to the whole community.

**Description of Schools.** During the 1953-54 school year there were 35,210 children in average daily attendance in the schools of the county, the grades ranging from kindergarten through two years of college. Employed to instruct these students were 1540 teachers. In addition to these regular classes there are also emergency classes and schools for exceptional children maintained by the
Office of the Tulare County Superintendent of Schools.¹

Emergency classes for the severely mentally retarded and for the deaf and the partially sighted, and the Juvenile Hall School are all located in Visalia. Classes for exceptional children throughout the county number a total of forty-six.

Listed according to types, the schools maintained in the County are:

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<thead>
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<th>Type</th>
<th>Count</th>
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<tbody>
<tr>
<td>Elementary and ungraded</td>
<td></td>
</tr>
<tr>
<td>Schools having one teacher</td>
<td>2</td>
</tr>
<tr>
<td>two teachers</td>
<td>12</td>
</tr>
<tr>
<td>three &quot;</td>
<td>8</td>
</tr>
<tr>
<td>four &quot;</td>
<td>8</td>
</tr>
<tr>
<td>five &quot;</td>
<td>7</td>
</tr>
<tr>
<td>above five</td>
<td>65</td>
</tr>
<tr>
<td>Special training and Emergency schools</td>
<td>3</td>
</tr>
<tr>
<td>Juvenile Hall</td>
<td>1</td>
</tr>
<tr>
<td>High Schools</td>
<td>12</td>
</tr>
<tr>
<td>Junior High</td>
<td>1</td>
</tr>
<tr>
<td>Junior Colleges</td>
<td>2</td>
</tr>
<tr>
<td>Grand Total</td>
<td>121</td>
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¹Education Code, Div. 4, Chap. II, Section 9801.1.

²Directory of Public Schools, Tulare County, 1953-54, p. 7.
Organization of the Tulare County Superintendent of Schools' Office. The present superintendent made the following statement:

"I am legally charged, by virtue of my office, with the responsibility of administering the office of County Superintendent of Schools, and also of providing additional essential educational services which would promote equality and completeness of educational opportunity for all children, youths and adults.

Therefore the major functions of all personnel employed in the office of the County Superintendent of Schools are to develop and strengthen the instructional program which insures maximum learning opportunity for all children, youths and adults." ¹

This philosophy is in accord with that expressed in the Report of State Committee on County School Instructional Services, a report rendered by the Department of Education, State of California.

To effect the above outlined program the Superintendent of Tulare County Schools has organized the personnel in his office into four departments. These departments are: Division of Instruction, Division of Accounting, Division of School Business Administration, Division of Special Services.

¹J. Post Williams, Superintendent of Schools, Tulare County. Quoted by permission.

²State Department of Education, Division of Instruction, 1954, Chapter V, p. 2, Draft Number Four.
The Division of Special Services embraces the following: Nursing, Dental, Psychological, Audiometric, Testing, Speech and Hearing, Child Welfare and Attendance, Guidance, Research and Records. Classes for the deaf and partially sighted, classes for the mentally retarded, and classes for those in Juvenile Hall are accounted as within the jurisdiction of Special Services.

Before undertaking an analysis of the separate services listed above, the author feels it advisable to inject at this point an expression of the purposes guiding the school health program. These are:

To enable children to benefit from an education according to their respective physical, mental, and social capacities.

To assist in the normal development of any child.

To promote a healthful school and home life through learning experiences.

Nursing Service - Inasmuch as the central theme of this paper bears directly upon nursing services and health education, the topic will be developed separately in the ensuing chapters.

Dental Services - The dental hygienist will assist with dental health problems such as dental health education of pupils; screening of children's teeth with necessary follow-up in conjunction with parents; on-the-job dental health education for school teaching personnel.

Psychological Services - Psychologists evaluate intellectual and personality factors of children; prepare case summaries for administrators and parents.
in terms of the child's capacities, needs and incompatibilities; recommend steps for readjustment in terms of special classes or special understanding and consideration of the individual problems; refer severe cases to other community agencies, such as the mental health or child guidance clinics; work with groups of parents and teachers toward more complete knowledge of the dynamics of personality, growth and development; offer consultative service to other county agencies such as the health department, the probation department, or the welfare department; identify and recommend steps for curriculum adjustment of the gifted child, and for the socially maladjusted child.

Audiometric Testing - The audiometrist will provide screening for hearing losses and follow-up service to the schools. She is likewise responsible for testing the students' hearing in all schools under 900 average daily attendance.

Speech and Hearing Services - The coordinator of speech and hearing (who in Tulare County also holds the position of supervisor of the School for the Deaf as well as the School for the Partially Sighted) conducts hearing aid clinics, develops speech education programs when requested. She conducts in-service training of speech teachers.

Child Welfare and Attendance Services - The supervisor of Child Welfare and Attendance will assist all schools in the following ways: making visitations to homes, holding conferences with parents or guardians of children whose absence from school has been verified by local authority as truancy or of a persistent or unexcused nature; filing petitions against minors, parents or guardians relative to non-attendance when other methods to secure attendance have failed; assisting in register procedure and in pupil accounting; issuing work permit forms, giving information relating to these forms; supplying information on the employment of minors, on continuation education.
Schools for the mentally retarded and those held in connection with Juvenile Hall are under the supervision of the psychologist and the supervisor of attendance respectively.¹

¹Personnel Assignments and Responsibilities 1953-1954, Office of the Superintendent of Schools, Tulare County.
SUMMARY

A description of the topography, the climate, agriculture, industry of Tulare County, and the socio-economic status of the people was stated.

The advantages of a school nurse to a district were outlined. The number and types of schools operated in the county were listed. The organization of the County Superintendent of Schools' office was presented. Emphasis was laid on the Division of Special Services, and the duties of the personnel of this division were detailed.
Statement of the problem. The purpose of the study is to examine the functions of the Supervisor of Health in Tulare County Schools with respect to both direct health services, and consultations are given by the nurse on the staff to the district schools and their nurses.

"The County Superintendent of Schools of each county may employ one or more supervisors of health as defined in Section 16441, to supervise the health of pupils enrolled in the schools of elementary and high school districts over which he has jurisdiction, or may contract with the board of supervisors of the county in which he holds office for performance by employees of the county health department of any or all of the functions relating to proper health supervision of the school buildings and of pupils enrolled in the schools of such elementary and high school districts. All rules governing health supervision in the schools shall be made by the county superintendent of schools. No supervisor of health shall be employed, and no county employees shall perform duties under any contract, who does not possess a health and development credential; provided, however, that a psychologist may be so employed or may perform such duties under a contract if he is the holder of a school psychologist credential issued by the State Board of Education."¹

¹"No physician, psychiatrist, oculist, dentist, dental hygienist, optometrist, otologist, chiropodist, school audiometrist, or nurse not employed in such capacity by the State Department of Public Health Education Code, Div. 8, Chap. 3, Art. 4, Section 16461 (Sacramento: The State 1953.)"
shall be, nor shall any other person be, employed or permitted to supervise the health and physical development of pupils unless he holds a health and development certificate."¹

Functions of Special Services Division - The Director of Special Services receives his assigned duties from the County Superintendent of Schools. Within the limits of number of personnel and budget the job responsibilities of the Director of Special Services are:

To help each child with the cooperation of school personnel, parents and community agencies to achieve maximum physical, mental and social well-being;

To help school personnel to recognize and handle constructively children with special mental, physical and social problems;

To help school personnel to improve their effectiveness on the job through academic, emotional and social growth;

To stimulate the use of the best instructional materials including books, films, filmstrips, slides, pictures, maps, records, etc.;

To work cooperatively with all staff members to bring about a more effective planning development, administration, promotion, coordination and evaluation of the most productive special services program for 2 children and youths in the Tulare County Schools.

¹Ibid. article 3, section 16443.

²Quoted by permission of Dr. Burt Kebric, Director of Special Services.
Supervisors of Health - At present two public health nurses are employed by the County Superintendent of Schools in the capacity of Supervisors of Health. He assigns their duties through the Director of Special Services. According to the Education Code, "A supervisor of health employed by the county superintendent of schools shall perform such duties in connection with the supervision of the health of the pupils as prescribed by the county superintendent." ¹

The Code also states, "The qualifications for a nurse shall be a certificate of registration issued by the Board of Nurses Examiners...and a health and development certificate." ²

The present practice is to divide the duties of the supervisor of health into areas of urgent referrals, follow-up of pupil referrals, and vision screening after initial screening by the teacher.

Urgent Referrals - The services rendered under urgent referrals are generally those calls received from school administrators requesting nurses inspections of students suspected of having communicable diseases.

There may be serious accident cases and the administrator, teachers, and students need only reassurance. Or they may want to discuss the cause of the accident, a solution of how the accident could have been prevented, and the proper first aid that should have been given.

**Follow-up of Pupil Referrals** - The responsibility for administration of the school health program legally rests with the school district. "The governing board of any school district shall give diligent care to the health and physical development of pupils." Again the code:

"The governing board shall make such rules for the examination of the pupil in the public school under its jurisdiction as well as insure proper care of the pupil and proper secrecy in connection with any defect noted by the supervisor of health or his assistant, and which may tend to the correction of the physical defect."

The responsibility for care and treatment of physical defects found in the examination of pupils in schools is legally that of the parent or guardian. It is not a responsibility of the school. However, this does not preclude the right of the County Superintendent of Schools or a school district to employ Supervisors of Health or to

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1Op. cit. Div. 8, chap. 3, art. 2, section 16416

2Op. cit. Div. 8, chap. 3, art. 5, section 16481
contract for health services with the County Health Department, or with private persons. The only restriction is that no employee shall perform duties under any contract who does not possess a health and development credential. ¹

The County Superintendent of Schools has a permissive supervisory function in the health program, but no direct legal responsibility. The Code directs that a Supervisor of Health shall perform such duties in connection with the supervision of health of pupils as are prescribed by the County Superintendent of Schools.

The Tulare County Superintendent of Schools has therefore assigned to the Supervisors of Health the duties of consultant and coordinator to district nurses and school districts and also the responsibility to set up channels for the correction of defects found in the pupils of the county schools, in conjunction with the health department and other agencies who jointly share in the legal responsibility for health and welfare services.

