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Commonwealth of Kentucky

EDUCATIONAL BULLETIN

HEALTH AND PHYSICAL EDUCATION IN PUBLIC SCHOOLS OF KENTUCKY



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DEPARTMENT OF EDUCATION

BOSWELL B. HODGKIN

Superintendent of Public Instruction

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FOREWORD

More than thirty years ago educational leaders listed health as the number one objective of education. The failure of more than forty per cent of young men of military age to qualify for service in their country's hour of need due to their inability to pass a physical or mental examination convinced the public that the health objective was not being attained. Since 1944 there has been increased emphasis on teaching of health and physical education in Kentucky. This increased emphasis resulted in the Code of Health and Physical Education which became effective July 1, 1948.

This bulletin presents certain statistical material which shows some of the progress made in the teaching of health and physical education. It also gives an idea of how much there is yet to be done in Kentucky schools.

It is realized that a complete story of health conditions cannot be fully analyzed by statistical treatment. As a matter of illustration some phases of good health and physical education programs as they actually exist in different schools of the State are presented. A study of this material will be valuable to those seeking an improved health and physical education program in Kentucky schools. It is my earnest wish that continued progress in meeting the first objective of education will be attained in our schools.

Boswell B. Hodgkin
Superintendent of Public Instruction

ACKNOWLEDGMENT

Cooperation is absolutely necessary in the operation of a good health program. The preparation of this bulletin is an illustration of that type of cooperation. The help of many people listed below is gratefully acknowledged. The tabulation and interpretation of the statistics collected from a report made by local school superintendents was done largely by Dr. Don Cash Seaton, head of the Physical Education Department, University of Kentucky, and three graduate students under his supervision, Laura K. Johnson, Thelma C. Miller, and William M. Sanders.

Dr. Martha Carr, Associate Professor of Physical Education, University of Kentucky, assisted by three graduate students of the University of Kentucky, Howard Allen, John Merritt and William Daniels, did much effective work in editing the material appearing in this bulletin.

Others who have made contributions to the preparation of this publication are the following: Mrs. Sally Kimbler, Supervisor of Pike County Schools; Elroy Cartwright, Supervisor of Daviess County Schools; Roy McDonald, Superintendent of Trigg County Schools; Mrs. Callia Branham, Supervisor of Floyd County Schools; T. B. Godfrey, Supervisor of Louisville City Schools; Carl B. Puckett, Attendance Officer of Clark County Schools; Ted Crosthwait, Superintendent of Rowan County Schools; and Mrs. Shelby Carr, Director of Health Volunteers, Madison County.

E. B. Whalin
Director of Health Education

INTRODUCTION

This bulletin on health and Physical Education in the public schools of Kentucky provides both a statistical and a descriptive treatment. It has been prepared with two definite ideas in mind. First, to give an indication of the total state-wide picture and, second, to show what some of the outstanding schools are doing. Many features of the present program are presented and much illustrative material which can be used to improve local school programs are included.

The material presented relates only to public schools of the State and reports were received from all of the 235 local school districts. The information contained in Table III is that which was received from all local school districts. Some of these reports were made in March and health examinations and correction of defects revealed by examinations were not complete at this time. Much care has been exercised by the superintendents compiling this report. A few did not give all the information requested and it is realized that it was difficult to report accurately on short notice about the number of health examinations or corrections when no record had been required. Cooperation received in spite of these many difficulties was most gratifying.

Since the private schools of this state have not been included in this study, it should be stated that in most instances these institutions seem to be meeting the requirements of the Code for Health and Physical Education on a basis comparable to the public schools. Several thousand children in such schools have received health examinations, corrections and other health service which are not included in any statistics in this study.

The program of Health and Physical Education in the public schools of Kentucky has experienced tremendous growth in recent years and particularly so since the State Code became effective on July 1, 1948. The Code, which carries the force of the law, requires four distinct phases in the school health program: (1) Health instruction, (2) Physical examination of pupils, (3) Physical examination of school employees, and (4) Physical education for all pupils. It is very interesting in this connection to note that Wyatt¹ in his study just four years ago found that more than ninety-five per-

1. Clarence H. Wyatt, "The Status of Health and Physical Education in the Secondary Schools of Kentucky." *Educational Bulletin*, Vol. XIV, July, 1946, p. 439.

cent of all high school principals believed that these four phases which have been incorporated in the Code should be a part of every school program.

This brief survey indicates that much improvement has been made in the health and physical education program of Kentucky public schools during the past two years. In spite of this encouraging progress, Kentucky public schools have still a long way to go. Some local school districts have yet to meet the minimum standards of the Code for Health and Physical Education, and it is hoped that they will do so during the coming year.

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OUTLINE OF CHAPTERS

	Page
Chapter I—Status of Health and Physical Education.....	602
Chapter II—School Health Program.....	615
Chapter III—Physical Education.....	625
Chapter IV—School Lunch Program.....	632
Chapter V—The Report of the Fayette County Teacher's Work- shop	644

STATUS OF HEALTH AND PHYSICAL EDUCATION

CHAPTER I

Adequate Gymnasiums

As would be expected relatively few elementary schools, only 392 out of 5,353 or 7.3 percent, have adequate gymnasiums. Although the secondary schools are better off with 51.1 percent of the junior high schools (128 out of 209) and 65.8 percent of senior high schools (366 out of 556) reporting adequate gyms, there is also apparently a great need for additional buildings. It would seem that very few high school gymnasiums have been constructed since 1945 because Wyatt¹ found 395 (out of 484) at that time with 37 substandard floors, or 352 that might be termed adequate, while today only 366 claim adequate gyms.

Adequate Playgrounds

Many more schools (3,525 out of 6,118) indicated having adequate playgrounds than reported having adequate indoor facilities. Only half of the elementary schools, however, claim to have adequate outdoor play space but nearly all secondary schools report sufficient space.

Adequate Locker and Showers

A deplorable deficiency of locker and shower facilities was reported. Only 92 out of 4,490 elementary schools are equipped with adequate lockers and showers. Of the 262 elementary schools reporting adequate gymnasiums only 92 claimed to have adequate showers and lockers. Even the senior high schools lack these facilities because only 262 out of 556 schools reported adequate lockers and showers. Here, again, 366 claimed adequate gymnasiums but only 262 said the bathing and locker facilities were adequate.

Adequate Play and Sports Equipment

Only 26.3 percent of the schools of the State have adequate play and sports equipment. Just 1,172 elementary schools of the 5,353 and only 442 out of 765 secondary schools have sufficient recreational equipment.

NOTE: The questionnaire did not attempt to define "adequate" which makes the returns on these four areas (Gyms, playfields,

1. Ibid., p. 448

lockers and showers, and equipment) rather vague and indefinite. In all probability, the numbers termed adequate in each category could be scaled downward some.

Physical Education Instruction

Despite the rapid expansion of school programs to conform to the State Code, only 2,261 schools out of 6,118 provide instruction in physical education. It is gratifying, however, to find 197 high schools providing a five day a week program for their pupils and 155 providing a program of three days per week. Wyatt¹ found in 1945 only 41 requiring physical education three days per week and 31 requiring it five days per week (out of 421 high schools). Of the 877 elementary schools indicating a program five days per week it is possible that many of these reported the regular recess period which is usually not considered an instructional period.

Physical Education Required of All Students

Wyatt¹ found that only 59 high schools out of 421, or 14 percent, required physical education of their students in 1945. Today 266, or 47.6 percent of the high schools require this subject of all students. This phenomenal expansion is largely due, of course, to the implementation of the State Code of 1948. It is interesting to note that Wyatt's² study disclosed that 425 principals out of 484 felt that physical education should be required. The elementary schools have not responded as well, however, for only 1,278 of the 5,353 schools required physical education of all students. When one considers that 207,370 students, or 37 percent of all school pupils, have regular physical education instruction, the picture is not so bad. Over 74,000 out of 130,825 enrolled in the secondary schools receive regular instruction, while over 133,244 of the elementary pupils out of 422,191, do.

Credit for Physical Education

Only 206, or 37 percent of the high schools give credit for physical education but this is an encouraging increase since in 1945 Wyatt³ found only 67 or 10.2 percent gave credit.

Boys and Girls Separated for Physical Education

Very few of the elementary schools separate the sexes for physical education, but a majority of high schools (334 out of 412) give separate instruction.

1. *Ibid.*, p. 454

1. *Loc. cit.*

2. *Ibid.*, p. 460

3. *Ibid.*, p. 454

A Special Teacher for Physical Education

As would be expected, over half (247) of the high schools provide a special teacher for physical education but only 186 of the elementary schools have such a specialized teacher. This is in keeping with the modern tendency to have the elementary classroom teacher handle physical education instruction.

Major and Minor Preparation of P. E. Teachers

Of the teachers of physical education in the high schools 216 are reported as majors in the field and 87 as minors. Wyatt¹ reported that only 135 out of 260 teachers of physical education were majors or minors in 1945. Today 184 of the elementary teachers are either majors or minors in the field. This improvement in the preparation of the teachers in physical education in the high schools of the state is very encouraging.

Classroom Teachers Instruct in Physical Education

It is not surprising to find that the classroom teachers instruct in physical education in 2,710 of the 5,353 elementary schools. At least 196 classroom teachers are called upon to teach physical education on the high school level.

Man Teacher for Girls

It is quite distressing to find that 178 high schools require a man teacher to instruct girls' physical education. This practice is contrary to all good professional practice.

PHYSICAL EDUCATION

Table No. I

	1-8	1-6	Secondary		TOTAL
	Elementary		J. H. S.	H. S.	
Number of Schools in School Districts	4,490	863	209	556	6,118
Adequate Gymnasiums	262	130	128	366	886
Adequate Playgrounds	2,617	399	134	375	3,525
Adequate lockers and showers	92	47	87	262	488
Adequate play and sports equipment	913	259	117	325	1,614
Physical Education Instruction—					
(a) Five periods per week	877	221	61	197	1,356
(b) Three periods per week	339	54	87	155	635
(c) Others (specify)	165	30	25	60	280
Physical Education Required of all Students	1,222	256	72	266	1,816
Credit Given for Physical Education	11	13	51	206	281
Boys and Girls are Separated for Physical Education	236	37	108	334	715
A Special Teacher for Physical Education	125	61	86	247	519
Physical Education Instructor has—					
(a) Major in Physical Education	117	40	68	216	441
(b) Minor in Physical Education	21	6	16	87	130
Classroom Teachers Instruct in Physical Education	2,296	414	170	196	3,076
Man teaches Physical Education for Girls	331	33	54	178	596

1. Ibid., p. 458

All School Employees Examined

Kentucky is one of the few progressive states that require all school employees to have a physical examination. Although this requirement went into effect only two years ago 3,854 schools, or 62.9 percent have complied. Nearly all of the high schools (478 out of 556) are protected by this medical precaution as are practically all of the junior high schools.

Health Personnel Available

It is regrettable to find that 3,432 schools are in counties that do not have the services of a county or city health officer. There are 2,221 schools that do not have the benefits of a county nurse. This deplorable lack of health personnel makes the progress in the number of physical examinations for both students and school employees look more impressive. (See above.) These figures disclose a worse situation than existed in 1945 when 328 or 59 percent of the high schools¹ had the services of a county or city health officer because today only 276 or 49.6 percent of these schools are fortunate enough to have such services.

HEALTH INSTRUCTION

Health Program Planned

Far too many schools indicate that the school health program is planned by the principal. In fact, 1,977 or 32.2 percent indicate that this is true. Only 305 indicated that a school-community council planned the program but a more gratifying number, 1,059 or 17.3 percent are planned by a school health committee.

Health Instruction Meets Health Code

It was evident from the returns received that many superintendents were not sure about the requirements of the Health Code because they signified that 2,772 taught health classes five days a week but claimed that only 2,094 met the State Code. When only 2,094, out of 6,118 schools are fulfilling their obligations in respect to this vital phase of the health program it is easy to understand Kentucky's poor national standing. There is, however, a bright side. Wyatt¹ reported only 190 high schools (out of 484, or 39.2 percent) teaching health as a separate subject in 1945 while today 263 or 47 percent are meeting the State Code. Only half of the junior high schools are meeting the Code but 192 or 91.9 percent provide classes three or five times per week. It was quite pleasing to find 2,547 or

1. Ibid., p. 434
1. Ibid., p. 437

48 percent of the elementary schools offering separate health instruction classes three or five days per week. NOTE: Due to misprint on some of the early questionnaires this question was probably misinterpreted and the returns may be quite inaccurate regarding the number of schools meeting the Health Code in the matter of health instruction.