The education code states as one of the requirements for the health and development credential the possession of

¹ Op. cit. Div. 8, chap. 3, art. 2, section 16425
² Op. cit. Div. 8, chap. 3, art. 4, section 16462
³ Personnel Assignments and Responsibilities, 1952, Office of Tulare Co. Superintendent of Schools, Visalia.
a valid Registered Nurses' Certificate. Provision is made for an emergency credential. Of the twenty-four district school nurses working in Tulare County about one-half of them are working on emergency credentials. This presents a problem. Many administrators do not understand the difference between a nurse trained to take care of the sick and one trained to do preventive procedures through education. If a nurse is going to be of permanent service to the school by education, she must know something of the learning processes and the art of teaching.

Dorothy Nyswander, reporting on the Astoria, New York, plan for school health, observes that in order to have an effective program the nurse should know resources the community offers and how to use them.

For some of the health service needs, no program, official or unofficial, has been set up in Tulare County. Therefore, the Superintendent of Schools in this county has designated the establishment of channels for care of defects or illnesses to be another major responsibility of the supervisor of health. This involves a close and co-operative working relationship with other official and unofficial agencies.

1Education Code, Div. 7, chap. 8, art. 2, section 13058.
Since school administrators generally are not well informed on the details of the nurse's responsibilities they, therefore, look to the Supervisor of Health for guidance and consultation. Frequently the Supervisor holds conferences with administrators and nurses working in the districts regarding some health service problem in the school. A plan of procedure for this particular problem is then jointly developed. No uniformity of pattern can be stated and therefore no specific procedure can be determined.

In the school districts where no nurse is employed, the responsibility for discovering health problems rests with the teacher and administrator. The greater contact between pupil and teacher makes the teacher the one most likely to notice health problems among the pupils. As a result of this close teacher contact and the large number of districts, which depend almost solely upon the teacher to do the major portion of case finding, the Supervisor of Health carries on a program in health services. This program is designed to assist teachers in performing the usual morning routine inspections of their students.

The teachers are advised to look for the symptoms listed below, and students having any of these symptoms
discovered by morning inspection are thereupon sent to
the principal for possible exclusion from school. This
modus operandi does not, of course, imply that symptoms
noticed at other times of the day are not to be reported
to the principal for similar action.

The symptoms of possible illnesses common among
children and that can ordinarily be discovered by teacher
observation are: unusually flushed face; unusual pallor
of face; skin rash or spots; a coughing or sneezing; red
or sore throat; stiff or rigid neck; swollen neck glands;
nauses and vomiting; red or watery eyes; dizziness or head-
ache; chills or fever; listlessness; pain in chest or neck;
cold, snuffles or running nose; and diarrhea.

A principal's authority to dismiss or exclude pupils
found infected with any contagious or infectious disease is
expressly given by the Educational Code.

Many parents send their children to school even when
they know the child is not feeling well and possibly shows
signs of illness. This is sometimes done in spite of the

1California Administrative Code, Title V, Chapter I,
sub-chapter 1, article 7, sections 62 and 64.

2Delbert Oberteuffer, School Health Education

3Ibid., section 65.
fact that the parents know the child has been exposed to a communicable disease.

It is routine procedure for school officials to contact the parent by phone if possible and request that a parent call for the ill child. This procedure, besides saving someone of the school personnel both time and travel expense, causes the parent to make a more careful decision regarding the possibility of communicable disease being spread by the attendance at school of an infected child. It is easier for the parent not to send an ailing child to school in the first place than to be obliged to call for the child within a short time and bring the child home again.

Parents, when properly approached and instructed by a school's health service personnel, can be expected to give some thought to the personal cleanliness of their children while in regular attendance at school. The students themselves can then be expected to arrive at school neat and clean.

"All pupils who go to school without proper attention having been given to personal cleanliness, or neatness of dress, may be sent home, to be properly prepared for school or shall be required to prepare themselves for the school room before entering."  

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Every competent teacher, especially when in charge of young children, stresses the importance of personal cleanliness, of regular elimination, and of safe drinking water. Enduring habits and attitudes relating to these matters may be taught children as soon as they enter school. For many years educational psychologists have known that the development of sound habits and attitudes depend upon supervised practice under wholesome conditions.

If in the opinion of the administrator a home call is needed, and if the school personnel feels incompetent to make the call, the Supervisor of Health accompanies the administrator and/or the teacher. In this way administrators and teachers may learn the techniques and procedures of making a home call. If a home call is not indicated after a physical defect is found, the district nurse may wish to write to a parent about her findings. The particular case may be eligible for Crippled Children Services, and the nurse may need help in filling out the "face sheet" for the County Health Department. A handbook of channels for health services by the County Health Department and by the school nurses is in the process of being developed.

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Grout, op. cit., p. 215.
Vision Screening - California Education Code requires that vision screening be done in the elementary school. Defective vision is one of the common causes of reading disability and, therefore, definitely connected with pupil retardation.

The Education Code states in regard to vision screening:

"Tests for sight and hearing of each pupil enrolled in the school district shall be adequate in nature, and shall be given only by qualified Supervisors of Health employed by the district, or by certified employees of the district, or by employees of the County Superintendent of Schools."

The qualifications for those persons who administer eye-screening tests are prescribed by law. The legal requirements include completion of a one unit course in vision screening from an accredited college or university; or the completion of a six clock-hour course in vision screening given by a qualified Supervisor of Health.


2 Education Code, Div. 8, Chap. 3, Art. 5, Section 16482.

3 Education Code, Div. 8, Chap. 3, Art. 5, Section 16482.

4 California Administrative Code, Title V, Chapter 1, sub chapter 1, art. 7.5, section 68.
Turner states that the Snellen test is in no sense an eye examination. "But teachers will, for a long time to come, be the central figures in such school activities as may relate to vision. For that reason they should know well how to screen..."

Again,

"Educational authorities are concerned with children's vision because 83% of learning comes through the eye. Finding children with refractive errors and getting them corrected makes it possible for the child to benefit most from his schooling. Even after correction, a few children may have vision of 20/70 or worse; for these children sight-saving classes are being provided, enabling them to acquire as good an education as those without visual handicaps." 2

Seven hundred and thirty-one supervisors, principals, nurses, and teachers have qualified themselves for vision screening using the Snellen and the Plus Sphere tests, and have done vision screening in a classroom.

The courses given by the Supervisor of Health to qualify personnel for vision screening has been a major activity. In the past some teachers did vision screening in their classrooms, but there was no county-wide program

1 Turner, op. cit., p. 75


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1 Turner, op. cit., p. 75


encouraging teachers to screen vision.

The teacher refers to the Supervisor of Health all students who have shown any loss or imperfection of vision. She will also refer those who did not show a loss, but who she suspects might have a vision loss because of other signs and symptoms of vision difficulty. The Supervisor of Health in the office of the Tulare County Superintendent of Schools rechecks all referrals from the initial screening by the classroom teachers. After rechecking and consultation with the classroom teacher, the Supervisor of Health writes a notice of the defect found. This notice is signed by the administrator and then sent to the parent or guardian.

"When a defect has been noted by the Supervisor of Health or his assistant, a report shall be made to the parent or guardian to take such action as will cure or correct the defect. Such report, if made in writing, must be made on a form prescribed or approved by the Superintendent of Public Instruction, and shall not include therein any recommendation suggesting or directing the pupil to a designated individual or class or practitioner for the purpose of curing or correcting any defect referred to in the report.

The provisions of this section do not prevent a supervisor of health from recommending in a written report that the child be taken to a public clinic or diagnostic and treatment center operated by a public hospital or by the state, county or city department of public health."¹

¹ Education Code, op. cit., Section 16484.
Follow-up procedures for the correction of defects afford an opportunity for instruction both as to why the correction should be made and how to arrange for services to be rendered. There is a need for post-cooperation between the nurse and the teaching staff in securing these corrections. Having these corrections reported back to be recorded on the students' health records is another need.

Relationships with Other Special Services Personnel -

The Office of Tulare County Superintendent of Schools maintains a central file. This file contains the findings of all tests given by the psychologists to individual students. These tests are given to ascertain which students need instruction in special classes. Any supervisor may add pertinent information to the histories in these files at any time.

Each supervisor in the Division of Special Services maintains a file of the findings made in his area of responsibility. These findings are filed by the year, by the school, and by the grade of the student concerned. Filing in this manner eliminates the necessity of transcribing test results of large numbers of children.

Requests for services from the school districts are sent to Director of Special Services on form S.S. 1. The director then channels them to the appropriate supervisor.
In the event the request is for psychological study, it is referred to the psychologist responsible for making such studies in the schools assigned him. He checks the central file to determine whether or not any study of the student has been made. If a case history has been started, he continues the case study. Where there is no history started, the psychologist gives the request to the secretary, who completes form S.S.5. The information to be included on this form is obtained from the files of individual supervisors. The original referral and the completed form are then returned to the psychologist. If there is no record on the student regarding information needed by the psychologist, he requests the supervisor for that area to obtain information for him in the event that neither the school nor the parent has the needed information.

Sometimes the nurse secures from parents a release of confidential medical information. This information is then sought from the private physician or public agencies for use by the special service personnel. Occasionally the nurse accompanies a psychologist on his visit to the child's home when that seems advisable.

Another way in which the special services personnel and the psychologist cooperate is by doing the health inspections of the students in the classes of those schools
maintained under the direct supervision of the County Superintendent of Schools, such as the Juvenile Hall, classes for the partially sighted, et al.

The interrelationships of the Supervisor of Health with other special services personnel is carried on in the same manner. In most cases the interaction between the Supervisor of Health and other special services personnel is not extensive.
SUMMARY

This chapter gives an analysis of the health services rendered by the personnel of the special services department functioning within the Office of the Tulare County Superintendent of Schools. These health services are rendered to the local school districts.

Shown also were the interrelationships and chain of authority. Thus, rules governing health supervision in the schools originate with the County Superintendent of Schools. The duty of carrying out these rules is delegated to the Director of Special Services who in turn sub-delegates specific duties to the Supervisors of Health Services.

The Supervisors in their various fields refer children with specific needs to the appropriate service or clinic.

Supervisors of Health invariably work through the school administrators, on either a purely consultative or an actively cooperative basis.

Initial screenings and findings are generally undertaken by the classroom teachers.
CHAPTER IV

HEALTHFUL ENVIRONMENT and SAFETY.

Statement of the problem. The purpose of the study is to examine the functions of the Supervisor of Health in Tulare County with respect to a safe and healthful environment.