HEALTH EDUCATION
Table No. II

NUMBER OF SCHOOLS HAVING—	Elementary		Secondary		TOTAL
	1-8	1-6	J. H. S.	H. S.	
Physical Examinations in following ways:—					
(a) Family physician and dentist at doctor's office	1,314	254	83	12	1,663
(b) School physician and dentist at school	2,963	125	42	121	3,251
(c) Team of doctors and dentists at school	548	169	91	104	912
Notified parents examination results by letter or conference	1,635	337	134	272	2,378
Physical examinations financed by:—					
(a) School Funds	946	110	30	141	1,227
(b) Parents	1,246	226	75	177	1,724
(c) Services donated by doctors	598	163	80	115	956
(d) Other agencies (name)	570	156	81	67	874
All School Employees are Examined in Accordance with State Code (every two years)	2,565	539	272	478	3,854
Schools in which following personnel is available:—					
(a) County or City Health Officer	1,845	407	158	276	2,686
(b) County Nurse	3,114	271	153	359	3,897
(c) County Physician	598	94	31	80	803
(d) Others (specify)	401	67	51	63	582
Health Program planned by:—					
(a) School-Community Health Council ..	229	19	11	46	305
(b) School Health Committee	786	137	37	96	1,056
(c) School Principal	1,379	234	112	252	1,977
(d) Others (specify)	979	166	115	234	1,494
Health Instruction in Accordance with Health Code Classes	1,485	238	108	263	2,094
Health Classes Meet:—					
(a) Five Days Per Week	2,055	282	177	258	2,772
(b) Three Days Per Week	185	25	15	81	306
Health Instruction Taught as Correlated Subject	1,553	73	21	68	1,715
Indoor Toilets	407	248	200	406	1,261
Met State Health Dept's Standards for Drinking Water	2,129	483	203	468	3,283
Hand Washing Facilities	1,952	395	218	422	2,987

HEALTHFUL ENVIRONMENT

Indoor Toilets

We find the startling fact that only 1,261 schools out of 6,118 have indoor toilets. This means that 76 percent of the schools still use outdoor toilets in this so-called modern age. It would not be expected that a large percentage of the one-room schools would have

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this convenience but when one learns that at least 150 high schools are without this modern sanitation it is quite surprising.

Pure Drinking Water

The survey discloses that at least 2,835 schools use drinking water that does not meet the State Health Department's Standards. Here again it is the elementary schools that are the most unfortunate because only 47 percent of them have State approved drinking water. Only 108 high schools are without this safeguard.

Hand Washing Facilities

Although most school systems teach the value of hand washing as a precaution against the spread of disease, we find that only 2,987 schools out of 6,118, or 48.8 percent provide hand washing facilities. Only 2,347 elementary schools provide this sanitation necessity. One hundred and thirty-four high schools also fail to furnish hand washing facilities.

Physical Examinations

Probably the most gratifying information received in this questionnaire was that 4,826 schools, or 78.8 percent gave their pupils physical examinations during the 1949-50 school year. Nearly 106,000 pupils were examined. This is an increase of 9.2 percent over the school year 1948-49, when only 97,008 pupils were examined. Thirty-four and four-tenths percent of these schools required their pupils to have their examinations completed in the doctor's office. The expansion of this service to high school children of Kentucky has been nothing less than phenomenal because Wyatt¹ found only 25 percent of the high schools providing physical examinations in 1945 while last year 237 or 42.6 provided this service. There were, however, nine districts that reported no examinations while fifteen others made no report on examinations.

Notified Parents of Results

Physical examinations are of little value unless accompanied by follow-up corrections and one important method of obtaining such corrections is by notifying the parents of the results. It was found that only 2,378 schools utilized this method of motivation. As usual the record of the junior and senior high schools was much better than the elementary schools. (See Table Number II.) In fact 48.9 percent of the high schools did so while Wyatt's¹ study in 1945 indicated that only 24 percent of the high schools notified the parents.

1. Ibid., p. 436

TOTAL
1,663
3,251
912
2,378
1,227
1,724
956
874
3,854
2,686
3,897
803
582
305
1,056
1,977
1,494
2,094
2,772
306
1,715
1,261
3,283
2,987

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It was reported that there were 20,767 corrections of defects made as a result of the physical examinations. This number is low probably because corrections are often not reported by the child or parent, and the dental corrections are usually not reported. It is also probable that this questionnaire was filled out before many of the corrections were made. Only a hundred (107) districts reported upon corrections which means that many administrators are aware that this is an important phase of the health program.

Financing of Examinations

It is interesting to note that approximately the same number of schools paid for the examinations that required the parents to pay 1,227 to 1,724. Similarly, about the same number received free services of the physicians as had the services donated by some "other" agency—(956 to 874).

Health Classes and Correlation

When one considers that 3,078 schools hold health classes five or three days per week and that 1,715 more teach the subject by correlation, the total of 4,793 out of 6,118 schools does not look so bad.

IMMUNIZATION PROGRAM

By far the most welcome news brought to light by the survey was the schools record in regard to immunization. It was found that nearly 153,480 or 28 percent of pupils had been vaccinated for smallpox, 71,980 or 13 percent were immunized against diphtheria, 214,049 or 40 percent against typhoid, and 74,491 or 14 percent had chest X-rays. The last, chest X-rays was one of the most disappointing results because the State Health Department has worked diligently in this field. A total of 356,473 immunizations were accredited to the 422,191 elementary school pupils and a total of 157,547 to the 130,825 high school pupils.

Cost of Programs

It was quite surprising to find that the schools had spent only \$151,621 on their health service programs. In all probability most of this was spent on the physical examinations. This would mean that the schools of Kentucky are spending only \$0.27 on health services for each pupil. Since the State as a whole spends only \$0.48 per citizen, it is not surprising to find the school system lagging in this respect.

Summary

Despite the fact that "paper and pencil" surveys are often inadequate and sometimes inaccurate it is felt that this official report from the 235 school districts of Kentucky gives a rather valid picture of the schools' programs of health and physical education. Although this picture is not too favorable when compared to some of

HEALTH AND PHYSICAL EDUCATION
Table No. III

NUMBER OF PUPILS IN SCHOOL DISTRICTS	TOTAL
Enrollment 1949-50	553,016
Immunized for:—	
(a) Smallpox	153,480
(b) Diphtheria	71,980
(c) Typhoid	214,049
(d) Chest X-ray	74,491
Number of Examinations in accordance with Health Code—1948-49	97,008
Number of Examinations in accordance with Health Code—1949-50	105,800
Number of Defects Corrected as result of Health Examinations 1948-50	20,646
TOTAL AMOUNT SPENT FOR HEALTH SERVICES (exclusive of physical education)—for 1948-49	\$151,621.70
Number of Pupils Who Have Regular Physical Education Instruction—	
Elementary Pupils	133,224
Secondary	74,146
TOTAL	207,370

our neighboring states it is extremely bright in showing improvement during the past two to five years. It was possible to record quite clearly the progress on the secondary level because the results can be compared rather accurately to a similar study made by Clarence H. Wyatt in 1945.

Progress is especially marked in the four vital phases required by the State Code for Health and Physical Education, that is (1) instruction in physical education, (2) instruction in health education, (3) physical examinations of school children, and (4) physical examinations of school employees.

Although 2,261 schools reported over 207,370 students required to take physical education this number would not include a large number for whom physical education is an elective or required only of certain grades. The future of required physical education in all schools looks rather bright when one considers the rapid strides made during the past few years.

Although more schools indicate that they meet the State Code in regard to physical education (2,261) than they do in health education (2,094) it is doubtful if these figures are correct because the omission of a word on the health item on early questionnaires may have skewed these results. However, if the elementary schools con-

tinue to expand this aspect of the health program as have the secondary schools (17.6 percent improvement in five years) it will not be long before all schools meet the State Code.

Everyone should be gratified to learn that 78.8 percent of the schools of Kentucky provided physical examinations in accordance with the Code in 1949-50. Although some of these examinations may have been inadequate the over all results are bound to be felt during the next few years, especially if emphasis is placed upon corrections as well as upon diagnosis.

Children of Kentucky should no longer be exposed to the communicable diseases of their teachers, custodians, school bus drivers or food handlers. As soon as the remaining 2,264 schools require this examination of all employees, all school children will to a large degree be protected from the ills of their teachers and other school employees. The splendid results of this fine law can never be accurately measured but common sense would dictate that the ounce of prevention will save pounds of cure.

It was quite noticeable throughout the survey that the grades 1-6 elementary and junior high school organizations afforded better facilities and programs than did the 1-8 and senior high school organizations.

**SCHOOL DISTRICT ENROLLMENT, NO. EXAMINATIONS,
AMOUNT SPENT HEALTH SERVICE, AND NO. PUPILS
ENROLLED IN PHYSICAL EDUCATION**

Table No. IV

School Districts	School Enrollment Gr. 1-12	No. Med. Exams. 1948-49	No. Med. Exams. 1949-50	Defects Corrected	Amt. Spent for Health Services	No. Pupils Phys. Ed. Elementary	No. Pupils Phys. Ed. High School
ADAIR CO.	3,143	40	5	No report	200.00	3,019	124
Columbia	748	0	0	0	75.00	162	171
ALLEN CO.	2,045	2,045	1,645	No report	375.00	0	0
Scottsville	622	0	74	13	133.87	0	185
ANDERSON CO.	1,782	267	417	No report	0	1,449	185
BALLARD CO.	2,092	234	454	0	700.00	0	0
BARREN CO.	4,159	1,297	0	156	0	3,176	983
Cave City	456	0	0	0	75.00	0	0
Glasgow	1,350	0	650	0	400.00	1,025	300
BATH CO.	1,954	200	0	100	0	1,669	285
Sharpsburg	210	55	35	11	0	0	0
BELL CO.	7,769	No report	1,609	No report	1,200.00	85	4
Lone Jack	391	265	141	0	200.00	247	144
Middlesboro	3,129	No report	700	0	1,320.00	0	0
Pineville	800	0	800	No report	500.00	0	0
BOONE CO.	1,880	200	185	No report	400.00	0	0
Walton-Verona	424	42	125	0	0	167	62
BOURBON CO.	2,061	400	659	No report	30.00	1,713	348
Paris	1,264	147	120	697	0	0	0
BOYD CO.	2,220	316	433	165	0	1,052	254
Ashland	5,769	880	1,143	409	1,410.98	3,329	2,440
Catlettsburg	1,069	97	291	No report	100.00	0	0
Fairview	978	310	334	No report	0	0	0
BOYLE CO.	2,043	40	250	0	500.00	0	100
Danville	1,541	160	315	125	380.00	450	575
BRACKEN CO.	1,182	651	No report	No report	No report	No report	No report
Augusta	307	307	40	18	100.00	0	0
BREATHITT CO.	4,960	1,029	No report	No report	No report	No report	No report
Jackson	450	50	50	10	100.00	300	75
BRECKINRIDGE CO.	2,854	125	185	No report	500.00	0	0
Cloverport	391	No report	No report	No report	100.00	0	0
BULLITT CO.	1,954	505	514	655	1,600.00	0	0
Lebanon Jct.	238	30	30	20	0	110	128
BUTLER C.	2,625	613	902	No report	1,200.00	0	0
CALDWELL CO.	1,142	165	175	No report	250.00	0	0
Princeton	1,467	281	298	No report	100.00	0	631
CALLOWAY CO.	2,074	231	325	267	250.00	0	0
Murray	979	527	527	51	500.00	450	0
CAMPBELL CO.	1,100	No report	No report	No report	0	No report	No report
Bellevue	900	250	214	450	2,600.00	550	0
Cold Spring	130	No report	No report	20	25.00	140	0
Dayton	1,163	1,160	1,159	325	1,000.00	0	0
Ft. Thomas	1,143	908	891	96	0	689	454
Newport	3,210	0	3,210	No report	3,674.19	2,580	630
Silver Grove	280	78	80	No report	3,692.10	No report	No report
Southgate	158	80	158	10	0	128	0
CARLISLE CO.	1,134	323	381	No report	510.00	6	4
CARROLL CO.	754	No report	No report	No report	300.00	0	0
Carrollton	713	63	66	30	50.00	458	0
CARTER CO.	5,814	990	626	18	1,500.00	1,200	300
CASEY CO.	3,550	0	0	0	325.00	0	0
Liberty	564	No report	No report	No report	0	0	0
CHRISTIAN CO.	3,727	250	300	50	2,000.00	0	0
Hopkinsville	2,273	588	580	No report	2,000.00	1,015	250
Pembroke	491	247	16	No report	100.00	0	0