The materials used herein have been gathered from a variety of authoritative sources and from local situations. The points to be covered include sanitation, e.g., water supply, lavatory facilities; lighting and ventilation; accident prevention; bus regulations; cafeteria menus and service. Emotional climate, at first glance irrelevant, is included because experience demonstrates its pertinence to a child's well being.

"It is a basic assumption that quiet and harmonious surroundings, comfortable equipment, adequate light, proper ventilation, effective heating, and other factors calculated to provide a good teaching environment become health assets of first importance."

The legal responsibility for safe and healthful school environment is placed upon the governing board of each school district.

1American Association of School Administrators, Health in Schools (Washington, D. C.: The Association, 1942)
2Education Code, Div. 9, Chap. 1, Art. 3, Sec. 18041.
The Superintendent of the Tulare County Schools delegates the responsibility for supervision of the environment and safety in the schools as a joint responsibility of the Supervisor of Physical Education and to the Supervisor of Health.

The Supervisor of Physical Education supervises the physical education program, is responsible for the program of activities and the safety of the apparatus as to location on the playground and for its maintenance and use. In conjunction with the administrator and the Supervisor of Health, the teacher of physical education plans suitable programs for the atypical pupil, one who cannot participate in the normal physical education activities. "All students can and should have some types of physical education, graduated to fit their special needs." To illustrate the point, some students who engage in chores at an early hour may need rest more than exercise during their physical education period.

Physical Factors in Environment - Apart from the responsibilities and supervision lodged in the person having charge of physical education, all other responsibilities

for physical environment, such as proper lighting, heating, ventilation, etc., are delegated to the supervisor of health.

"If the Supervisor of health of any school district notes any defect in plumbing, lighting, or heating, or any defect in the school building unfit for the proper housing of children, he shall at once make a detailed report to the governing board of the school district. If within 15 days after he has filed this report, he find that the board has made no provision for the correction of the defect, he shall at once report to the County Superintendent of Schools who shall proceed to have the defect corrected." 1

"The governing board of each school district shall provide a sufficient, convenient, and healthful supply of water for each school within the district. If the board, upon investigation of the health officer of the county in which any school under control of the board is located, is found to have neglected to make such provision, the superintendent of schools of any county having jurisdiction over the district shall do so." 2

Defects in plumbing may contaminate a safe water supply.

"When faucets or other water inlets are so installed that they lie below the spill line of a lavatory, tub or toilet fixture, contamination of water supply may occur by water rising above the inlet and entering the water supply by back siphonage." 3

"The best type drinking fountain is one which projects the flow of water from the side of the fountain

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1 Education Code, op. cit., chapl II, art. 4, Sec. 18221.
and where there is a mouth guard.

"Fountains should be placed conveniently inside and outside the buildings, and in areas of primary classes on a level where they can be easily reached."¹

The Health and Safety Code also states:

"A district may do any or all of the following: Exercise all other needful powers for the preservation of the health of the inhabitants of the district whether the powers are expressly enumerated in this chapter or not. The powers granted in this chapter shall be liberally construed for the purpose of securing the well-being of the inhabitants of the district."²

Showers - Showers, especially when not provided at home and where they could be provided at school, are undoubtedly aids in helping children to form habits of cleanliness. Although the idea is so patent in itself that no substantiation is necessary, one can readily find authority for the value of frequent bathing. For example authoress Kathryn Dean Lee remarks:

"...everybody knows that a daily bath is necessary for bodily cleanliness and that garments one wears should be spotlessly clean."³


²Health and Safety Code, Section 936.

Mr. Vernon L. Nickell, whose observations were quoted above, estimates that there should be at least one lavatory for every thirty pupils, one stool for fifty boys, one stool for every twenty-five girls. Students unaccustomed to the use of flush toilets should be instructed in how to use them. To allow children to use the toilet when they indicate a need is an informal educational procedure which contributes to the formation of good habits; moreover, a friendly and informal classroom, where children are free from undue tensions, helps to prevent digestive and elimination disturbances caused by emotional factors. Common decency requires that hands be washed after going to the toilet, before meals, and whenever necessary for cleanliness. Handwashing facilities should include running hot and cold water, soap and paper towels. A mirror is always an added nicety. The school should provide large enough receptacles for waste towels, and encourage students in cleanliness, good housekeeping, and esthetic decorum in their lavatory habits.

1 Vernon L. Nickell, op. cit., p. 17.

2 Ruth E. Grout, op. cit., p. 35.
Lighting is especially important in the classroom where there is considerable use of the eyes for close work. Vision is the avenue through which the greater portion of learning takes place, hence good eyesight is of paramount importance. Seeing, however, depends largely on good lighting and good lighting requires that:

"There must be enough properly directed, diffused, and distributed light, without glare...It is recommended that everyone should have a minimum of 30 footcandles. Even more light is needed for tasks requiring prolonged or intensive use of the eyes, or for people having eye difficulty."

Dark halls, stairways and secluded corners and cupboards should be well lighted to avoid accidents. Light colored wall decorations reflect light better than dark colors. Gloss finishings should be avoided, as they produce glare.

Extreme caution should be taken, especially in some of the older buildings, not to overload the electric circuit by placing too much demand for power on any one outlet. Old and damaged wires are one of the leading causes of fires in buildings. Inspections, made at least once yearly, will serve to uncover defective wiring. Then, too, as children are taught about fire and accident prevention, they may be

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alerted to notice dangerous defects. Whenever defects are discovered, discussion is pertinent as to why they are hazards and what can be done to correct them. This constitutes a good example of meaningful education. This learning experience will help students become conscious of their own safety as well as that of their school and community.

The law requires that in the schools fire drills be held during each month of the school year in which all pupils, teachers and other employees shall be required to leave the building.

"Fire Drills - Except where the governing board of the school district has arranged for the conducting of fire drills at least once each school month by a fire department, the principal of each school shall hold at least once each school month a fire drill in which all pupils, teachers and other employees shall be required to leave the building. A record shall be kept in the principal's office of the date and hour of each fire drill."¹

Heating and Ventilation - Inadequate and improper temperature and poor circulation of air throughout the school buildings can result in much discomfort and even ill health. Modern science has shown that control of the thermal properties of air is important. Classrooms

²Nickel, op cit., p. 18
should be from 68 to 70 degrees, F., gymnasiums should be from 55 to 60 degrees, toilets and shower rooms 70 to 75 degrees, lunch rooms from 65 to 70 and playrooms from 60 to 65 degrees. Heating in schools of California is generally done with oil, natural gas, and in some cases with butane. Windows should be opened whenever possible for comfort. All too frequently in cool weather the classroom windows are closed all day. Although it should not be, nevertheless children are often permitted to wear coats until noon even in a comfortable room temperature.

"Another reason for the attention due to ventilation of classrooms is to reduce the droplet content of the air. For many years it was assumed that practically all moisture droplets expelled into the air from the nose and throat in coughing, sneezing and talking fell to the floor within a distance of ten feet. Recent studies, however, have shown that tiny nose and throat droplets, less than 0.1 mm. in diameter, tend to evaporate their moisture before reaching the floor. As a result droplet nuclei, some of which may contain disease-causing organisms, are formed. These are so light that they may float in the air for hours and be carried considerable distances, even from one floor of a building to another. Dry sweeping and dusting should be avoided..."2

1 Ibid., p. 196.

Windows and doors should be opened as soon as the classes are dismissed. Thus the room will be ventilated when the class returns. Coats should be removed upon re-entering. As a safety measure doors, when opened, should be secured against the wall. Crash locks should be placed on all exit doors.

**Accident prevention** - Most accidents do not just happen; they are caused and most of them can be prevented.

"In the elementary schools accidents are the leading cause of death, and are more prevalent among boys than among girls. Poor housekeeping is one of the major causes of accidents." ¹

To provide safe and sanitary working conditions for teachers is a major responsibility of administrators. No teacher can do his best work in a hazardous, slovenly or unattractive classroom.

"Many teachers have to work in situations where facilities for keeping a room clean, orderly, and attractive are decidedly lacking. Some buildings are old and in bad repair; cloakrooms are inadequate and poorly lighted, storage space and filing spaces are meager or entirely absent...Interested parents and parent groups frequently come to the aid of teachers if they are made conscious of the needs of the children while at school." ²

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"The wise teacher will set up a program for pupil participation in the maintenance of an orderly and sanitary classroom. Through participation pupils can be guided to become increasingly responsible for their own materials, the common property of the class, the proper arrangement of furniture in the room, and many other details which will contribute to an orderly workshop free from health hazards common to many classrooms." 1

Not only should thought be given to accident prevention, but similar care should be given to maintaining a safe and beautiful landscaping surrounding the buildings. Children can be interested in helping contribute to the upkeep of an attractive school and yard. To cite an instance, the public school in Seeley, California, had such an experience. The children were guided to the determination that they would insist on neat and attractive schoolground. 2 Children can definitely help in the elimination of many accident hazards so common on unsightly schoolgrounds, like holes, glass, nails, rocks, coke bottles, scattered papers, left-over lunches, and debris of all kinds.

1 Ibid., p. 246

Bus Behavior - There is probably no better opportunity for school personnel and the Supervisor of Health to observe the effects of safety instruction than in the environment surrounding the loading of a school bus.

The following are a few points to be observed:

Do the children run to the safety zone to meet the bus?

Are they standing in line, or waiting, jostling, shoving, pushing or even fighting?

Do they wait until the door is actually open before they try to climb aboard?

Do they take turns?

Do they remain seated after they are once aboard?

Once they are aboard, do they expectorate on the floor, throw things out the windows, put arms or head out of the windows, and are they silent at railroad crossings?

When bus reaches the stop for children to disembark, do they wait until the bus stops? If they are to cross the street, do they wait until driver escorts them across the road on main thoroughfares?1

Legally, all busses are required to be equipped with first aid kits, and their drivers must have a valid first

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1 Rules and Regulations of the State Board of Education California Administrative Code, Chapter I, sub-chapter 5, article 2, Section 1067.

2 Ibid, Sub-Chapter 5, article 7, sections 1100-01-02.
aid certificate. In case of accident the driver of the bus must immediately report any accident to the California Highway Patrol, to his employer, and to the governing board of the school district, to the Superintendent of Public Instruction and to the County Superintendent of Schools.

All school busses and school bus drivers shall be subject to inspection by the officers of the California Highway Patrol, and must meet the qualifications as prescribed by the Department of Motor Vehicles.

**School Lunch Program - Inspection** of the school lunch programs is a part of the consultant responsibilities of the Supervisor of Health in the office of the Tulare County Superintendent of Schools.

Much can be done to facilitate safe handling of food, attractive serving, and making the cafeteria or lunch room a sanitary, pleasant and relaxing place to eat. Doors and windows should be screened. This is especially true in California where there are many flies, mosquitoes and other insects. Rooms should be light and airy and well ventilated to avoid cooking odors.

\[\text{1} \text{Ibid. Sub-chapter 5, article 4, section 1084.}\]

\[\text{2} \text{Ibid. Sub-chapter 5, article 5, section 1087.}\]
"Such foods as salads, casserole dishes, cream puffs, and custards, when left standing at room temperature for more than an hour or so, provide a most favorable environment for such bacteria to multiply in. Perishable food should be stored until ready for use at a temperature of 50 degrees or less, depending on the type of food."\(^1\)

In the lunch rooms traffic congestions should be avoided by arranging the steam table and drinking fountains in correct relation to the student serving lines. Plenty of space for each student would be allowed at each table. Noise should be held to a minimum, but still allow freedom for social conversation in non-disturbing tones.

Some schools stagger the lunch hour for different classes. This arrangement permits more relaxed environment, prevents overcrowding, lessens noise, and still allows about thirty minutes for lunch. All this contributes to making the lunch periods a desirable social experience. Children learn to eat and enjoy wholesome foods in a pleasant atmosphere, and often enjoy foods seldom or never prepared for them at home.

Those employees serving the food should wear hair nets or caps, wear clean aprons, have hands scrupulously clean and never handle food served to others with their

\(^1\) Ruth E. Grout, *Health Teaching in Schools*, passim.
hands. Food dropped onto the floor should never be served even though by careful observance the food appears clean.

The governing board of any district may provide, without charge, breakfast and lunches, for pupils within the district who do not otherwise receive proper nourishment.

Lunches served in schools in California are classified as type A, type B and type C. The first and best, type A, enjoys a federal subsidy. Purpose of this subsidy is to provide children of the public schools with a nutritionally balanced noon-time meal. This type contains 2 oz. of protein, 1 slice of bread or muffin equivalent; 2 teaspoons of butter or fortified margarine; 2/3 cup of fruit or vegetable and 8 oz. milk. Type B is a less complete meal, such as a bowl of warm soup, with crackers and milk. However, this type is never equal in nutrition to type A. Type C consists of 8 oz. of fresh milk.

Emotional Climate of Environment - The emotional climate of any school is determined largely by three things:

a) the buildings and surroundings;

b) the educational philosophy and personnel attitudes;

c) the type and needs of children in attendance.

The site upon which the school stands and the buildings erected are generally determined first by the school
board, subject to certain wide restrictions set by the county and state authorities. In some areas this choice (of site and building program) is made with considerable care, and according to the needs of the children in the community. In other cases the basis for choice is political, economic, or social.

"There are communities where the farmers provide relatively better facilities for their stock than are available in the schools for their own children. The amazing aspect of the matter is their complete unconcern when the condition is brought to their attention."¹

"We want beautiful schools and surroundings for our children, and we can secure them only as there are persons who appreciate beauty, possess health, and have some yearning for excellence in man."²

The school building should serve the need of those who use it. Color and design do affect the mental and emotional health as observed by children's responses to bright colors.

The prevailing educational philosophy of the faculty and the personnel attitudes will also determine the emotional climate in the classroom and on the campus.


² Williams, op. cit., p. 113.
"We may reach our goal with compromise on school facilities, but the atmosphere, the soil, the climate in which this growth and development takes place are by far the most important. Therefore in the hands of the superintendent of schools, the supervisor, the principal, teachers, and the non-teaching school personnel lies the initial responsibility for providing the necessary ingredients for a harmonious, permissive, stimulating atmosphere. The superintendent with the open door, the ready smile, the willingness to be a conferee instead of a 'judge'; the supervisor secure in the background provided by the superintendent passing on the atmosphere engendered by the superintendent, in addition to his preparedness in the field; the principal with the gift of the superintendent's understanding and the supervisor's help, coupled with more intimate knowledge of the parent, teachers, and children; the teacher with a genuine interest in creating for the child the atmosphere in which the child may add to his knowledge and experience and increase in respect for the individuality and unique humaneness of his colleagues; the non-teaching school personnel (secretaries, clerks, custodians, et al.) chosen because they fit the school 'atmosphere', and are competent in the field they represent aided by the permissive attitude of the administration is indeed a Veritable House that Jack Built with each part a necessary link in the chain, and with as far-reaching effect on the health of the child as health examinations and other activities."1

"The role of the principal is to direct the program of action which children, teachers, parents and society in general believe to be for the common good. One of the first responsibilities of the principal is to provide the opportunity for the exercise of considered judgment on the part of all concerned in determining what is for the common good."2

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From the source just quoted we learn that a relatively large amount of time spent by administrators in planning cooperatively with staff and community in the initial stages of a program will pay dividends in later developments.  

A genuine interest on the part of the administrator and the teacher in activities, projects, collections which are of interest to the children themselves will foster a stimulating atmosphere. Their interest in the children's activities will exclude a harsh, unpleasant emotional climate.

However, there are always limits to which a teacher can utilize the children's spontaneous interest and motives. Still, the children should feel free to bring into the classroom whatever is of keen interest to them, be it a toy or a bug.

A teacher can make the classroom atmosphere relaxed, and can develop character in children by emphasizing the acceptable conduct rather than by punishing infractions of discipline. "We can be so fair in our treatment of them that they will not be pushed into wrongdoing through fear.

1Op. cit., p. 103

The importance of our own habits and attitudes can't be overlooked," "Attitudes, once absorbed, are as hard to remove as recapturing the ink in a blotter."  

Teachers should realize that individuals acquire many of their values, their standards from their families before they begin school. Study of the variations in family life which result from various family patterns forms, or provides a basis for the acceptance of differences among people.

If teachers were cognizant of the facts, this is precisely the way they themselves have learned and formulated the basis for the philosophies, customs and beliefs which they now hold and which they have come to accept as right. Frequently the standards of the students are judged by the standards of the teacher and yet the teacher may be completely unaware of the type of home the individual comes from. Unfortunately, the teacher far too often does not take the time or trouble to make a home call, to invite the parent.


2Ibid., p. 22

3Ibid., p. 23
to the school, or talk to the student long enough to gain an understanding why the student feels as he does. It is easier for the teacher to tell the student what he expects of him, and punish him if he does not conform.

"But above all, teachers themselves had to escape the limitations of their own experiences and orientations. Teachers themselves had to learn to accept differences. They had to be able to accept all kinds of children from all kinds of backgrounds. Above all, they need to learn to understand behaviors they observed were socially learned, and that these behaviors could be changed by new social learnings instead of by punishment."¹

"It cannot be said too often that children learn chiefly by contagion."²

Types of children in attendance - The determinants of emotional climate in a school, as described in the immediately preceding pages, are: first, the buildings and surroundings; second, the educational philosophy and personnel attitudes; and third, the type of children in attendance. Closely related to the third factor is that of the customs and educational objectives of the parents who send them to school.


In general, children from both urban and rural families of upper socio-economic status have many advantages over those from families of low socio-economic status. A study of eighth grade children in California reveals that more children from families of upper status belong to youth organizations, have more farm projects of their own, receive better medical care, achieve higher scores on standardized tests, and according to their teachers have fewer scholastic problems and are better adjusted socially than children from lower status farm families. Each and every one of these soi-disant revelations are painfully obvious to the most casual observer, to every teacher of any experience, and are so thoroughly in keeping with common expectation that it seems quite unnecessary to belabor the obvious.

A study of migrant children in seven counties of the San Joaquin Valley indicates that these children, in general, compare unfavorably with children or resident farm families. They tend to have more physical and psychological problems, to achieve less well in school, and to have fewer opportunities for wholesome recreation. Even though the migratory and the resident farm child are in some cases indistinguish-

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1 Faith Smithers, "Study of Children of Seasonal Agricultural Workers in the San Joaquin Valley." Sacramento: Division of Instruction, Elementary Education, California State Department of Education, November, 1950 (mimeographed).
able, the resident farm child has better opportunity because he is part of the community and does get some help from it in times of dire need and he is also able to finish the school term. The young children of migratory families are often taken to the fields with their parents, left in camp with other children, or locked in parked cars along the road.¹

A familiar sight in the late fall or winter in the San Joaquin Valley is a line-up of twenty or thirty cars parked near the cotton fields, each with small children left inside. It is no matter of wonderment that some of these children, when they come to school, are dehydrated, debilitated, and dirty. How could a mother, after working all day in the field, possibly have strength and time enough to cook, wash and care for these children adequately? The question is rhetorical. How can a parent be deeply interested in the child's education, which is an abstract thing to many of them, when their physical needs are so pressing?

Differences of race, socio-economic levels, customs, and educational objectives and ideals do make different contributions to our schools emotional climate. But these

¹Smithers, op. cit., State Department of Education, Vol. XX, No. 5 (Sacramento, California, July, 1951.)
²Ibid., p. 12.
differences should not lead to animosity or ill feelings.
SUMMARY

This chapter dealt with the functions of the Supervisor of Health regarding the environment and safety of the schools. Emotional situations in which children find themselves and the pertinence of this sub-topic have been outlined. Also mentioned was the Supervisor's interest in satisfactory sanitation at the schools. Recommendations regarding lighting and ventilation as well as suggestions for accident prevention were shown as part of the supervisor's work. Lunch-room programming and types of lunches were cursorily explained.
THE NATURAL TEXT:

CHAPTER V

HEALTH INSTRUCTION

Statement of the problem. The purpose of the study is to detail the function of the Supervisor of Health in Tulare County; its acceptance and fulfillment of all responsibilities involved in maintaining a health program throughout the county. Within the scope of the health program are these four activities: instruction and planning; nutritional consultation; accident prevention; in-service training.

Instruction and planning - If health is as important to the welfare of our people as proclaimed in statements of educational goals, then administrators, directors of curricula, and school staffs should see that health instruction is allotted sufficient time for an effective program. No other study can claim priority. That health instruction is a prerogative and duty of educational authorities is readily gathered from the following apt delineation of functions:

"...responsibility of the school, the health department and the medical society can be broadly delineated on the basis of function, with the task of the school defined as teaching, that of the health department as preventing disease and protecting community health, and that of the medical society advancing medical care."