School Districts	School Enrollment Gr. 1-12	No. Med. Exams. 1948-49	No. Med. Exams. 1949-50	Defects Corrected	Amt. Spent for Health Services	No. Pupils Phys. Ed. Elementary	No. Pupils Phys. Ed. High School
CLARK CO.	2,090	388	597	No report	625.00	0	0
Winchester	1,485	177	452	No report	650.00	156	28
CLAY CO.	5,937	No report	No report	No report	800.00	0	0
CLINTON CO.	1,945	325	1,023	648	400.00	0	0
Albany	490	490	0	245	500.00	400	90
CRITTENDEN CO.	1,599	100	129	9	125.00	0	262
Marion	627	65	55	88	200.00	0	0
CUMBERLAND CO.	2,042	511	0	No report	350.00	0	0
DAVISS CO.	3,240	1,100	200	250	1,500.00	2,740	500
Owensboro	4,401	997	613	No report	1,648.43	2,840	685
EDMONSON CO.	2,185	0	0	0	311.00	0	233
ELLIOTT CO.	2,250	160	No report	12	570.00	1,995	255
ESTILL CO.	2,706	1,012	1,360	No report	454.40	No report	No report
Irvine	803	253	280	No report	200.00	No report	No report
Ravenna	248	50	164	56	100.00	164	0
FAYETTE CO.	6,291	1,917	2,230	2,693	6,000.00	3,198	1,406
Lexington	6,711	2,340	2,338	No report	9,241.81	4,797	1,914
FLEMING CO.	2,429	150	150	No report	0	0	110
FLOYD CO.	13,087	1,642	1,444	208	4,380.00	0	0
Prestonsburg	1,002	305	92	No report	162.50	410	0
FRANKLIN CO.	2,548	0	723	95	2,500.00	1,697	243
Frankfort	1,375	377	388	No report	500.00	983	150
FULTON CO.	1,075	26	14	24	0	No report	No report
Fulton	702	166	170	No report	444.93	536	166
Hickman	860	400	500	20	50.00	200	130
GALLATIN CO.	819	125	118	101	225.00	100	140
GARRARD CO.	1,509	1,509	60	No report	0	0	0
Lancaster	648	642	648	No report	250.00	419	229
GRANT CO.	1,651	607	601	No report	200.00	0	0
Williamstown	350	94	79	40	100.00	0	0
GRAVES CO.	4,291	889	615	No report	1,000.00	2,516	1,152
Mayfield	1,330	200	200	No report	943.15	0	590
GRAYSON CO.	3,156	575	330	No report	0	0	150
Leitchfield	528	45	30	60	0	250	0
GREEN CO.	1,639	240	No report	No report	300.00	0	570
GREENUP CO.	3,113	0	702	No report	2,511.60	2,543	No report
Greenup	378	105	210	12	100.00	No report	No report
Raceland	601	61	164	No report	38.00	134	74
Russell	1,493	79	280	4	30.00	685	355
S. Portsmouth	243	75	52	35	60.00	132	111
HANCOCK CO.	1,153	No report	No report	No report	200.00	No report	No report
HARDIN CO.	4,246	No report	No report	No report	0	2,872	1,374
Elizabethtown	1,055	250	350	21	400.00	350	255
West Point	207	67	25	5	50.00	25	62
HARLAN CO.	15,332	4,209	4,346	506	329.00	3,388	612
Harlan	1,592	1,892	1,739	1,033	1,000.00	No report	No report
Lynch	1,422	389	436	114	No report	821	574
HARRISON CO.	1,701	400	447	240	900.00	1,098	603
Cynthiana	678	678	0	No report	1,100.00	400	278
HART CO.	2,485	No report	No report	No report	500.00	No report	No report
Horse Cave	566	No report	No report	No report	154.70	No report	No report
HENDERSON CO.	2,635	419	480	No report	1,200.00	No report	No report
Henderson	2,206	682	700	No report	No report	No report	No report
HENRY CO.	1,857	250	No report	No report	254.50	No report	No report
Eminence	318	20	20	No report	75.00	No report	No report
HICKMAN CO.	1,152	254	159	104	500.00	500	150
HOPKINS CO.	4,548	No report	No report	No report	No report	No report	No report
Dawson Sprgs.	517	50	101	No report	50.00	No report	No report
Earlington	685	169	3	7	50.00	No report	700
Madisonville	2,000	444	467	123	100.00	1,300	218
JACKSON CO.	3,740	700	590	No report	400.00	No report	No report
JEFFERSON CO.	14,372	2,828	3,330	No report	7,000.00	1,239	2,403
Anchorage	424	No report	424	58	600.00	164	260
Louisville	35,829	7,913	10,100	2,100	7,517.35	21,201	14,528

School Districts	School Enrollment Gr. 1-12	No. Med. Exams. 1948-49	No. Med. Exams. 1949-50	Defects Corrected	Amt. Spent for Health Services	No. Pupils Phys. Ed. Elementary	No. Pupils Phys. Ed. High School
NICHOLAS CO.	1,133	100	100	36	0	0	75
Carlisle	342	45	42	22	0	0	102
OHIO CO.	4,536	230	285	170	700.00	550	400
OLDHAM CO.	1,418	319	209	150	319.00	No report	No report
OWEN CO.	1,662	300	431	50	350.00	0	336
OWSLEY CO.	1,960	No report	No report	No report	1,000.00	No report	No report
PENDLETON CO.	1,358	150	161	25	500.00	1,105	253
Falmouth	370	40	45	No report	0	No report	No report
PERRY CO.	10,154	No report	700	No report	1,000.00	No report	No report
Hazard	2,178	No report	2,178	No report	1,000.00	No report	383
PIKE CO.	18,803	800	1,650	135	0	0	2,032
Pikeville	1,570	No report	No report	No report	0	No report	No report
POWELL CO.	1,700	0	1,651	17	325.00	0	0
PULASKI CO.	6,605	3,311	2,678	No report	1,500.00	No report	No report
Ferguson	327	112	104	3	300.00	160	77
Science Hill	272	97	91	No report	100.00	0	107
Somerset	1,905	623	697	330	800.00	170	257
ROBERTSON CO.	509	481	60	227	0	334	175
ROCKCASTLE CO.	3,774	1,200	1,728	No report	300.00	632	351
Mt. Vernon	600	600	0	No report	35.00	No report	No report
ROWAN CO.	2,716	2,618	247	No report	463.40	925	791
RUSSELL CO.	3,313	800	0	No report	323.37	2,733	200
SCOTT CO.	1,827	238	249	29	270.00	200	451
Georgetown	619	0	64	14	400.00	No report	No report
SHELBY CO.	2,395	333	350	No report	0	0	0
Shelbyville	1,062	265	263	114	810.00	693	369
SIMPSON CO.	2,157	335	335	No report	200.00	1,525	230
SPENCER CO.	1,296	375	153	No report	750.00	0	276
TAYLOR CO.	1,945	55	60	No report	915.07	1,728	200
Campbellsville	1,027	165	328	20	800.00	140	215
TODD CO.	2,205	324	327	No report	610.00	0	380
Trenton	337	51	127	No report	0	No report	No report
TRIGG CO.	2,022	577	501	No report	0	No report	318
TRIMBLE CO.	1,028	0	25	No report	100.00	0	176
UNION CO.	2,206	200	50	10	1,020.00	650	250
Uniontown	325	32	34	No report	200.00	0	0
WARREN CO.	4,249	835	789	435	0	1,200	867
Bowling Green	2,490	250	460	50	1,200.00	150	1,050
WASHINGTON CO.	1,965	463	No report	70	No report	No report	No report
Springfield	483	118	122	No report	0	353	130
WAYNE CO.	3,615	85	127	15	No report	No report	No report
Monticello	615	90	80	No report	50.00	No report	No report
WEBSTER CO.	1,662	241	300	No report	310.00	0	60
Clay	276	69	No report	No report	125.00	70	65
Providence	952	225	274	26	100.00	No report	No report
Sebree	302	No report	No report	No report	75.00	No report	No report
WHITLEY CO.	5,850	500	1,200	No report	800.00	700	650
Corbin	1,686	275	256	110	420.00	0	0
Williamsburg	882	882	682	No report	0	150	350
WOLFE CO.	2,400	243	336	No report	0	No report	No report
WOODFORD CO.	800	75	80	No report	0	No report	No report
Midway	391	361	391	No report	25.00	184	158
Versailles	973	85	80	40	300.00	0	0
	553,016	97,008	105,800	20,646	151,621.40	133,224	74,146

Elementary	No. Pupils	Phys. Ed.	High School
0	75		
0	102		
50	400		
ort	No report		
0	336		
ort	No report		
05	253		
ort	No report		
ort	No report		
ort	383		
0	2,032		
ort	No report		
0	0		
ort	No report		
60	77		
0	107		
70	257		
34	175		
32	351		
rt	No report		
25	791		
33	200		
0	451		
rt	No report		
0	0		
03	369		
5	230		
0	276		
8	200		
0	215		
0	380		
t	No report		
t	318		
0	176		
0	250		
0	0		
0	867		
0	1,050		
t	No report		
3	130		
t	No report		
t	No report		
)	60		
)	65		
t	No report		
t	No report		
)	680		
)	0		
)	350		
No report			
No report			
158			
0			
74,146			

CHAPTER II

SCHOOL HEALTH PROGRAM

The school health program must be adapted to the local school and community. A health program is definitely for the improvement of health. Since all communities are different, the program should be made to meet the needs of the people who live in that local area.

A few examples of local health programs are included in this report. These examples illustrate some of the many different phases of a school health program.



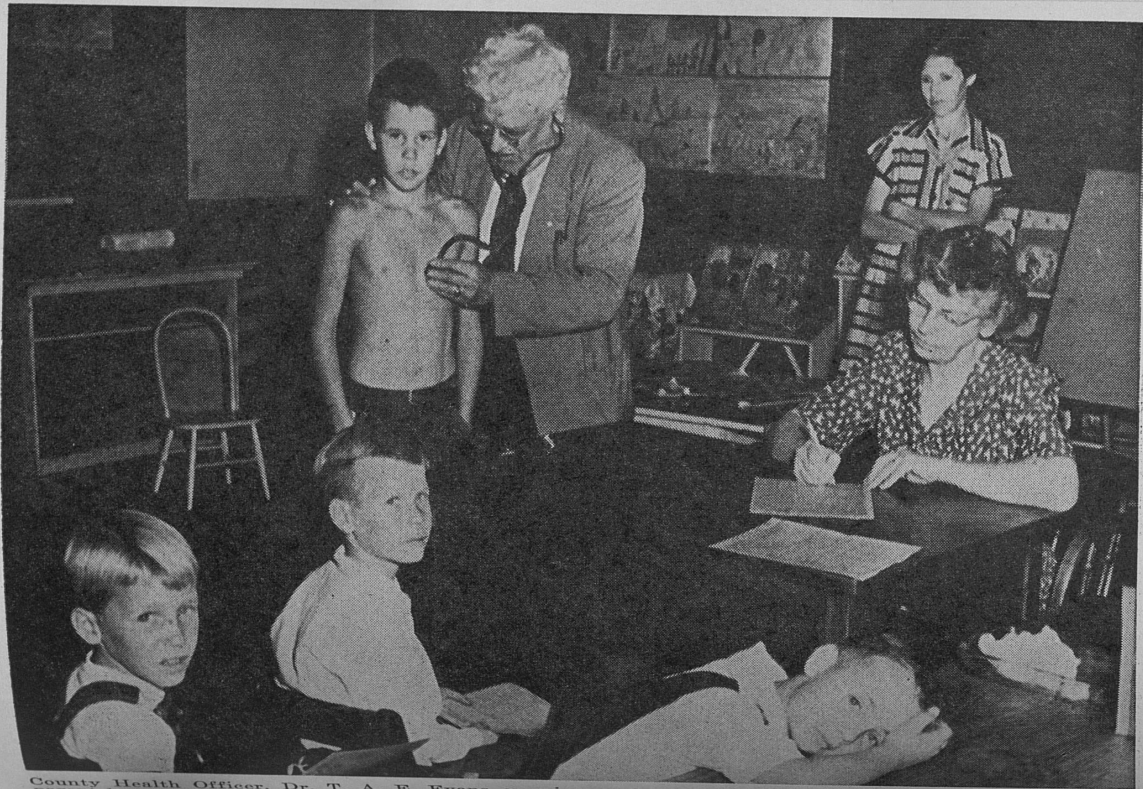
Rowan County School Clinic. Dr. I. M. Garred, assisted by Mrs. C. D. Luttrell, President Rowan County

1. Blood test
2. Blood test
3. High nitrogen prob

Rowan County School Clinic. Dr. I. M. Garred, assisted by Mrs. C. D. Luttrell, President Rowan County