Dr. Oliver E. Byrd states:

"The school exists as a social institution for the primary purpose of education. If all other functions were taken away from the school but one, this remaining duty would be that of educating the child. This means that all activities that are carried on under the auspices of the school should be primarily educational in nature.

In respect to the problem of health, this means that the school's primary role is one of health education. This, in turn, places a major obligation on the schools to develop a sound health curriculum."

The Educational Code of California prescribes in broad outline that the course of study in the elementary schools shall include training the children for healthful living, instruction in manners and morals, instruction in public safety and in accident prevention. The foregoing statement clearly implies that elementary school boards shall not neglect these subjects in curriculum content, and

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2 Quoted by written permission of Dr. Oliver E. Byrd.
3 Educational Code, Div. 5, chap. 2, art. 1, sec. 10302 and 10171.
that the classroom teachers are legally required to provide learning experiences in conduct relating to sound health, good morals, preventive safety. Elsewhere the Code ordains that instruction be given also on the nature and dangers of alcohol and narcotics.

These legal requirements on subject matter for a course of studies are addressed primarily to boards of education. In practice, however, the ultimate responsibility to discharge the obligation rests upon the teacher in the classroom. To supervise, counsel, and aid the classroom instructor or principal in fulfilling these mandates of the Educational Code is a particular function of the county Supervisor of Health. Corroborating this teacher-function of the Supervisor of Health is Doctor Van der Slice who stated:

"...school nursing time formerly spent playing hostess, summoning pupils, assisting school physicians can be devoted to other things, such as participating in teacher-nurse conferences, meeting with school faculty and parent groups, and assisting teachers with health instruction."

1 Administrative Code, Title V, chap. l, sub-chap. 1, art. 3.

The Tulare County Course of Study, adopted in 1952, is at the time of this writing in the process of revision. The basis for the framework of health instruction was patterned after a pre-existing health instruction guide drawn up especially for the elementary schools in Tulare County. The purpose of health education given in the schools is to render the individual better able to protect and improve his personal health and that of the community.

"If American democracy, resting as it does on individual freedom, is to persist in producing responsible, independent yet cooperative, public-spirited adults, training from the earliest years should be directed towards education of the individual in the exercise of good judgment, self-reliance, tolerance and understanding in health, as in all other aspects of the school curriculum.

The basis of intelligent action is accurate knowledge. This is as certain in the field of health as in any other field of human endeavor. The setting up of a controlled environment in which young people learn how to apply facts in the solution of current individual and community health problems is one of the primary functions of the school.

Through education of the individual pupil towards accurate health knowledge, favorable health attitudes, good health judgment, and the practice of sound health habits, the school and the classroom teacher does (sic) more than educate just the individual. The child of today is the adult of tomorrow. In the long range view health education of the individual becomes health education of the community."

The Supervisor of Health is not charged with the responsibility of supervision of classroom instruction in health in the schools throughout the county. She does, however, lend all assistance possible to the school authorities with their health instruction programs. She does so by assisting with the planning of section meetings at teachers' institute; by providing courses designed to qualify teachers for administration of vision screening tests; by holding informal consultations with teaching personnel of district schools.

The programs presented at the annual teachers' institute are prepared in response to a questionnaire in which those who attend the institute state what particular areas or subjects they should like discussed at the ensuing institute. The Supervisor of Health works in conjunction with the institute committee in seeking to plan sections which will fulfill the expressed need of the teachers and administrators. Meticulous evaluation of the success of the institute is begun immediately following the institute, and plans for the next one are started. Taken into consideration are the comments and requests made by persons who had attended the institute.

A compilation of data taken from the questionnaire submitted at the close of the 1952 institute showed three
main topics of interest with regard to the county health program. These interests were: Nutrition, Safety, Joint Meetings of School Nurses and Health Department staff.

**Nutrition** - One of the local school districts was carrying on a nutritional experiment using young white rats as subjects. The Supervisor of Health, in conjunction with the school's administrator and members of the third grade, developed a program which featured three members of the class displaying their subjects. These children gave a description of their experiment to the persons attending this section meeting on teaching nutrition. Accompanying this experiment were many free materials, posters, books, games, handbooks, a nutritional kit, annotated listing of films, phonograph records and other material on both general and specific nutritional problems. At this session a nurse from one of the local school districts acted as chairwoman.

**Safety** - In another school district the students of the seventh and eighth grades built a wooden scale model of their school and playground on which they depicted some of the accident hazards which they observed. The accidents were depicted by making stick figures out of pipe cleaners mounted in clay, while streamers connected the figures to a descriptive chart. An outline of the responsibilities of
teachers and administrators was presented. Following this was a lively discussion regarding teacher responsibilities, avoidance of accidents, and methods of teaching safety in the schools and on the playgrounds. Such exhibitions of interest in nutrition and safety are tangible results of planning on the part of teachers and administrators with guidance and stimulus provided by the Supervisor of Health.

**Joint Meetings** - At the 1953 institute special sections were devoted to nurses' interests and problems. In the discussions it was brought out that there was overlapping of some nursing service. Moreover, it was discovered that, where a joint responsibility existed between organizations or agencies, often the division of authority, the functions of respective personnel were not clearly defined, nor was there any prearranged sharing of work. Confusion, overlapping, even neglect in some quarters were inevitable. This situation suggested a need for a joint nurses organization, and publication of a handbook of procedures.

Up to this time classes in vision screening had been given by the Supervisor of Health, but only as an in-service training for teachers. Over a period of two years the writer has given twenty such classes in all parts of the county. The attendance records of these classes show that
there were 765 teachers who took the course. Among those who attended classes were the county superintendent, his staff or supervisors, school principals, district nurses, full time teachers, substitute teachers, and prospective teachers. Emphasis has been put upon the eye health program by the Supervisor of Health because it is assigned as one of her major responsibilities, and because no uniform program for vision screening has heretofore been carried on for the children in all grades in every school in the county. Consequently no overall program for correction of vision defects had been set up with private physicians or other agencies.

Contributing to emphasis on vision testing was the issuance of an amendment to Title V, California Administrative Code, in September 1952. This amendment requires all personnel doing vision screening to have a unit of credit in vision screening given by a recognized collegiate institution, or six clock-hours in vision screening given by a qualified supervisor of health. The first of these six-hour classes was scheduled in October, 1952. Several classes were given in different parts of the county within the same week. At first resentment was obvious, and a comment frequently voiced was, "Just something else for a busy teacher to do." In most cases, however, resentment waned when the
teacher understood the role which vision played in the academic success of their students. The simplicity of administering the Snellen and the Plus Sphere test, and the information regarding students served to calm aroused emotions. Why certain of their pupils did not achieve as they could be expected to was realized for the first time.

Most of the larger schools did have a nurse or a teacher who had had training and experience, and these volunteered to answer questions for teachers during the first screening of the children. The Supervisor of Health was on call, ready to lend help at any school. The last two hours of the six hour course were devoted to a review of the techniques of vision screening and to a review of signs and symptoms of vision loss. Discussion followed on experiences teachers had had in the process of actual testing and then the procedure for follow-up.

These follow-up procedures were in writing and a detailed explanation was given on which cases were eligible for care and which organization would assume responsibility for the care to be given. No student, regardless of defect found or the parents' financial status, needed to continue without treatment or care if the cooperation of student and parent with the school and other agencies could be obtained.
It should be stated here that the degree of success obtained in the program is in direct proportion to the interest and active cooperation of the local school administrator and teacher. This is in harmony with the philosophy and policy of the office to strengthen local school districts and to help the local administrator solve problems found in his school.

In addition to teachers' institute and formal classes, the in-service program for district schools is done through consultation and advice on specific problems. Consultant service is given only on request.

Sometimes the assistance is given directly to the student regarding his illness so he will understand how to protect himself and others on how to administer treatment that may have been prescribed over the telephone to the school. It may be a talk to the class, or at a meeting of the teachers.

In the Tulare County Superintendent of Schools Office the Supervisor of Health has much leeway in her methodology regarding help to school personnel in health matters. Consultation with other supervisors in the office is encouraged, if this solves problems.
**Nutritional Consultation** - The Supervisor of Health also acts as consultant in the school lunch program. Nutrition and school lunches are a very important factor in the health of students. Knowledge of what constitutes a well balanced diet is of paramount importance in teaching health. Without this knowledge students cannot wisely choose the foods that they should have for sound physical growth. Many students come to school well fed but malnourished. To avoid this self-deception: more emphasis needs to be placed on instruction in nutritional needs and food values. Due to the urgency of other services, such as eye screening, and also owing to the few requests for assistance in nutritional matters, little has been done by the Supervisor of Health. However, since the vision screening program is now well established, and is meeting the needs of the schools satisfactorily, more time and attention can now be directed toward bettering the nutrition program in the several school districts in the coming year.

**Accident Prevention** - The responsibility for consultant services in instruction on safety has not been one of the specifically assigned duties of the Supervisor of Health. Nevertheless, numerous requests are received to supply free materials and for suggestions on how to teach safety and
accident prevention to children.

Accidents do not just happen, but are caused. The causes must be taught and learned in order to prevent the occurrence of accidents.

"That accidents are the leading cause of death among school age groups is a grim reminder of the importance of the safety aspect of health education... In 1946 accidental deaths of children five to fourteen years of age numbered 6,250, approximately 500 less than in 1945... Accidents among school children at school: 52% in the buildings; 25% on the grounds; going to and from school 7%. These estimates of accidental death rates are made by the National Safety Council for the year 1946."

The chief reason for reviewing the statistics of accidents in the school is to show how imperative it is to draw attention to their causes and train young people to avoid them.

In-service Training - On-the-job education of school personnel in methods of observation of pupils' health is a function of the Supervisor of Health in Tulare County. Training in the techniques of making home calls is also part of the job of the Supervisor of Health.

In this county the Health Officer shares the responsibility of health in the schools with the county office.

\[\text{1N.E.A.} \& \text{A.M.A., op.cit., p. 71 and 72.}\]
and school districts. The Health Officer writes all standing orders for nuisance diseases, does the immunizations, inspect school buildings for sanitation and water supply, inspects cafeterias, is in charge of communicable disease control. The health department does not do routine physical examinations of pupils. There is no agency in Tulare County which takes this responsibility as such.