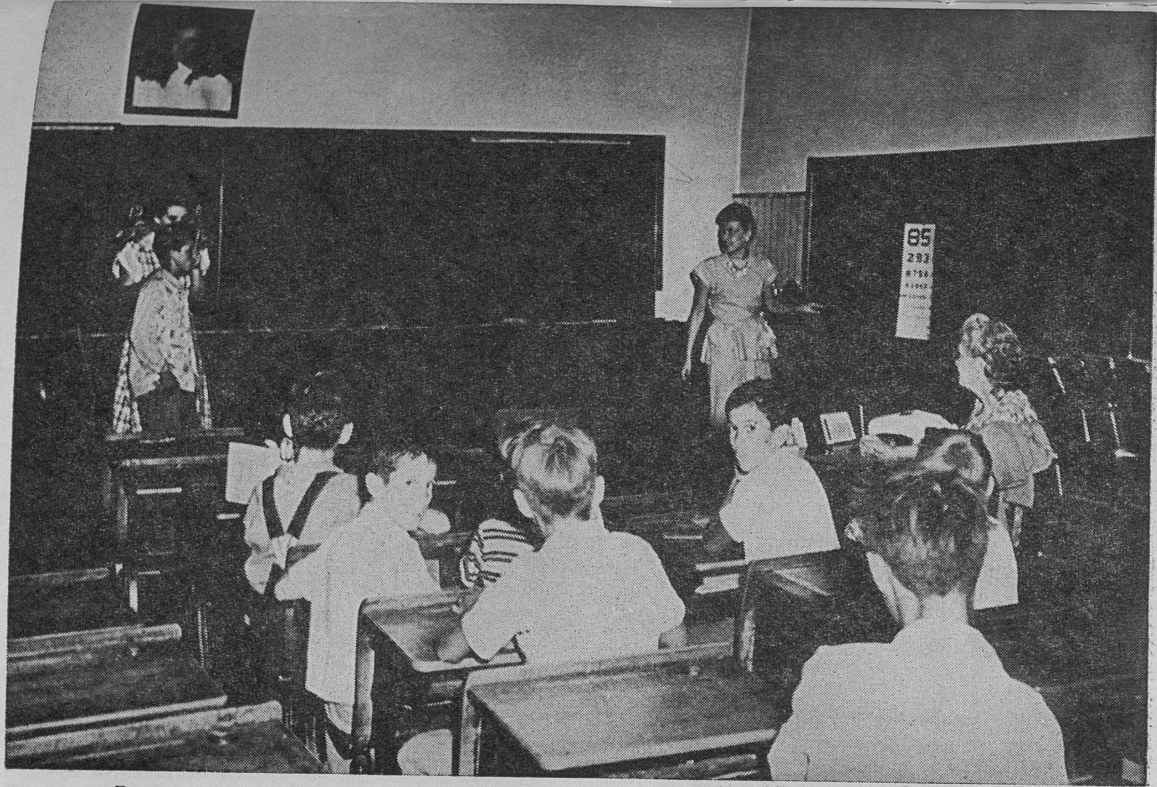


Rowan County School Clinic, August 1948. Dr. O. M. Lyon making dental examination of rural school Fourth Grade.



County Health Officer, Dr. T. A. E. Evans examines rural school boys, assisted by Mrs. Gabriel Banks. A

County Health Officer, Dr. T. A. E. Evans examines rural school boys, assisted by Mrs. Gabriel Banks. A



Rowan County School Clinic. Members of Morehead Women's Club aid in eye tests.



Rowan County School Clinic. County Health Nurse, Mrs. Francis Peed, giving smallpox vaccination, aided by Mrs. R. M. Clay, Clerk in County Health Department.

HEALTH AND PHYSICAL EDUCATION IN ROWAN COUNTY

The Health and Physical Education program now in progress in Rowan County began during the year 1948-49. The County School Supervisor and Attendance Officer were sent to the University of Kentucky to attend the Health Course given there in the summer of 1948. This was a course of instruction in planning a health program. Information gained in this course was used to help set up the Rowan County program.

ORGANIZATION

Realizing the importance of this project, we organized a Rowan County Health Committee, composed of the leaders from the following organizations:

Rowan County Board of Education
Superintendent
Attendance Officer
County School Supervisor
Principals of the Consolidated Schools
Coach
Principal of a two-room school
One room school teacher
Health Officer
County Health Nurse
Doctors (4)
Dentists (4)
Welfare Worker
Sanitarian
County Agent
Nutritionist
Elementary Teacher (Consolidated School)
County Judge
Rowan County Women's Club
Morehead Women's Club
Board of Trade
Kiwanis Club
American Legion Auxiliary
American Legion
Eastern Star
Morehead College
Red Cross
V. F. W.

DUTIES

The duties of this committee were:

1. To plan the Health Program for the County.
2. To aid in publicizing the program and getting the support of the community.
3. To help carry out the program.
4. To help in checking results.
5. To plan a follow-up program.
6. To arrange for two representatives from each group to be present at each of the meetings.
7. To carry back to their own groups the proceedings of the Committee and thoroughly acquaint them with the values of the program to the children and the entire population of the county.
8. That the problems of health that need be brought before the entire county be discussed and plans made to solve these problems.
9. That plans will be made to take care of the children having physical defects, and who are not able to help themselves.
10. That the Committee would see that every child in the county had an equal chance at being a healthy, normal child, regardless of his station in life.
11. That out of this group would come a man or woman who would act as Health Sister or Health Brother to some school of their choice and be a helper in advising, visiting, and planning for that school.
12. That there would be unity in thinking out these problems and all ideas be given due consideration.
13. That this may be the beginning of a Health program in Rowan County that will grow bigger and better each year until every child has the opportunity to be strong and healthy.
14. That there be a definite health carry over into the home (planned by this committee) so that the families are made more health conscious through the children.
15. That this group would feel that the future health of our boys and girls lies in their planning and interest.

RESULTING PROGRAM

Out of this planning and thinking the following program was put into effect and is now operating:

1. All pupils enrolled in Rowan County, including Breckinridge Training School, received Medical Examinations during 1948-49 and new students in the county are receiving examinations this year.
2. Health is required in all Elementary Grades with a minimum of thirty minutes per day allowed for this activity. Four semesters of Physical Education is being required of all high school students. This is limited to two years due to limited facilities.
3. The Rowan County Board of Education has contracted with the County Health Department to provide comprehensive immunization program throughout the county.
4. Parents are being urged to have follow-up care in instances where physical defects are discovered and some assistance is being given by local

civic groups for indigent families. A State Health Department Dental Clinic was brought to Rowan County last spring, at which time approximately three hundred children received corrective treatment.

5. A Rowan County Health Bulletin was worked out by the teachers and is in use in all the schools. It contains the following information and instructions:

- (a) Code for Health and Physical Education.
- (b) Objectives, Rowan County School Health Program.
- (c) A suggested Health Plan for Rowan County.
- (d) What to do to insure Healthful Living in the Schoolroom.
- (e) Suggested Daily Schedule.
- (f) How to check the Physical Plant.
- (g) Communicable Diseases:
 - (1) How to avoid the disease
 - (2) How they are spread
 - (3) Symptoms
 - (4) How the disease must be treated
 - (5) How to protect yourself
 - (6) How to protect others
- (h) First Aid.
- (i) Nutrition. (School lunch recipes)
- (j) Safety Education.
- (k) Recreation.
- (l) Teaching Aids.

6. Committee was formed to study cancer. Materials were placed in all the schools and studied. Tests were given on the material and checked by the teacher.
7. The T. B. Trailer gave examinations and X-Rays to many children and adults in the county in 1948.
8. A T.B. Association has been formed and plans are now being made to make it an educational program throughout the schools in the county.
9. The Dental Trailer and its program was a success and is given in full detail on the following pages.
10. The Save the Children Federation Committee has bought almost two hundred dollars in Health Films for study.
11. Two new lunch rooms have been added and a number of schools are serving at least one hot dish.
12. A comprehensive program of testing eye sight has been launched by the Lions Club and the Morehead State College Testing Bureau. During the past ten years one hundred indigent children have been furnished with eye glasses. These have been sponsored through Henry C. Haggan, Agriculture teacher at the college, by various business men in the city. The Lions Club plans to continue this program until all children have been served.

DENTAL HEALTH PROGRAM

(This report was made at the close of the Dental Program)

Monday, March 1, 1949 brought to a close the Dental Health Program in the Rowan County Schools. The program has been carried on for thirty-four days in Morehead, Breckinridge, Elliottville, Haldeman, Clearfield, and Farmers

Schools. Rowan County Board of Education secured the program for the schools. The Morehead Women's Club, Save the Children's Federation, and Veterans of Foreign Wars were the sponsoring groups.

The objectives of the program were:

1. To help the child to learn the importance of dental health.
2. To train the child how dental health may be maintained.

Each child received a report of his dental health and by means of films the child was taught correct nutrition, correct home care of the teeth, and the importance of frequent visits to the dentist to correct dental defects while small.

More than one thousand pupils were examined in the six schools. All were urged to visit their local dentist. Twenty-two percent of the pupils were found to have good teeth as determined by visual examinations. Fifty-seven percent had one or more teeth requiring fillings. Twenty-one percent had abscessed teeth or teeth that should be removed. The majority of those needing extractions also required fillings, making approximately seventy-eight percent in need of restorative work.

One hundred and seventy-eight school children were selected by the teachers as being within the medically indigent class. Seventeen days were used for clinical work for those selected. A total of eight hundred and seventy-two corrections were made—

1. Thirty-five cleanings
2. Two hundred thirty-one amalgam fillings
3. One hundred eighteen cement fillings
4. Two hundred eighty-one silver nitrate fillings
5. Six porcelain fillings
6. Twenty-eight other operations
7. One hundred seventy-three extractions

Approximately forty-two percent of the patients' defects were corrected and the remainder were partially corrected.

Twelve days were used to treat the children at Elliottville School with sodium fluoride. Each pupil had his teeth cleaned, then received four applications of sodium fluoride. This treatment will prevent forty percent of decay from occurring for a period of three years. It was pointed out to the children that existing decay must be cared for by a dentist. It is hoped that children of other schools will avail themselves of sodium preventative treatment from their local dentists.

The condition of the children's teeth in the schools is deplorable. A small percent are making frequent visits to the dentist and these have excellent health. As a whole the school children are visiting the dentist only for emergency treatment. The parents do not realize the importance of baby teeth as a guide to the permanent teeth that form beneath them. The parents will take the most important of permanent teeth, the six year molars, for baby teeth and as a result these teeth are lost early in life.

The program worked smoothly through the assistance and cooperation of the Rowan County Health Department and the local dentists. The teachers of the school also gave much assistance. Examinations and clinical work were done by Mr. and Mrs. Fred Beckner, assigned to the County by Dr. J. F. Owen, Director, Division of Dental Health.

THE RESPONSIBILITY OF SCHOOL HEALTH COUNSELORS Louisville City Schools

All of the fifteen junior and senior high schools in the Louisville Public School System have a health counselor who is a teacher trained in the current methods of "First Aid and Care for the Injured."

The health counselor has many duties in addition to counseling with the students in regard to their health problems.

1. One of the duties is to see that every student in the school has a cumulative health record card and that it is kept up to date. This form is the one that is used universally throughout the state. (Kentucky School Health Record).

2. The health counselor weighs, measures, tests vision by means of the Snellen Chart, records health habits, vaccinations and immunizations on the School Health Record. The doctor and dentist complete the information of a medical or dental nature. Temporary and permanent excuses from physical education classes are also filed with the health record. This School Health Record goes with the student upon graduation or transfer to another school in the city, county, or state.

3. The health counselor makes dental appointments for the students and assists in the administration of group hearing tests for all seventh grade students. When corrections of any defects are made, they are recorded on the School Health Record.

4. The counselor administers first aid and cares for those who are ill by either calling the child's parents to come to school to get the child or by sending the child to a doctor or hospital with the permission of the parent.

5. The counselor often has conferences with the child's teacher, parent, or principal concerning the health of the child. In some cases special schedules are arranged for children who have physical defects which warrant such changes. Follow-up work on defects is an important part of the health counselor's program and much can be accomplished, if the parents will take the children to their own family physician.

6. The health counselor is also asked to teach several classes of health education and put on assembly programs pertaining to health subjects. Lunch room and hall exhibits or displays are also a project of the health counselor.

CONCLUSION

Health counseling is a full-time job if the counselor has organized a good program of health service for each child in the school. The gathering of factual information about the students is the first and most time consuming duty, but the most important part of the health counselor's program is the follow-up phase where defects are corrected by professional people in the many special fields of health.

The gathering of data, statistics, and percentages is mostly a waste of time if the records are filed away and nothing is done toward the correction of physical, mental, and emotional defects.

The health counselor is an important "key" person in the total program of education in the school.

SUMMER ROUNDUP

Belfry Grade School, Pike County

Mrs. Virginia Runyan, health chairman of the Belfry P.T.A. and Pike County Council of P.T.A.'s, gives a very good report on the benefits derived from the summer roundup. Mrs. Runyan with the help of the first grade teacher, Clara Mae Varney, reports that all first grade children for the past two years have received their medical examinations and immunizations before entering school. After close checking, she reports there has been no communicable disease among the first-graders this year. Of the second grade pupils only one case of whooping cough was reported. The average percent of attendance for the first grade for the current school year is 93.34%.