Many children in the county do not have the advantage of a family physician. Transportation, time and economic conditions greatly influence the situation for children in the receiving or not receiving proper medical examinations and care. Therefore, even though the inspection of children at school by the teacher or nurse is in no way adequate or comparable to the physician's examination, such inspection is used as the next best thing. Unfortunately, we know that "many rural school children have never received a physical examination or even a superficial check-up by a school nurse."¹

In-service education of school personnel is stressed by the Supervisor of Health as she makes her first visit to the school in the fall. The importance of a physical exam-

ation by the family physician, and a written report is requested especially when the child enters the school for the first time.

The kindergarten teacher and the first grade teacher are impressed with the importance of the necessity for a thorough physical examination, and a report of the findings sent to the school office. If this has not been done, then the teacher is encouraged to make a thorough physical inspection of the student and to note any particular behavior that might suggest a health problem. If one such exists, then the teacher is to obtain health information from the parent. Such information, together with notes or observations recorded by the teacher, is discussed with the administrator. If anything is found that seems urgent, plans for a physical examination are developed, often by resources in the immediate community. Should there be no doctor in the community, and the parents unable to afford medical care, the Supervisor of Health is consulted, and some feasible plan is generally worked out for medical care. Even if the Supervisor of Health is consulted, it is still the responsibility of the district school board and the parents.

Where the health problems are many and the school is large, administrators have helped to solve their problems by employing nurses and other personnel to assist them in
reaching solutions. In the smaller districts this method is financially impractical, and the County Supervisor of Health acts as a consultant. She assists the teachers in these small schools by showing them approved techniques in pupil observation. An aid to teacher observation of students is acquaintance with up-to-date scientific knowledge of good health practice, growth and development, personal interests, and zeal in the health of children. An alert teacher may detect many conditions that even a thorough examination by a physician may not disclose.

"An acceptance of a permissive atmosphere does not mean an atmosphere of laissez faire. It is one thing to accept a child's feelings: it is another thing to allow the child to behave in such a way that he becomes the victim of his every whim. As has been said, the expression of negative feelings usually frees the child to go ahead to clarify his positive feelings, and to work out constructive behavior, behavior that is in keeping with his own ideas as well as the ideas of the adult." 

In the relationship with teachers and administrators the Supervisor of Health must maintain this permissive climate. She is a guest of the school through the invitation of the administrators. She is there to help solve their school health problems, and sometimes their personal problems. In accordance with this policy, the office of Tulare County

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Superintendent of Schools performs all of its personnel work in the schools on a consultant basis.
SUMMARY

This chapter treated the Supervisor's role in health instruction. Planning instructional programs, their content, time, duration, sequence forms part of the supervisor's duties. Obligations and responsibilities for pupil instruction on matters of health services were determined. Guidance in preparing institute sessions received summary treatment. Ways and means of achieving wider, richer knowledge of nutrition and safety were listed. In-service training of teachers, especially those of the lower grades, in matters of pupil health and hygiene was explained as another important function of the Supervisor of Health.
CHAPTER VI

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

The purpose of this study has been to present an extensive analysis of the functions of a county supervisor of health.

SUMMARY

Data and experiences have been drawn from Tulare County in the southern part of the San Joaquin Valley, California, where this reporter is currently employed as a Supervisor of Health. The intent has been to outline in sufficient detail the physical features of Tulare County; to cite local conditions, especially among school children; to depict broad alinements of regular and occasional duties of the health supervisor. These duties are for the most part professional in nature, and are centered in health services. The chief, but not the only, service rendered is instructional. In addition to planning sessions for the annual teachers' institutes, assisting at in-service teacher training, conducting classes, e. g., in methods and techniques of vision screening, the Supervisor of Health acts as consultant in matters affecting sanitation and safety around the schools, lunches and nutrition, home calls, childrens'
medical needs. The supervisor, on referral by school teachers, does re-checking for faulty vision, renders direct health services for those classes established and maintained by the County Superintendent of Schools. Here reference is to those classes under direct supervision of the County Superintendent as distinct from schools maintained by cities and districts.

CONCLUSIONS

From material presented in the foregoing chapters the following conclusions have been drawn. First, the complicated chain of authority, the division of responsibilities among such interrelated yet autonomous personnel as public health officers, school nurses, public clinics, and county supervisors of health—all point to the need of an authoritative guide book. Such a book is needed to clarify procedures, to outline jurisdictions, to eliminate duplication of efforts, and to expedite service to schools and students.

A second conclusion is this: The variety of duties performed by a supervisor of health, as made manifest in the preceding pages, coupled with the extensiveness of Tulare County, warrants a larger staff of supervisors than would be necessary in a more congested area of equal
population. Problems in this county spring from both the composition of its population and distances involved in rendering adequate health services. To illustrate the point, low economic levels in some rural areas militate against good nursing and medical care in the home or at school because obtaining the services of a medical doctor usually implies for parents and students in these outlying areas considerable travel. Moreover, the inadequacy of public transportation poses another problem. These related facts often compel a Supervisor of Health to give a disproportionate amount of her time to the children in these areas. And the time spent in traveling to and from necessarily limits her time available for care given.

RECOMMENDATIONS.

To improve health education as offered by the Office of the County Superintendent of Schools, effected through the Office of the Supervisor of Health, four recommendations are now set forth.

I. The staff charged with the responsibility of implementing a thorough health program for all school children within the county should be numerically and
and qualitatively adequate. In Tulare County, where distances between some communities involve long travel time, which in turn implies less usable time, additional staff members should be advantageously employed.

II. Although the supervisor of health renders a variety of services pertaining to her field, it is recommended that the emphasis should be on the instructional part of her duties. It seems more useful for her to spend time training teachers regarding such matters as health inspection, vision screening, advising school nurses, consulting with principals than to dissipate her energies in actual nursing care, inspecting sanitary facilities and other chores.

III. A more accurate title should be given the position held by a Supervisor of Health. Recommended is the title, Supervisor of Health Education. This term appears more correct per se, and will distinguish more readily this office from that of Public Health Officer, who is not under the jurisdiction of the County Superintendent of Schools.

IV. Development of a definitive guide or handbook is also recommended. Contents of this handbook should include these two topics:
(a) a detailed description of job responsibilities;
(b) clearly stated working relations of staff members with district personnel and with other community agencies committed to public health services for children.

The value of these recommendations can best be tested by time and experience.
BIBLIOGRAPHY
A. BOOKS

Describes new philosophy and approach of health programs in schools.

One of a series of books studying educational problems associated with education of different groups of children in one school.

The author makes a functional approach toward health education by meeting the needs, interests and problems of high school students.

A valuable reference outlining the responsibilities of schools and administration for health of school children. Describes health services, healthful living, and health instruction.

Deals with interrelationship of sociology and education as these fields seek to influence social structure.

Deals with highly controversial issues regarding the place of health services and physicians in the schools and health and physical education.


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and Secondary Schools and Institutions for Teacher
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368 pp.
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services and activities. Serves well as a textbook.

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Its educational philosophy is to teach children to
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activities involved. It covers school health program.

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The Future Elementary School Administrator. (Sacramento:  

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effect upon children's growth.

The National Association of Secondary School Principals,  

Nickell, Vernon L., Issued by Illinois Guide to Healthful  
A pamphlet to guide local Boards of Trustees and  
Administrators in improving building health facilities  
for school pupils.

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Wonderful Eyes in the World. New York: The Society,  
1953.  
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Section 9801.1, Sacramento: Documents Section Printing  

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State of California, Education Code, Sacramento: The State,  
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Appendix
OFFICE OF THE SUPERINTENDENT OF SCHOOLS
TULARE COUNTY

REFERRAL OF PUPILS FOR INDIVIDUAL STUDY

ADMINISTRATOR: Send the first two (2) pages to Dr. Burt M. Kebric, Director of Special Services.
Keep the third page.

Name of Child: ___________________________ Birthdate: ___________________________

Referred by: ___________________________ Date: ___________________________

Position: ___________________________ Telephone: ___________________________

School: ___________________________ Grade: ___________________________

Reason for Referral: ___________________________________________________________

______________________________________

Administrator's Signature: ___________________________ Date: ___________________________

DO NOT WRITE IN THIS SECTION. For Use By County Office.

Case Referred to: ___________________________

Date of contact: ___________________________

Final disposition of case: ___________________________

______________________________________

SIGNATURE

REVISED
FORM NO. SS-1 (8-1-58)
REPRESENTATIVE: Send the first two (2) pages to Dr. Burt M. Kebric, Director of Special Services. Keep the third page.

Name of Child_________________________ Birthdate_________________________

Referred by __________________________ Date_________________________

Position ____________________________ Telephone_________________________

School ____________________________ Grade_________________________

Reason for Referral:____________________

____________________

Administrator’s Signature Date

DO NOT WRITE IN THIS SECTION. For Use by County Office.

Case Referred to: __________________________

Date of contact __________________________

Final disposition of case __________________________
REFERRAL OF PUPILS FOR INDIVIDUAL STUDY

ADMINISTRATOR: Send the first two (2) pages to Dr. Burt M. Kebric, Director of Special Services. Keep the third page.

Name of Child ___________________________ Birthdate ___________________________

Referred by ___________________________ Date ___________________________

Position ___________________________ Telephone ___________________________

School ___________________________ Grade ___________________________

Reason for Referral:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Administrator's Signature ___________________________ Date ___________________________

DO NOT WRITE IN THIS SECTION. For Use By County Office.

Case Referred to: ___________________________

Date of contact ___________________________

Final disposition of case ___________________________

SIGNATURE

REvised
FORM NO. 85-1 (30-1-55)

ADMINISTRATOR'S COPY
SCHOOL VISION TESTING

Follow-up Procedures for Children with Visual Handicaps

1. Each teacher tests the vision of his students at least once a year. Use form No. S.H.V. 10. To eliminate unnecessary anxiety and premature action on the part of parents, teachers should not make comments regarding their findings except to nurse or administrators.

2. Administrator requests appointment for nurses in the office of County Superintendent of Schools to do vision rechecks after all the children in the school have been tested.

3. After the re-check by a county schools nurse, a teacher-nurse conference is held regarding individual vision problems.

4. Nurse writes notice to parent regarding child's vision problem, on Health Appraisal form S.H.V. 11.

5. This Health Appraisal form is signed by Principal who may:
   a. Mail form directly to parent.
   b. Return form to teacher who sends form home with student.

6. Parent signs form and returns it to teacher or principal.

7. School is responsible for follow-up. County schools nurse will assist administrator as a consultant in the procedure for follow-up.

8. All cases financially able to pay are referred to family health advisor.

9. Administrator, after prior consultation with nurses, helps parent financially unable to pay for follow-up by referral:
   a) For eye examinations (refractions)
      1. County Welfare Department, aid to needy children. (contact student's family welfare worker for eye examinations and glasses. $25.00 per student is provided and physicians will do examinations for these welfare cases for that amount. Welfare Department, 308 E. Murray, Visalia, 4-2793.)

   2. Lions Club - For refractions and glasses contact William Courtney, 2211 W. Tulare, Visalia 4-728.

   3. P.T.A., or other service organizations. Eagles will provide help if father of child is a member.

   4. Crippled Childrens Society, Bank of America Bldg., Visalia, 4-7366, when student is not eligible for care by any other groups.

   b) For correction of conditions such as strabismus (cross-eye), cataract

      1. Tulare County Health Department, Crippled Children Services, P.O. Box 110 or 1515 W. Main Street, Visalia, Calif., Phone 4-5805.

   c) For non-correctable vision losses:

      1. Partially Seeing Class. Maintained by County Superintendent of Schools for children whose vision cannot be corrected to 20/70 in both eyes with glasses. Referrals for this class should be made out on form SS 1 and sent to Dr. Burt M. Kebrick, Director of Special Services, Office of the County Superintendent of Schools, Bin 911, Visalia, California.
CERTIFICATE TO ADMINISTER EYE SCREENING TESTS
(Education Code Section 16482. Administrative Code, Title 5, Chapter 1, Subchapter 1, Article 7.5)

has satisfactorily completed a course on techniques and procedures in eye screening tests and is qualified to administer such tests.

Supervisor of Health

Date

Form No. 9 S. H. V. (11-1-52)
INTERPRETATION OF SNELLEN AND PLUS SPHERE VISION TESTS

These tests are not complete eye examinations. The Snellen Test detects most cases of near sightedness. The Plus Sphere Test detects most cases of far sightedness. Because of the limitations of these tests they should be used always in conjunction with careful observation of pupils for other signs of visual disturbances.

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Snellen Test</th>
<th>Plus Sphere Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right eye 20/20</td>
<td>This means that the child usually has normal visual acuity.</td>
<td>F. S. (Far Sighted) means that the child who reads the 20 foot line with plus sphere glasses is usually considered to be farsighted.</td>
</tr>
<tr>
<td>Left eye 20/20</td>
<td>A child may have 20/20 visual acuity but suffer eye strain. Such children complain of headaches and blur. They often squint and hold head at odd angles when using eyes steadily for close work.</td>
<td>Refer child to the school nurse.</td>
</tr>
<tr>
<td>Right eye 20/30</td>
<td>This means that the child sees at 20 feet what the normal eye sees at 30 feet. Keep these children under observation and retest in three to six months.</td>
<td></td>
</tr>
<tr>
<td>Left eye 20/30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right eye 20/30</td>
<td>This means that both eyes do not see alike and should be watched closely.</td>
<td></td>
</tr>
<tr>
<td>Left eye 20/20</td>
<td>Refer to school nurse if child does poor work or has other symptoms of eye strain.</td>
<td></td>
</tr>
<tr>
<td>Right eye 20/40</td>
<td>This child sees at 20 feet what the normal eye sees at 40 feet. This is often a myopic or near sighted condition. Unless it is progressive it is usually taken care of with classes.</td>
<td>Refer child to the school nurse.</td>
</tr>
<tr>
<td>&amp; over Left eye 20/40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SIGNS THAT MAY INDICATE VISUAL DISTURBANCES

1. Attempts to brush away blur.
2. Blinks continually when reading.
3. Cries frequently.
4. Has frequent fits of temper.
5. Holds the book far away from face when reading.
6. Holds face close to the page when reading.
7. Holds body tense when looking at distant objects.
8. Inattentive in reading books, wall chart, map, or blackboard lesson.
9. Inattentive during class discussion or field trip.
10. Irritable over work.
11. Reads but a brief period without stopping.
12. Reads when he should be at play.
13. Screws up his face when reading, or looking at distant objects.
14. Shuts or covers one eye when reading.
15. Thrusts head forward to see distant objects.
16. Tilts head to one side when reading.
17. Poor alignment in permanship.
18. Tends to look cross-eyed when reading.
19. When reading, tends to make frequent changes in distance at which he holds his book, or tends to lose the place on the page.
20. Confusions in reading and spelling; o's and a's; e's and c's; n's and m's; h's, n's and r's; f's and t's.
21. Apparent guesses from a quick recognition of parts of the work in easy reading material: i.e. contend, content, contain, etc.
22. Frowning, scowling, puckering the face, excessive blinking.
23. Closing one eye during the test of both eyes together.
24. Watering of eyes

Form No. 1 - S.N. (10-29-52)
<table>
<thead>
<tr>
<th>Students Names</th>
<th>Without Glasses</th>
<th>With Glasses</th>
<th>Plus Sphere Test</th>
<th>Comments</th>
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<td>Approximate date last test fitted</td>
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<td>Nurse referred</td>
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**Teacher:**

**Teacher Grade:**

**Date:**

**School:**

**Visalia, California**

**Office of the Superintendent of Schools**

**J. Post Williams**

**Superintendent**

**OFFICE OF THE SUPERINTENDENT OF SCHOOLS**

**Tulare County**

**TEACHER REFERRAL FOR VISION RECHECKS (To nurse)**

**Bin 911**

**Visalia, California**
Dear Parent:  

This has been examined and/or inspected by Emma Lankow, P.H.N., Supervisor of Health Education, Tulare County Schools Office. And the following conditions were noted:

Recently vision testing was done at our school using the Snellen chart and Plus Spheres glasses. According to these tests, indications are that your child may have a vision problem. She suggests that your child have a thorough eye examination and that if you cannot do this please let the teacher know.

We believe that your child will be helped if this condition is attended to as soon as possible.

Please sign and detach the note below and return it to the school so that we may know that you have received our letter.

Yours very truly,

[Signature], Principal

To the Principal:

I have received the health appraisal report of [Name], and will arrange to have the condition attended to.

Date [Signature], Parent

Form approved in compliance with Chapter 881, Statutes 1949
Superintendent of Public Instruction
LIONS CLUB SIGHT CONSERVATION COMMITTEE
QUESTIONNAIRE

<table>
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<tr>
<th>Name of Child</th>
<th>Age</th>
<th>Grade in School</th>
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<tr>
<th>Name of Father</th>
<th>Address</th>
<th>Total number of persons in the home dependent upon the family income</th>
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<tr>
<th>Name of School</th>
<th>Character of Child's eye difficulty</th>
<th>Value of all property owned by family</th>
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<th>Amount of family income per month</th>
<th>I hereby certify that the foregoing information is a correct statement of the facts involved.</th>
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<td>Dated:</td>
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<tr>
<th>Signature of Parent</th>
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</table>
RECEIVE OF INFORMATION

Date ____________________________
Re: ____________________________

This releases any or all information regarding the above named patient to
the:

Tulare County Health Department*
Office of the Tulare County Superintendent of Schools*

Signed ____________________________
Relationship ____________________________

*Cross out agency not concerned

C.S.H.P. No. 4 (12-18-52)
RECOMMENDATIONS FOR THE MANAGEMENT OF CERTAIN SKIN CONDITIONS*

*These recommendations are to be used only if the services of a physician cannot be obtained by the family.

1. IMPETIGO
Treatment: Remove crusts with 5% ammoniated mercury ointment. When crusts are gone apply 5% ammoniated mercury ointment four times daily.
Important: Do not continue treatment unless there is response within 1 or 2 days and refer to physician. If no private physician available consult health department.

2. SCABIES ("The Itch")
Treatment: At home.
All patients to take a warm bath with thorough scrubbing of the affected parts.
Apply Benzyl benzoate lotion to entire body with special emphasis to the affected parts. Do not use on face. Do not apply to broken skin. Let dry. Put on clean clothes.
After 24 hours take a warm bath and repeat application.
After another 24 hours take a warm bath. Put on clean clothes.
Important: If no response to this treatment after 48 hours or if skin irritation should occur, the case must be referred to a physician.

3. RINGWORM
Treatment: Ringworm of the scalp must be treated by physician only.
Report any suspected case immediately to Health Department if no private physician can be obtained.
Ringworm of the Body:
Apply Whitfield's Ointment, half strength to affected areas once daily. Continue treatment for a maximum of 10 days. If no response or if lesions spread, case must be referred to a physician.
Athletes Foot is also a fungus infection which should be treated like ringworm of the body.

4. PEDICULOSIS (Lousiness)
Treatment: 10% D.D.T. powder is the treatment of choice.
For body and head lice dust clothing particularly along seams and hair. Cover head with towel or cap for several hours.
Comb hair with fine tooth comb. Repeat dusting in one week without washing hair or clothing in the interim.
Protect eyes during application of D.D.T.
For crab lice which infest the public hair, dust the hairy parts of the body and bathe in 12 to 24 hours. Repeat treatment after one week.
Important: Treatment must be continued at weekly intervals until lice of nits are no longer present.

Revised
Form No. S.N. 4 - (12-14-53)
To Parent:

Your child has been inspected in school and apparently has Pink Eye. Will you consult your family health advisor or follow the directions below.

Pink eye is a contagious disease that spreads very rapidly if not controlled. For that reason it is necessary to try to stop its progress as soon as it is noticed. The inflamed eyes of those who have this disease discharge pus which quickly may get on the hands, personal articles, towels, linens, toilet articles and so forth. These objects, may in turn, carry the infection to other people.

Personal cleanliness is essential. Those setting the disease must avoid personal contact with other people, especially children. The use of a common towel is dangerous. Any article that comes in contact with the infected person, such as, toilet articles, handkerchiefs, linens, bedclothes, toys and so forth, should not be handled by others. Those with pink eye should keep their fingers away from their inflamed eyes.