Of the children in grade three through grade eight who had not previously had the immunizations, it was estimated that there were forty cases of whooping cough alone, not to mention other sickness causing children loss of time from school as well as much suffering among the pre-school children. In one family of five children, the older child in the third grade and three pre-school age children had severe cases of whooping cough; the child in the first grade who had been immunized through the summer roundup program did not have whooping cough.

This report proves to us the value of the summer roundup and what it means to the parents, teachers and children to have the children checked and immunized prior to entering school.

The Belfry P.T.A. is proud of its health record and hopes to cooperate with Mrs. Runyan and Miss Varney 100% for the third successive year in getting their children examined before school begins again in September. There has already been one meeting with the first grade teacher to register first grade children. At this meeting, the parents received information concerning the advantage of pre-school medical examinations and treatment for their children.

SANITARY IMPROVEMENTS CLARK COUNTY SCHOOLS

Clark County has eighteen elementary white schools, two elementary colored schools and one white high school.

DRINKING WATER FACILITIES

Two of the elementary schools in the county have running water in the building. The others obtain their water by hand pumps either from cisterns or wells.

Each year before opening school, the water in the cisterns and wells is tested. The gutters are periodically checked to see that they are free of trash and are in good repair. Filters are also kept in good condition at each cistern.

In some schools, large containers in the school building are filled with water and the children drink from a fountain. In others, water is taken from large containers by spigot. In either case, the children have individual drinking cups.

WASHING FACILITIES

Washing facilities are provided in all the schools. Improvement in washing facilities has been made in the schools without running water in that most of them have installed ten to twenty gallon containers with spigots at the bottom so the children may pass by and wash their hands in running water. Soap is used in each school and in most of them paper towels are provided.

OUTSIDE TOILETS

In the summer of 1949, new outside toilets were built at each school needing them. All toilets were provided with closed pits, stripped, closed seats, urinals and toilet tissue. Each toilet is fly proof.

Some of these improvements have been achieved over a period of years but have been stressed more in the last few years.

SCHOOL HEALTH COUNCIL MADISON COUNTY

Our forefathers carved a great nation without money. How? By "using wisely the things that were available."

This same idea came to a doctor's wife while she was working in the Medical Auxiliary, that we today, could profit from our forefathers by "using wisely the things that are available." In every community there are women—women wisely guided could have limitless possibilities. Her plan was submitted to the local Medical Association and was approved.

A small group of Madison County women, following her plan, decided to improve health conditions in their one-room schools. They were wisely guided by their advisory Board. The Board not only approved but devised the methods to be used in promoting every "Health Project."

Go with me to Madison County that you may see what can be done by "wisely using the things that are available."

This is Our Yardstick:

1. Help Others Help Themselves.
2. Take Things That are Available to Where They are Needed.
3. Do Not Ask for Money.
4. Keep the Community Informed.

When we first visited one of our one-room schools we were shocked to find the glass broken out of every window. The teacher explained that the men in the neighborhood had been feuding, some on one side of the school, some on the other and she made the children lie on the floor to get out of range of the bullets; yet this school got the prize for making the greatest progress last year.

The spring where they got their water was a quarter of a mile from the school. The water was brown and slimy with moss and wiggle-tails in it. Think of drinking that water. A log was laid across the spring making it easy to dip the water

up, but did not help the sanitation, for the children had to walk thru a barn yard to get to the spring. When they stood on the log to dip the water, the dirt from their shoes could fall into the spring.

We taught these children how to take samples of water and send them to Lexington for examination. Almost every family in the neighborhood had their water supply tested, for this was the first time in the lives of many of these families, that they had ever been sure that their water supply was pure.

The interior of the school had no paint, the coal was swept to one corner, there was more than enough ventilation for the cracks were an inch wide between the plans of the wall and the cracks. We took them newspapers which they used at the windows to keep out cold and rain. We helped them get paint. They painted the school themselves. We interested civic clubs in furnishing stoves and cooking utensils. They now have hot lunches. We helped them get a water cooler, they no longer use the bucket and dipper. The men in the community had been breaking into the school at night, using it to play cards and to drink moonshine. If it was cold the men would build a fire, using the children's school books. No books could be left at school, every child had to carry his books home at night, back in the morning. As the school improved the men stopped breaking in. We took them scrap lumber with which they made bookshelves. Their library of fifty books is highly treasured. Their little mirror hanging on the wall worked wonders. Many homes had no mirrors. Each morning the children had personal inspection at school, after seeing themselves they took pride in combing their hair, washing their faces, wearing clean clothes. The mothers came to school to see how to make curtains for their windows at home. They asked the teacher to go with them to help buy linoleum for their floors, they had never before had a rug.

There were no recreational facilities at the school, so we took pieces of rope, discarded balls, bats, basketball hoops—for the first time in their lives these children had something with which to play. The people of the community were glad to share in this project for at the same time they had found a useful place for their discarded and outgrown toys.

The roads frequently were impassable. The only way one teacher could get to her school was a swinging bridge. When the bridge was covered with ice she crawled on her hands and knees. How could a bridge affect health? Many times the water rushing off the mountain completely covers this bridge. A little boy became ill while the water was high, no doctor could get to him until it was too late.

We are proud that his community has a new steel reinforced concrete bridge. For the first time the people from Red Lick can get out in any kind of weather.

Community interest grew rapidly. We were soon asked to help in the larger schools. The road into the school yard of one of the consolidated schools had such deep holes, the school bus had to unload the children on the dangerous highway. We helped them get a new driveway. The only heat in this large consolidated school building was from pot bellied stoves, now they have a new furnace. An old icebox was the only refrigeration for food for 250 children. Now they have a new Frigidaire. Water was carried to wash dishes and cook for 250 lunches, they now have running water. The toilets were unspeakable and only fifty feet from the kitchen. The new toilets are a safe distance away from the kitchen.

More than half our children in Madison County had never owned a tooth brush. Every child not only has a tooth brush now but uses it daily, at school.

We showed more than 200 health movies in our rural schools. It was appalling how many children had never before seen a movie. We couldn't show movies in our one-room schools. No electricity. The G. I.'s hearing about this said, "We had movies in the jungles, why not in the one-room schools." These boys chipped in together and gave us a portable generator which we take from school to school, and now every school can have movies, even the one-room schools.

Twenty-five thousand vitamin pills were given to Madison County Health Volunteers by White Laboratory. In a three month test period the children gained from one to nine pounds. Several teachers noted that no children were absent with a cold for these three months. One child had a severe skin eruption. A doctor had said it was from vitamin deficiency. This eruption completely cleared up.

Visiting homes, we often found entire families living in only one room with some member of the family sick with tuberculosis or other communicable diseases. There were T.B. funds available, after the children got the disease but nowhere could we find a fund that could be used to prevent this disease. We worked diligently to get scholarships to Midway (an orphanage boarding school) where we placed three girls, getting them out of home conditions like this. One of these girls had never before seen a bathroom. Imagine the benefits she will derive by just having contact with the outside world.

We feed our cattle better than some of our children are fed. All during the cold winter months some of our one-room school children have nothing to eat but beans. Dried beans for breakfast, bean soup for lunch, more beans for supper, beans three times a day.

We gave a minstrel and raised enough money so that every one-room school child now has a hot lunch. This is the first time in the history of Kentucky that every school child in Madison County has had a hot lunch.

We tested the vision of 3,500 children for less than 1c per child. The Lions Club furnished glasses for the indigent. Glasses alone could not help one boy whose eyes were so badly crossed. He, along with six other children, whose eyes were badly crossed have had corrective operations. Since their operations and with their glasses their improvements have been remarkable. One boy who had been in the same grade three years, made two grades in one year, after getting his glasses and having his operation.

From one-room schools, to the consolidated schools, to the colleges, the interest and cooperation has been almost unbelievable. Last year we tested the vision of 3,500 children, this year we have just finished testing the hearing of 6,000 children, children from every school in our county.

Every county in Kentucky could profit from their pioneer forefathers, large sums of money are not necessary, do as these Madison County women have done, just use wisely the things that are available and remember that a real gift is not of gold nor jewels but a part of yourself.

CHAPTER III

PHYSICAL EDUCATION

It is fully realized that numerous problems are present in the planning and conducting of a desirable physical education program in the schools for every child. Such a program is being conducted in many school districts of Kentucky. The one in Daviess County is a very good example.

THE PHYSICAL EDUCATION PROGRAM Daviness County Schools

The program of Health and Physical Education was started in the Daviness County Schools at the beginning of the 1947 school term; one year before it became a requirement for the state schools. The Health Code adopted by the State Department of Education was used as a guide to set up a working program.

Grade School Program

The required physical examination of all county school children is being done by the family physician. The first four grades have been examined and a cumulative health record is kept on each child. Any child not financially able to have the examination is examined free by the Daviness County Medical Society.

The first year the organization was in the county's ten consolidated grade schools; grades one through eight. In the basic health classes, already a part of the county school curriculum, emphasis was placed upon physical education. Each grade was allotted one period daily for its physical education, either in the gymnasium, out of doors or in the classroom, depending upon the weather. Grades I and II had twenty minute periods, and Grades III through VIII had thirty minute periods. These classes were included in the regular school schedule without gym conflicts.

The home room teacher of each grade supervised her group in the physical education classes. The program being new to most of the Daviness County teachers, close supervision was given by the Supervisor of Physical Education. Every other week the Supervisor of Physical Education would spend one day at each of the ten grade schools teaching and demonstrating various activities to each of the eight grades, while their teachers took notes on the materials, games and methods at different grade levels. Enough material was given each teacher to work with until the Supervisor returned to check on the progress of teacher and children, and to give additional material. It didn't take long for the teachers to get the idea of supervised play and they were teaching activities on their own initiative. Besides teaching activities they were teaching teamwork, fair play, sportsmanship and the qualities that make up good character. The teachers soon learned to do a good job disciplining children during the physical education classes, which made their classroom discipline problems easier.

The physical education classes march to and from the gym with little or no confusion. After entering the gym the class immediately gets into formation for the planned activity announced by their teacher. The teacher or some designated student becomes the leader. (The latter develops good leadership). The activity continues as long as the class shows interest, at which time a new game is suggested.

The program in the grade schools was planned for various grade levels and a course of study was made for each of the eight grades; the activities included singing games, group games, folk dancing, calisthenics, relays, drills, ball games, pyramids, stunts, tumbling, marching, posture exercises, track and field events and many others. By the close of the first year the teachers and children were doing a fine job with their new class.

High School Program

The Physical Education program was included in the four Daviess County High Schools at the beginning of the 1948 term. Every boy and girl in the high schools was required to take physical education twice weekly plus Health three times weekly in their sophomore year. They were to receive one-fourth credit for physical education in their freshman, junior and senior year; one credit for Health and Physical Education in their sophomore year. The schedule of the coach was arranged so he could take over the classes in physical education.

The Board of Education assisted in equipping showers, lockers, and buying equipment used in the classes. Soft-ball, tennis, touch foot-ball, soccer, shuffle board, darts, archery, hand ball, baseball, volley ball, badminton and various ball games along with tumbling, pyramids, folk dancing, group games and track events made up a large part of the high school program. The students are required to wear gym suits, and take showers after classes. Good health habits are practiced at all times during gym periods.

During the school term of 1947-48 with the help of the Daviess County Board of Education and the Daviess County Fiscal Court an athletic field was constructed at Daviess County High, the largest and most centrally located high school. It was to serve two purposes; first to serve the physical education classes of Daviess County High; second a meeting place for all county schools for track and field events. The field consists of one baseball and one softball field, two

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tennis courts, one archery range, one fourth mile cinder track, horse shoe pits, health ladders, chinning bars, etc. The field was completed in the spring of 1948, in time for the first grade meet. The ten grade schools (fifth, sixth, seventh and eighth grades) met in all day track and field meet, competing by grades in various activities. Trophies were given to the winner and runner up schools. This annual spring meet added much interest to the physical education program. The same type of meeting was held for the four high schools starting in the fall of 1948.

May Day Program

An Annual May Day program was started on May 1, 1948. This was a combination of physical education and music program to stimulate interest in these two departments. Some four thousand county school children participated in the program, held at the Owensboro Senior High School football stadium. Folk dancing, maypole dancing, acrobatics, pyramids, marching, tumbling, and stunts make up the part given by the physical education department. This is an annual affair and was again presented at the new Sports-center in 1949 where over seven thousand watched the colorful program. The program is not a rehearsed one, but instead a summing up of the year's work of activities, actually practiced in the classes of physical education.

Recreation Program

Another achievement growing out of the physical education program in Daviess County is the summer recreation program. Superintendent Burns and the County Board of Education were highly in favor of a summer program in recreation for the rural communities of Daviess County. The idea was presented to the late County Judge Everett Long and Fiscal Court. They too, saw the need for such a program. It was decided the school board and fiscal court would go fifty-fifty on paying the salaries of full time supervisors provided the communities would equip the playgrounds with necessary equipment, and assume the responsibility of such a project. The summer of 1948 five communities accepted the proposal. The county school grounds were to be used and before June 1, 1948 five playgrounds were lighted for soft-ball, tennis, croquet, horseshoes, volley ball, and play areas for small children. The playgrounds opened at 4:00 P.M. and closed at 10:00 P.M., five nights weekly. All types of leagues were organized for young and old—competition between the five playgrounds became keen and each community

tried to outdo the other in making their playground bigger and better. The supervisors were from the ranks of teachers, and assisted in planning, scheduling, supervising teen age groups in various activities. The centers were open during the months of June, July and August. Each playground was under the guidance of a local steering committee which assisted the supervisor with program planning for young and old.

Methods for Financing

This committee raised the necessary funds for light bills, equipment, etc. by having community barbecues, pie suppers, ice cream suppers, and operating concession stands at each playground. In the summer of 1949 nine communities had similar playgrounds at their schools and all practically out of debt. The initial cost of installation being about one thousand dollars plus operation expense.

Conclusion

The program of physical education in Daviess County is far from perfect, but with the accomplishments during the past two years, and the interest shown in the new undertaking, it will make great progress in the years ahead.

During the summer of 1949 over one hundred thousand folks attended the nine playgrounds, either to take part in some activity or to watch a game of their interest. The centers brought together the people of the communities in a closer relationship for their school and community.

Under the direction of Superintendent F. T. Burns and the Daviess County Board of Education, the program of Health and Physical Education is no longer a dream—it is a reality.

RURAL SCHOOL FIELD DAY

Floyd County Schools

For the past four years the Floyd County Board of Education has equipped each of the one hundred and six rural schools with a basket ball, volley ball, volley ball net, and a soft ball and a bat. This was done because of the belief that it is the right of each child in the rural sections to enjoy the games which children of the larger schools enjoy. Another objective is to help them to develop physically.

During these four years, certain schools located close enough together, have held play days during the summer and fall. On these days all children in each school participated in games on their age

and physical level. At noontime a picnic lunch was enjoyed by the children and many of their parents.

For the school year 1949-1950 it decided to go one step further and transport the children to the Prestonsburg Playground for a Rural School Field Day.

At the workshop for rural school teachers each teacher was given a set of rules governing the games that would be played on field day. These games were, volley ball, horseshoes, broad jump, relays, races, and marbles.

Classification for Competition

The children were divided into age groups. The boys of each age group competed against boys and girls competed against girls.

Age Groups Were:

Age 6 and less.....	group 1	Age 9 to 11.....	group 3
Age 7 and 8.....	group 2	Age 12 to 15.....	group 4

Activities Offered

Age groups competed in the following games:

Races.....	all four groups	Marbles.....	all four groups
Horseshoes.....	groups 2, 3, 4	Volley ball....	groups 3 and 4
Broad jump.....	all groups	Relays.....	groups 3 and 4

District and State Competition

The county was divided into twenty districts. The schools in each of these districts held a district meet at which they competed in the above mentioned games. The winners in the district meets of each group in each game then met at the Prestonsburg Playground.

On August 27, 1949, sixteen school buses and many cars brought to Prestonsburg sixteen hundred participants. Parents and friends swelled the number on the playground that day to approximately five thousand. Radio station WLSI, Pikeville, recorded a part of the program which was broadcast later in the day and the following day.

Methods of Determining Winners

Points were determined in this manner: five points for a first place showing, four points for second place and three points for third place. Judging groups were made up of local club members and high school coaches.

Awards

The merchants of Prestonsburg donated enough trade certificates and money so that each winner received the equivalent of three dollars cash. Four men's clubs donated one hundred dollars each to pay for food served to the contestants. One club also gave fifty dollars worth of books to the school accumulating the most points that day. A cash award of twenty dollars was given to the runner-up school.

We feel that the Rural School Field Day was a success because of the following noticable outcomes:

1. Provided an incentive for promotion of good sportsmanship and the development of healthier bodies.
2. Promoted a community interest in the school and helped to show the parents that play periods are not wasted time.
3. Helped the attendance by making school more interesting to the boys and girls who were over age for their grades.
4. Created an interest among teachers who had previously shown only a little interest in the supervised play periods.

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CHAPTER IV

SCHOOL LUNCH PROGRAM

A good school lunch program reaches out into the community and makes a definite contribution to the health of the pupils in school and the entire community. It is an important part of the Health Education Program. The cooperation of parents and others in the community is necessary to have a successful program. The extent to which the school lunch program provides educational experiences depends upon the vision of the teacher. Ways in which children, teachers, and pupils have used the lunch program as learning situations are illustrated in the descriptions that are given in this section.

PTA COOPERATES WITH LUNCH PROGRAM IN PIKE COUNTY

The Pike County School System now has 20 schools serving hot lunches to the children; 18 of these serve type A lunches and receive federal reimbursement. McAndrews Colored School serves a hot lunch but is not federally reimbursed. McAndrews Grade School has a milk program, which is called a type C lunch. These lunch rooms serve approximately 4,000 children daily, and most of them charge 20c per meal. Last year, \$40,199.70 federal reimbursement was received by Pike County Schools.

Five years ago, there were four lunch rooms in the county school system. Two of these lunch rooms were continuations from the WPA Lunch Program. Only two of the eight high schools had lunch rooms in 1944, and now all eight have them. All consolidated schools, except one, that transport children have lunch programs. This school that is without a lunch room is in the process of constructing a modern 14-room building in which a planned lunch room is included.

Two rural schools have approved lunch programs, and a 2-room colored school is working toward an approved rating next year.

The County Board of Education has spent several thousand dollars in constructing and making space usable for lunch rooms. For example, the kitchen and storage room at Stone Grade School was made from part of the boiler room and from space under the stairway. At Blackberry Grade School, the kitchen was partitioned off from the boiler room, and the dining area was made from a room that was used for storing coal.

Three schools—John's Creek High School, Feds Creek High School, and Millard Grade School—have aluminum buildings used for lunch rooms. These buildings were purchased by the Board of Education.

Phelps High School has made a kitchen from the dressing room of the gymnasium auditorium, and the stage is used for a dining room.

Some of the schools have done their own construction while others have assisted with the construction and have furnished financial aid. In all cases, the local school or PTA has bought the equipment.

Several schools could not have installed lunch rooms without the assistance of the PTA. In some instances, they planned and worked on this project for two or more years.

Two thousand dollars worth of equipment was bought by the PTA at the Stone Grade School. Seventeen hundred dollars was

spent by the PTA at McVeigh Grade School. The PTA at the Hardy Grade School spent more than a thousand dollars for equipment.

The lunch rooms are approved by the Health Department; they have hot and cold running water, three compartment sinks, and electric refrigerators. All the lunch rooms, except two, are equipped with electric ranges, and most of them have electric hot water heaters. Many of them have bought good vitrified china similar to that used by modern hotels and restaurants.

Some interesting stories about the history and origin of the lunch rooms in several of the schools have been written by some member of the faculty and are submitted as follows:

McVEIGH LUNCH ROOM Pike County

At last, our dream has come true! After three and a half years of dreaming and planning and working, the lunch room at the McVeigh School is a reality.

McVeigh is a mining camp located in Eastern Pike County. The school district comprises approximately 2,000 persons, while the school enrollment usually averages 325 children in the eight grades.

At the first PTA Meeting in the fall of 1946, Mr. Claude Farley, County Superintendent of Schools, was guest speaker. With him came Mrs. Sally Kimbler, Health Coordinator of the County Schools. Mr. Farley and Mrs. Kimbler spoke to the PTA about the school lunch room program and all of its advantages. That was the beginning of our dream.

Throughout that school term, the PTA was busy with other projects, but the idea of the lunch room was ever present. The next school term came and, with it, the completion of previously begun projects. The building and equipping of a lunch room then became the dominant objective of the McVeigh PTA.

During the summer, Mrs. Kimbler drew the plans for a lunch room, to be remodeled from two unused classrooms. The State Board of Health approved the plans, and the Pike County Board of Education generously gave permission for work on the lunch room to begin.

We were very fortunate in having vacant class rooms which could be utilized. The plans called for the tearing down of an old stairway so that space and part of a hall that was not in use could be made into an ample storage room adjoining the kitchen. Two

large adjoining class rooms were available. One was to be used as the main dining room; the other was partitioned and became our kitchen and a small dining room for the smaller children. The main dining room contains a large service window from which the children are served their trays. A window for returning the dishes was cut in the partition between the dining room, making it possible for the children to reach the return window in an orderly and efficient manner.

R. E. Worley, a minister and a skilled carpenter of our community, was hired by the Board of Education to do all the remodeling and the building of the cabinets, tables, and benches. Mr. Abner Justice, of the County Board, and his maintenance crew did the plumbing and the electrical work. A three-compartment sink, an eighty-gallon electric water heater, a commercial electric range, and the refrigerator were installed. Nine 300-Watt light fixtures were distributed throughout the rooms so as to give maximum light in each room.

After all this was done, it was time to decide on a color scheme. Mrs. Kimbler and Mrs. Hays, Principal of the School, chose ivory for the walls and a blue-green for the wainscoting and cabinets. Feeling the need for warmth and color, a rainbow scheme was selected for the tables and benches. After a conference with Mrs. Kimbler and suggestions from the members of the PTA, Swedish Red, Imperial Blue, and Jonquil Yellow were chosen.

Several of the fathers in the community volunteered their services for completion of the lunch room. The next few weeks found the men after their day's work at the mines, coming to the school to paint the lunch room furniture, to lay the linoleum in the kitchen, and to paint the storage room and the inside of the cabinets in the kitchen.

When finished, the walls were clean but bare, and we felt that further decorations would enhance their attractiveness. The curtains for the windows were yet to be designed and made. At this stage of our efforts, Mrs. Dennis Scott, McVeigh, consented to do the decorating. To our delight, for the curtains, she selected Indian Head Linen in shades of yellow, a blue-green, and a Swedish red, reflecting the gay tones of the tables and benches. This she made into half curtains which were attached within the windows by small spring rods. The colors are mixed attractively, the end windows having yellow and red curtains while the center pair has blue-green ones. This

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same arrangement was followed in the small dining room. At the top of the windows, Mrs. Scott placed cornices which were painted Swedish red. A cornice was also placed over the service window. Mr. Alfred May assisted in cutting and making the beautifully designed cornices.

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Mrs. Scott gave life and color to the ivory walls of the large dining room by pasting, at spaced intervals, lovely cut-outs of fruits and vegetables. The name of the fruit or vegetable was crayoned beneath it in red letters. The same idea was used above the bulletin board at the front of the room. Above the cornice over the service window, the colors of the decorations are emphasized by a diagonal row of blue, green, yellow, and red paper plates that were shellacked.

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In the kitchen arrangements of groups of six and eight shellacked paper plates hang in the spaces above the equipment, in order to give the maximum amount of light in the kitchen.

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The kitchen is completely furnished with modern equipment which has been purchased by the PTA. The PTA raised almost \$2,000 for this purpose. The money-raising drives were under the capable direction of Presidents, Mrs. R. E. Worley and Mr. Cloyd Titus. Members worked faithfully in rummage sales, radio shows, Halloween Carnivals, and bake sales. This was augmented by a generous donation from the United Mine Workers.

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Now that our project is completed, we think with gratitude of the faithful services of the mothers, dads, pupils, and teachers throughout the long period of planning and waiting and working. The lunch room is truly a community accomplishment, for interest and work was not limited to those whose children benefit from the project. Some of the most faithful assistance has come from men and women whose sole interest was a better school and a better community for all children.

It is most gratifying to have visitors tell us that our lunch room "is the prettiest" or "the most striking that they have seen," but it really makes our hearts sing when our own pupils say, "Mrs. Hays, I think our lunch room is so pretty!"

SOUTH WILLIAMSON LUNCH ROOM **Pike County**

In February, 1944, the South Williamson Grade School realized one of the greatest needs of the school. At the regular monthly meeting of the PTA, a motion was made and approved that the organization adopt as one of its projects the beginning of a hot lunch

program. This project began under the very capable direction of Mrs. Julia McEuen. She continued with the school lunch room until the end of the school year, 1947-48.

The first year, the lunch room ran for approximately seven weeks. The kitchen was a small room built by taking old lumber from a ball park. The room was formerly a part of the furnace room. The equipment was very limited. There were two small stoves, a sink, a cupboard, and a small refrigerator. The tables and benches were built by members of the PTA. This organization gave a kitchen shower which brought them the necessary odds and ends. The cooking and serving was done by volunteer members of the PTA and the community.