Control Measures:

1. All linen used by the infected persons should be scrubbed thoroughly with soap and hot water.

2. Linen, bedclothes and personal articles should be placed in the sun for at least an hour each day.

3. Persons with pink eye should use only their own soap, washcloth and towel. They should wash their hands often during the day.

4. Disposable tissues, should be burned immediately after using.

A person with pink eye must stay at home and remain isolated from others. Consult your family health advisor for a drug to treat the condition. He may give you Penicillin eye ointment to be placed in each eye morning and night following irrigation of the eyes with boric acid solution. An eye-cup is used for this.

Signed:

G. Wayne Powell, M.D., M.P.H.  J. Post Williams, Superintendent
Tulare County Health Officer  Tulare County Schools
POLICY FOR PERSONNEL ASSIGNMENTS

All personnel will work within a given school under the direction of the local principal or superintendent.

INDEX OF PERSONNEL ASSIGNMENTS AND RESPONSIBILITIES

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<td>Assignments of General Supervisors, Psychological, Speech and Hearing Personnel to School Districts</td>
<td>6</td>
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<tr>
<td>Functional Organization of the Office of the Tulare County Superintendent of Schools</td>
<td>9</td>
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SCHOOL BUSINESS ADMINISTRATION

LEON JOHNSON, Advisor in School Business Administration, will assist all schools with problems such as:

1. District budgets
2. School building programs
3. School elections
4. School law
CHILD WELFARE AND ATTENDANCE SERVICES

JOHN VACCARO, Supervisor of Child Welfare and Attendance and Juvenile Hall School, will assist all schools with the following types of problems:

1. Visitations to homes and conferences with parents or guardians of children whose absence from school has been verified by local authority as truancy, or of a persistent or unexcused nature.

2. Filing petitions against minors, parents, or guardians relative to non-attendance when other methods to secure attendance have failed.

3. Register procedure, and pupil accounting.

4. Issuance of work permit forms and information, and procedure relating to them.

5. Information on the employment of minors, and continuation education.

6. Information and assistance with forms issued by this office or the state relative to absence or employment of minors.

DELIVERY SERVICE

Instructional materials will be delivered to schools this year by truck rather than by mail. Dan Martin, deliveryman, will call at each school (with the exception of a few outlying districts) once a week. A letter has gone to all administrators giving instructions and delivery schedules.

DENTAL SERVICES

MRS. DOROTHY P. DRUMM, Dental Hygienist, will assist with dental health problems such as:

1. Dental health education of pupils.

2. Screening of children's teeth with necessary follow-up through parents.

3. On-the-job dental health education for school teaching personnel.

GENERAL SUPERVISION

Six general supervisors are on call to assist principals and teachers in planning and carrying out the general instructional program: Mr. Thomas Fawcett, Mrs. Dorothy Hamlin, Miss Joyce Handley, Miss Wilhelmina Paulsen, Mr. Charles Rich and Miss Jewell Wall (See assignments to schools on pages 6, 7, & 8). Teachers wishing help or advice should channel requests through their principals.

INSTRUCTIONAL MATERIALS SERVICE

MRS. HELEN SMELTZER, Supervisor in Audio-Visual Education. In addition to administering the Instructional Materials Center, Mrs. Smeltzer is available as a consultant regarding use of materials, purchase of sound and projection equipment, room darkening, etc. Materials will be delivered this year by truck rather than by mail.
LIBRARY SERVICE

The School Library will be operated this year by the County Superintendent of Schools rather than the Tulare County Free Library. Schools who are members of the library will receive their supplementary books via delivery truck and books may be ordered or returned at any time. Teachers in schools not members of the library have access to the Teachers Professional Library. Mrs. Helen Robbins, Library Supervisor, is available as a consultant to schools operating their own libraries.

PSYCHOLOGICAL SERVICES (See assignments of psychologists to schools on pages 6 & 7)

Requests for psychological services shall be made by administrators in writing on Form No. S.S. 1 furnished by the Office of the County Superintendent of Schools.

GUY CHAPMAN - Supervisor of Classes for Mentally Retarded Minors, and Psychologist:
1. Supervises the special education classes for mentally retarded minors that have been set up and are under the jurisdiction of the County Superintendent of Schools Office.
2. Offers special consultant service to all districts operating their own special education classes for mentally retarded children.
3. Offers special consultant service to all school districts in the psychology and education of gifted children.
4. Administers psychological tests to students in the Partially Seeing and Deaf Classes maintained by the County Superintendent.
5. Initiates and provides in-service teaching training for teachers of mentally retarded classes in the county.
6. Does preliminary screening in cases of mental deficiency for application or admittance to state hospitals.

PHIL G. KEARNEY, Psychologist:
DAVID LEVY, Psychologist:
1. Evaluates intellectual and personality factors of children.
2. Prepares case summaries for administrators and parents in terms of the child's capacities, needs, and incompatibilities.
3. Recommends steps for readjustment in terms of special classes or special understanding and consideration of the individual problems.
4. Refers severe cases to other community agencies such as the mental health or child guidance clinics.
5. Works with groups of parents and teachers toward more complete knowledge of the dynamics of personality, growth, and development.
6. Offers consultive service to other county agencies such as the health department, the probation department, and the welfare department, following the disposition of cases lying within their jurisdiction. (Kearney only)
7. Identifies and recommends steps for curriculum adjustment of the gifted child and the socially maladjusted child.
RESEARCH AND RECORDS

MISS KATHERINE HAMM, Coordinator of Research and Records, has the following responsibilities:

1. Compiles studies of attendance, salaries, tax rates and assessed valuation.
2. Checks records and compiles data on school attendance (monthly), enrollment (Oct. 31 and March 31), annual school reports for attendance.
3. Compiles information for publication of school directory.
4. Checks and approves State Textbook Requisitions; Records for the County Board of Education; Issues 8th Grade diplomas.
5. Carries on research as needed by superintendent and school districts upon request.
6. Orders tests for and distributes them to elementary schools.

SCHOOL NURSING SERVICE

Requests for nursing service shall be made by administrators in writing on Form No. S. S. 1 furnished by the Office of the County Superintendent of Schools. MRS. EMMA LANKOW, P.H.N., Supervisor of Health, will assist with school health programs on a consultant basis in the following ways:

1. Urgent referrals
2. Follow-up of pupil referrals
3. Eye testing after initial screening by teacher
4. Health education
5. School lunch
6. On-the-job education of school personnel in methods of observation of pupil health, etc.

SECONDARY COORDINATOR

DR. JOHN DAHL has the following responsibilities:

1. Serves as a resource person to the secondary schools of Tulare County. Provides assistance in the application of research techniques and findings to the problems of the secondary schools.
2. Coordinates the activities of the secondary schools to enable each school to benefit from the experiences of others in dealing with similar problems in their schools.
3. Assists with the county-wide testing program on the secondary level.
4. Serves as a consultant in guidance activities on both the elementary and secondary level.

SPEECH, HEARING AND PARTIALLY SEEING

MISS IONE COCHRAN, Audiometrist and Speech-Hearing Coordinator, will provide screening and follow-up service to schools listed on pages 6 and 7. In addition she is responsible for testing hearing in all schools under 900 ADA.
MISS LOUISE BRIER TANTAU, Coordinator of Speech-Hearing and Supervisor of the School for the Deaf and Partially Seeing, provides service to schools under 900 ADA as listed on pages 6 and 7. She is responsible for the following:

1. Supervision of the Deaf and Partially Seeing School maintained by the Office of the County Superintendent of Schools.

2. Hearing aid clinics, Conyer School, Visalia.

3. Development of speech education programs in all schools where it is economically feasible and when requested by the district.


SPECIAL SUBJECT SUPERVISORS

Teachers should place requests for the services of these supervisors with their principals.

ART - MRS. BARBARA CLOSE, Supervisor of Art.
1. Consults with principals and teachers in setting up programs of art education.

2. On-the-job training of teachers in techniques and the philosophy of art education through school and area workshops.

KINDERGARTEN-PRIMARY - MISS PHOEBE MAGNUSON, Kindergarten-Primary Supervisor.
1. Works with kindergarten teachers on daily activities and procedures.

2. Assists with the planning and equipping of kindergarten rooms.

3. Assists with establishing working relationship between the kindergarten and first grade program.

4. Consults with first grade teachers regarding immature children who are not ready for reading.

5. Assists with coordinating parent-teacher conferencing programs.

MUSIC - MR. RUDOLPH WEYLAND, Supervisor of Music.
1. Assists principals and teachers in setting up a balanced classroom music education program.

2. Provides on-the-job training through school and area workshops in specified problems of music education.

3. Provides consultant and coordination services to schools working on special music projects.

PHYSICAL EDUCATION - MR. KENNETH J. DELONG, Supervisor of Physical Education. Assists in setting up daily programs, intra-school schedules, area activities, and arrangement and planning of playgrounds.
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<th>PSYCHOLOGICAL</th>
<th>SPEECH-HEARING</th>
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<td>Mr. Thomas Fawcett</td>
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<td>Mr. Charles Rich</td>
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<td>Mr. David Levy</td>
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<td>Mr. Phil Kearney</td>
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<td>Miss Lone Cochran</td>
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<td>Miss Louise B. Tartau</td>
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| Burton             |               | x             |
| Chatham            | Under contract with Taurusa | x |
| Citrus So. Tule    |               |               |
| *College of Sequoias |             |               |
| Columbine          |               |               |
| Cutler             |               |               |
| *Dimuba Elem.      |               |               |
| *Dimuba High       |               |               |
| Ducor              |               |               |
| *Earlimart         |               |               |
| Elbow              |               |               |
| Elbow Creek        |               |               |
| Elderwood          |               |               |
| Enterprise         | x             | x             |
| Exeter Elem.       |               |               |
| *Exeter High       |               |               |
| Farmersville       |               |               |
| Goshen             |               |               |
| Grand View         |               |               |
| Hope               | x             |               |
| Hot Springs        |               |               |
| Ivanhoe            |               |               |
| Kaweah             | x             |               |
| Kings River        |               |               |
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| *Lindsay Unified   |               |               |
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**Consultant service by special arrangement. Requests for supervisors should be made through J. Harvey McCammon, Director of Instruction. Dr. Burt M. Burt, Director of Special Services, will handle requests for special services personnel.**

<table>
<thead>
<tr>
<th></th>
<th>GENERAL SUPERVISORS</th>
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<tbody>
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<tr>
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Superintendent of Schools and Director of Education