The next year, the lunch room took care of the needs, but the following year, a complete new kitchen was built, a cellar was excavated, and a storage space was built. Each year, some improvement has been made. New equipment has been bought. It now has healthful hand-washing facilities for the children in the old kitchen. It has a large army range, two electric stoves, and two refrigerators. The lunch room is now serving nutritious lunches to the children, which helps to make for better, healthier citizens in the future. Credit is due the leaders and the PTA organization.

McANDREWS COLORED SCHOOL LUNCH ROOM

Pike County

Teamwork often plays an important part in determining the success of many types of programs. When it comes to teamwork, the parents of McAndrews, Kentucky, Negro School would seem to merit a medal.

McAndrews is a small mining town, located in eastern Kentucky, about ten miles from the West Virginia state line. Its population consists almost entirely of coal miners and numbers about 150 people.

The school is a small, gray, three-room building which is located on an elevation, overlooking a tiny community of ten or more houses. We only have seventy-five pupils, about ninety-five percent of whom are transported.

The school faculty is made up of two teachers, if two teachers can be called a "faculty." At the beginning of the current school year, the faculty became very much concerned about the diets of the children; and, with the help of its P.T.A., began the development of a plan under which it could serve a hot lunch to each child every day for five cents.

Feeling that a proper diet for a child would be more important than equipment for a playground, the group decided to use the \$150.00 it had for playground equipment to begin a school lunch program. This \$150.00 had been donated by the United Mine Workers Union in the vicinity.

The parents began by cleaning up an empty room, which had been previously used as an assembly room. The fathers did the heavy work, such as the painting, the wiring, and the carpenter work, while the mothers made curtains for the windows and did the cleaning. The women continue to donate their services and take turns with the cooking.

We bought, for ten dollars, a large army coal range from one of the lunch rooms that had installed electric stoves. Large, six-compartment trays were secured from another lunch room that had decided to use plates. The B. & L. Furniture Store, Williamson, West Virginia, donated a second hand cabinet to the cause. Through the efforts of Mrs. Sally Kimbler and the County Board of Education, we got the necessary silver, cups, cooking utensils, paint, and lumber to make a storage room.

So far, our program has been in progress about five months and has been a huge success. The school hot lunch program could not have been begun at a more appropriate time for giving aid when it was really needed—a time when the miners were, and have been, out of the mines on strike for approximately nine months.

We have big plans for our lunch room next year. Now that the strike is settled, there will be more money with which to make improvements.

NUTRITION IN GOLDEN POND SCHOOL TRIGG COUNTY

Realizing the need for a lunch program and better nutrition for the boys and girls, Golden Pond School advocated a cafeteria in 1946. Since there were no school funds available at this time, the school asked for the patrons' help. A community mass meeting was held and an outline of the project was presented by Dolly Gillahan, principal of Golden Pond School. The support of the patrons both in donations of money and food proved that they were behind the project one hundred percent. Many agencies in Trigg County also made donations. The cafeteria was opened in the fall of 1946.

Methods of Operation

When the cafeteria had operated a short time, it was realized that it was not benefiting many children who needed it most. Work in the cafeteria was given to some who could not otherwise pay for their lunches. Many times an older

child worked to pay for his lunch, as well as for a younger brother or sister. Since the lunch room was operating under the Federal Lunch Program, free lunches could be provided for several indigent children.

Survey of Children's Diets

Soon after opening the cafeteria, the teachers made a three day check on the diet of every child. This gave many revealing facts. The most outstanding one was the need for better balanced diets containing the seven basic foods. The most needed foods were fresh fruits and vegetables, beef, liver and milk products.

Follow-up Campaign

A campaign was begun to make the boys and girls conscious of these needs. The seven basic food charts were studied to show the students what makes a balanced diet. Then they were asked to plan menus for lunch. The best ones were chosen and served. Raw Vegetable parties were held in each room. Children learned to like carrots, celery, cabbage and other vegetables they had never eaten raw. Many children did not like liver which was served quite often. Contests among the different rooms were held showing the percent of children who ate liver. Soon the contests were discontinued because they had learned to eat liver in order to keep their grade or room at the top of the contest. Several pupils did not drink milk at home, but learned to drink it at school. The cold pasteurized milk served at lunch had a different and better taste from what they had at home. Sometimes a spoonful of chocolate syrup stirred into a bottle of milk would induce a first grader to drink his milk.

The 1947-48 Health Clinic

In the fall of 1947-48 a health clinic was held to check the physical and dietary needs of all the pupils. To aid in this check the school had county health doctor, nurse and nutritional consultants from the State Health Department. Letters were sent to the parents asking that one or both be at the school for the child's examination. Again the parents cooperated with the school. Eighty-seven percent of the children were given a check. It was the feeling that the greatest benefit from the clinic was the fact that the parents learned the nutritional needs of each child. The parents were made to realize the benefit of a hot noon lunch for the child. In the school lunch the cafeteria tried to supplement the child's home diet by serving the foods necessary for a balanced diet which were lacking in the other pupils.

THE 1949 COUNTY SCHOOL FESTIVAL

In the spring of 1949 a county school festival was held. The school centered its exhibit around better nutrition. This provided many learning experiences for the children who were overjoyed when their school received the greatest number of points on prizes. At the beginning of that school term the pupils were weighed and at the close of the school year another check was made. There was a gain of 916 pounds in the school, which was an average of five pounds per child. A loss of only thirty-two pounds was discovered in the school.

Conclusion

It has long been a custom at Golden Pond School for the seventh grade to entertain the eighth grade near the close of school. To finance this project the

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McVeigh Grade School, Pike County. Middle and upper grade children saying grace.

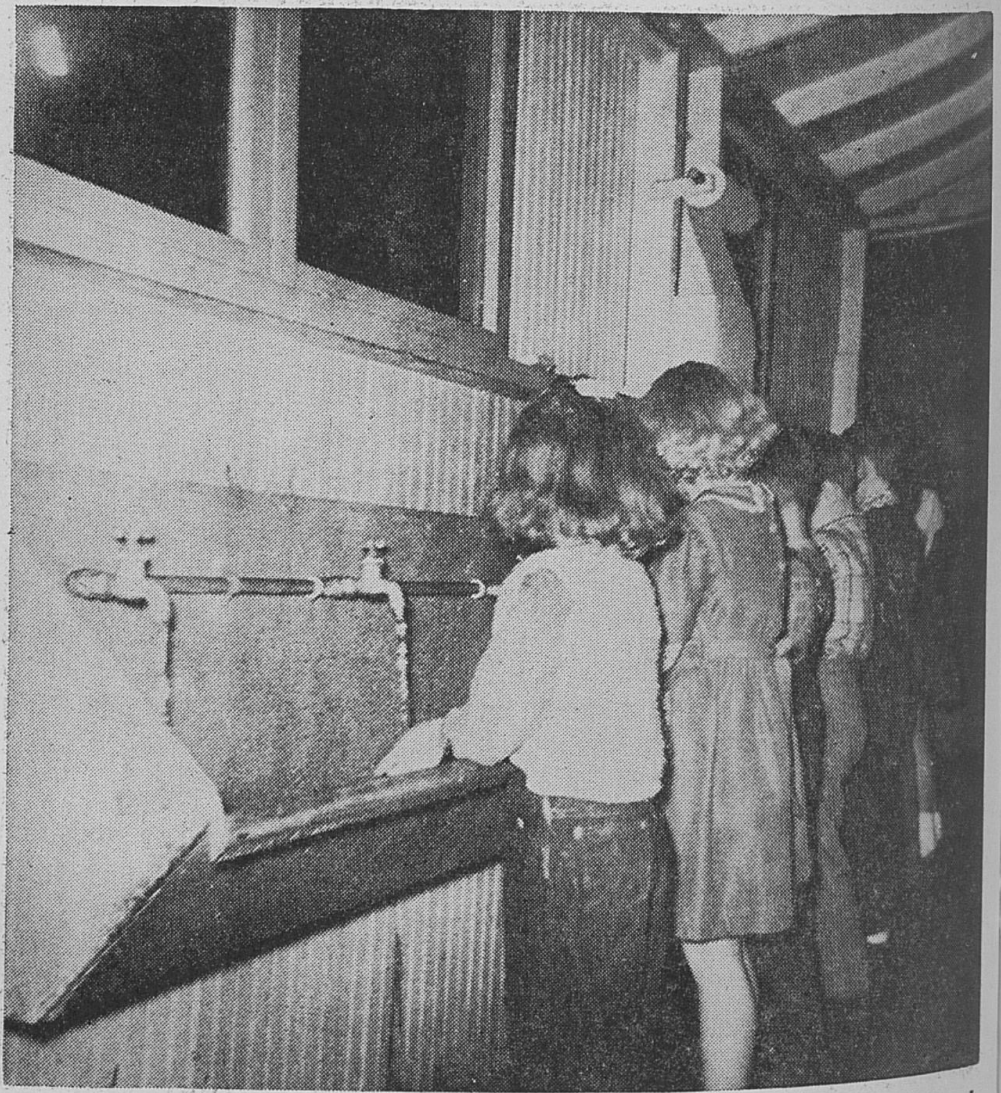


Stone Grade School, Pike County. First and second grades scraping their plates behind an attractive screen. Dirty dishes are neatly stacked on shelves, used silver is placed on a tray until they are whisked away by the dishwasher.

Stone Grade School, Pike County. First and second grades scraping their plates behind an attractive screen. Dirty dishes are neatly stacked on shelves, used silver is placed on a tray until they are whisked away by the dishwasher.



McVeigh Grade School, Pike County. Children being served by lunch room workers.



South Williamson Grade School, Pike County. A very efficient hand-washing device. A trough of sheet metal carries away the waste. Spigots are spaced about every three feet. Children of one room can wash their hands in about two minutes.

seventh grade constructed a juice stand and called it the "School's Health Spot." At the close of the school year the profit from the sale of citrus and tomato juice was used for a social event with the eighth grade as guests. The highlight of the last weeks of school is a banquet or trip of historical interest, as to Mammoth Cave, the Hermitage and Children's Museum at Nashville.

Besides aiding the nutrition program, the sale of juices provides a project in teaching arithmetic, English, history and geography. All business in connection with the purchase and sale of juices and arrangement of the trips are made by the children themselves.

The community and teachers of Golden Pond feel that this program of nutrition is one that must be continued for the benefit of the boys and girls. It is the hope, in years to come, that it will be possible to see many tangible results in the way of better health for citizens of the community.

TRIGG COUNTY HIGH LUNCH ROOM SERVES ITS PUPILS

"Good food, well prepared, and plenty of it" seems to be the secret of success at the Trigg County High School Lunch Room. More than six hundred pupils or approximately eighty percent of the total enrollment of the Trigg County High School and Cadiz Graded School are served daily.

This formula, which seems relatively simple, would be very difficult to administer were it not for the efficient management of Mrs. Thomas Baker, full time home economics trained supervisor of the lunch room project.

The Origin of the Cafeteria

The lunch room, which is in its fourth year of operation, grew out of a definite need on the part of the six hundred students who are transported daily to Trigg County High School and Cadiz Grade School. Before it was opened, long hours of planning were spent by Mrs. Baker, cafeteria supervisor; Roy McDonald, superintendent of schools; and Eltis Henson, principal of Trigg County High School. The need was felt for a well balanced, hot meal, and it was the opinion of the group that such a project would demand the services of a full time, well trained supervisor. Mrs. Baker, who has had several years' experience in this field, was persuaded to take the position. Some officials were doubtful that the lunch room would be able to pay her salary.

When this year comes to a close, these skeptics will have been shown that they were wrong. From a beginning with some three hundred students Mrs. Baker has been able to more than double the number who are served daily. She has equipped the kitchen with the most modern equipment, and has paid her own salary at the regular rate for teachers in the Trigg County High School.

With building space at a premium, a stone building on the grounds which was constructed for N.Y.A. work was transformed into a lunch room. The main difficulty was that it was too small to meet the need of the schools. Since Cadiz Grade School was scheduled to be moved to the high school campus as soon as a building program would permit, it was decided to transport the grade school. Two buses were used at first, however, as reports of the wholesome and delicious food reached all the students, more and more joined the ranks, until now five buses are required to carry the three hundred students who are served daily from the grade school. These students begin coming to the lunch room at about 11:25 o'clock in the morning. Since not more than two hundred can be accommodated at

ent hand-
e. Spigots
wash their

one time in the two dining rooms, it requires a continuous line from that time until 12:35 o'clock during the noon hour when another three hundred or more students from the high school are served. With an efficient system of serving established and each worker with definite responsibilities, it is not unusual for as many as twelve or fifteen students to pass through the line each minute.

Before any equipment was bought, Mrs. Baker and Mr. Henson, Trigg County High School principal, considered the fact that the lunch room would be moved to the new building when constructed, so each piece of equipment was bought with the idea of service and substantial use. Some three thousand dollars was borrowed locally when the lunch room was opened to purchase equipment, and to furnish the necessary operating funds.

Soon after the lunch room was put into operation, open house was held and patrons of the county were invited in to see the lunch room, inspect the daily menu, and partake of a free meal. More than four hundred enthusiastic patrons responded. That they were pleased with the project was evidenced by their cash contributions of approximately two thousand two hundred dollars to help pay for the equipment.

Personnel and Equipment

In setting up a staff to prepare and serve the meals each day, Mrs. Baker experimented with a variety of helpers. Finally she selected six full time helpers, one of whom is a man. In addition, sixteen girls and two boys from the high school serve part time. These workers have been trained for their various tasks until they are able to carry out their duties with almost machine like efficiency. To help make their work something less of a burden such equipment as a potato peeler and a mixer have cut a task of creaming the two hundred and fifty pounds of potatoes required for each meal to a thirty-minute task. An electric slicer, a battery of ovens, a large dish washer and other labor saving equipment have proven invaluable and have added much to the morale of the workers. In addition, the lunch room is equipped with a walk-in refrigerator, as well as two electric boxes for ice cream and milk. The walk-in box makes it possible to buy meats and other perishables in quantity, and thus save on price and also maintain an adequate supply for emergencies.

Careful Supervision

By careful accounting and accurate cost reports on each meal served, school officials know to the tenth of a cent what each meal has cost. The aim of the lunch room has been to serve the best meals possible to the greatest number of children, and yet stay within the limits of good business. Being trained in dietetics, the supervisor has been able to serve a well balanced meal and at the same time encourage children to eat a variety of new foods. Use of frozen foods has added much to the program as is shown by the delight with which the children receive such delicacies as strawberry shortcake. Children are also happy to have two or three choices in their selection of food each day.

To make the meal something of an event during the day, the dining rooms have been decorated with cheerful colors, and even an open fireplace adds much on cold or disagreeable days.

Free Meals

Since some of the pupils are not able to pay for their meal, the lunch room will serve something near ten thousand free meals this year. In addition, a committee of patrons has been appointed to look into the need of underprivileged children, and interested individuals have contributed several hundred dollars to make it possible for every child in school to be able to get a hot, well balanced noon day meal.

Cafeteria Attendance

That the lunch room is reaching a large portion of the pupils in school is shown by the fact that of the eight hundred pupils in daily attendance at the high school and the grade school, more than six hundred twenty-five or approximately eighty per cent are served each day in the lunch room. Since many of the children live close enough to go home for lunch, this seems to indicate that practically all of the children receive a hot noon day meal.

Extra Nutrition

In order that those children who are undernourished or underweight might be given extra attention, Mrs. Robert Wallace, principal of the Cadiz Grade School, made a survey of the grade school pupils. A bottle of milk served in mid-morning and cod liver oil concentrate for those who needed it was thought to be at least a partial solution to this problem.

Types of Foods

In attempting to reach as many pupils as possible, Mrs. Baker has found it extremely important to serve only quality foods and in adequate quantities to satisfy the appetite of hungry, growing children. For instance she has found that hot rolls are much more desirable than light bread as was evidenced by the fact that some six hundred and fifty pupils ate more than two hundred dozen of the new bake and serve rolls on the first day they were added to the menu. Needless to say, a generous supply of surplus butter was consumed with the rolls.

This lunch room has shown very definitely that wholesome food, well prepared, and served in ample quantity is the basis for success in any lunch room. Furthermore, it offers evidence that any lunch room which serves as many as four hundred pupils daily can support, and needs a full time, well trained supervisor, and that the lunch room itself can pay the salary of such a person.

In these days of demand for trained personnel in the field of school room instruction and in the direction of school activities, certainly there is no field which shows a greater need than that of health, where well balanced meals are absolutely essential. This school, at least, feels that a full time home economics trained supervisor means the difference in just another lunch room, and one that is a success.

Thus, at the end of the fourth year of operation, the Trigg County High School Lunch Room has proved a major asset to Trigg County.

School officials are proud of the lunch room, but they are not satisfied with its present status. Before long, they hope to have a new building, and some of the basic requirements will be a large dining room, ample kitchen, food preparation and storage room. They also recognize that much needs to be done in the way of educating the people of Trigg County to the importance of a well balanced diet. It is felt that this can best be done through the school children of the county, and the lunch room is preparing to work in this direction.

**THE REPORT OF
THE FAYETTE COUNTY TEACHERS WORKSHOP**

Lexington, Kentucky

June 5-19, 1948

Sponsored by: **FAYETTE COUNTY BOARD OF EDUCATION**

and

UNIVERSITY OF KENTUCKY

In the past four years many Health Workshops have been conducted in different parts of the state. A few have served the entire state, while others have been attended by representatives from certain areas. These Health Education Workshops have been very important in stimulating interest and developing of teaching techniques in Health Education.

The greater part of the report of the Fayette County Workshop is included in this bulletin. This report shows how the teachers in a county school system can and should plan a Health Education program.

HEALTH EDUCATION SECTION OF THE FAYETTE COUNTY TEACHERS' WORKSHOP

Introduction

The Kentucky State Board of Education adopted on December 20, 1946 and revised March 21, 1947 and again on December 12, 1947 a Code for Health and Physical Education (SBE 53-2) for the Kentucky schools. This code goes into effect at the beginning of the 1948 school year. In order to better understand this health code and its implications for Fayette County, the teachers interested in the health section of the workshop made a study of the health code and also of the aspects of the total school health program. As a result of this study the Health Education Section of the Fayette County Teachers' Workshop presents through this report recommendations which should be helpful in implementing the health code, in executing certain of its provisions and in extending its present health program.

Membership of Group

Mrs. Eula Allen	Miss Susan Gabby
Mrs. Mary C. Anderson	Miss Anna Mae Hood
Mrs. Edna Baucom	Mrs. Adelia Jackson
Miss Gene Burberry	Miss Mabel Masters
Miss Evelyn Cundiff	Mrs. Mary Adams Moore
Miss Eloise Dietz	Miss Dorcas Bell O'Neal
Mrs. Julia D. Ewan	Miss Patricia Parsons
Mrs. Runelle Foster	Miss Dorothy Shawhan
Mrs. Kelsey Friend	Miss Bess Wright

Health Education Consultant

Miss Elizabeth Davis
Sumter City—County Dept. of Health
Sumter, S. C.

STATEMENT OF SCHOOL HEALTH POLICIES

I—General School Health Policies

A healthier America waits upon and depends upon the universal adoption of sound school health policies. The National Committee on School Health Policies, formed in 1945 by the National Conference for Cooperation in Health Education, faced squarely the prob-

lem of stating definitely and clearly policies under which school health programs might be maintained and improved in thousands of different school situations. The broad scope of its conclusions and suggestions can be gleaned from the range of the committee's recommendations. It is recommended that all schools in Fayette County:

- "Organize a school health council;
- "Make provision for healthier school living by raising their standards of inspection for safety and sanitation, by employing more understanding and emotionally stable teachers, by paying more attention to the health of school personnel and by serving better food;
- "Improve the quality of health and safety instruction by according more time, securing better-qualified teachers, granting more scholastic credit and providing more adequate teaching materials;
- "Clarify and sharpen their programs for the prevention and control of communicable diseases and avoidable accidents;
- "Institute wider programs of health counseling, including keener teacher observations, more frequent screening tests, and more useful medical and psychological examinations;
- "Enforce more intelligent precautions in physical education and athletic programs;
- "Identify sooner and provide more sensibly for handicapped children;
- "Provide in-service education to help teachers to understand the health problems of children;
- "Participate in programs of parent and community health education; and
- "Seek qualified medical advisors, nurses, health educators, and other necessary specialized health personnel."

II—Objectives of the School Health Program

The objectives of the school health program as outlined by the Advisory Committee on Health Education and organized under the leadership of the Ohio Public Health Association has application for Kentucky schools and are worthy of consideration. The objectives of the school health program are listed as follows and are recommended for adoption for Fayette County schools:

1. To prepare the child for and help him to understand the significance of such experiences as the physical examination.
2. To establish routines concerning exclusion from school or admission following absences.
3. To encourage the relationship between the school services and the community agencies.
4. To formulate a planned program for the care of accidents and sudden sickness occurring in the school.
5. To provide opportunities for healthful living while in school, such as adequate time and facilities for cleanliness, lunch, play, rest; and to obtain the cooperation of teachers and other school personnel in maintaining satisfactory personal health.

6. To develop a graduated program of health instruction giving opportunities for experience through which pupils will develop skill in healthful living; and to provide for pupil contact with scientific sources of information regarding major health problems of personal, community and racial health. These experiences should help the pupil understand the reasons for good health practices.
7. To work out special education programs for handicapped pupils by adapting the program of the *regular* class to individual pupil needs, if it is physically possible for the pupil to attend.
8. To discover the health needs (physical, mental, emotional) and interests of each pupil. This can be done in various ways—by talking with pupils informally, using a simple questionnaire, making surveys, studying medical and dental examination records.
9. To enlist the assistance of the community by including agency and parent representation in the planning and establishing of policy regarding health service.

To summarize, not only must the physical health of the pupil be considered but the mental, social and emotional aspects as well. All the above health education activities should furnish desirable educational experience for the child and be treated as a living experience in the school, home and community.

III—The Scope of the School Health Program

The school health program consists of many activities that are done for, by and with the child to assist in the development of a healthful, happy and successful person. These activities serve as a workable basis for the consideration of Kentucky school health policies and may be classified for this purpose as follows:

1. Healthful school living.
2. Health instruction.
3. Safety instruction.
4. Services for health protection and guidance.
5. Physical education.
6. Recreation.
7. Education and care of the handicapped.
8. Qualifications of teachers and specialized teachers in health.

IV—Planned Program for Care of Accidents and Sudden Sickness in School

Due to the problems arising from the care of emergencies and sudden illness at school and the diversified ways in which these are handled at present it is expedient that a planned program for such care be set up on a county-wide basis. In order to establish uniform practices it is recommended that:

1. A private room or rooms in the high school (boys and girls) be set aside for the caring of accidents and sickness occurring in school

2. The room be equipped with:

a. first aid supplies

(1) compresses and bandages

(a) 1-inch compress on adhesive

(b) assorted sterile bandage compresses in individual packages

(c) triangular bandages

(d) sterile gauze in individual packages of about 1 square yard

(e) 1-inch and 2-inch rolled bandages

(2) wire or thin board splints

(3) inelastic tourniquet

(4) adhesive tape

(5) scissors

(6) Forceps (2 inch splinter)

(7) toothpicks

(8) paper cups

(9) cotton balls

(10) paper towels

(11) hot pad

(12) thermometer

(13) ice bag

b. cot or bed with linens

c. enclosed cabinet

d. table

e. chair

f. covered can for waste disposal

g. running water (if possible)—if not, hand washing facilities

h. card index file of all pupils in school on which is recorded the following information:

(1) physician's name

(2) phone number of parent

(3) parent's address

(4) where to call parent in cases of emergency

i. record on each case (form attached)

3. The person or persons in charge shall have first-aid training and shall be able to remain calm under pressure.

4. It is advisable for the school to arrange for a child who becomes ill or is injured at school to go home. The school through the person or persons in charge of accidents or sickness should assume the responsibility for:

a. notifying parents if possible

b. arranging for parent to send for the child if possible

c. transporting child, if parent is unable to send for the child, through designated school personnel, who shall receive mileage for use of car

5. The local medical society through the health department establish standing orders for emergency care at school and that these orders be given each teacher, school administrator, superintendent of schools and also that one be posted in the first-aid room.

6. The health department set up the standing orders for the school on exclusion from and readmission to school in cases of communicable diseases, immunization policy, and that these orders be given to the person designated in number 5.
7. The standing orders in numbers 5 and 6 be cleared legally through the county board of education's legal channels.

on exclusion
s, immuniza-
in number 5.
the county

FORM FOR REPORT ON ACCIDENTS OR SICKNESS

NAME AGE ADDRESS

SCHOOL GRADE

DATE OF INJURY TIME AND PLACE

WHAT HAPPENED:

WHAT CARE WAS GIVEN:

BY WHOM:

PARENTS NOTIFIED

PHYSICIAN NOTIFIED

DISPOTITION OF CASE

.....

.....

WITNESSES:

.....

(SIGNATURE)

PHYSICAL EXAMINATION

I. SBE 53-2, Section 1

1. "Beginning not later than the opening of the 1948-49 school year, all Boards of Education of county and independent school districts shall, under the general direction of the Superintendent of Public Instruction, provide for medical examinations of each teacher upon employment and physical examinations every third year thereafter, and medical examinations of each child, in as far as local facilities and personnel are available, provide physical examinations for any and all children and teachers at any time, who, in the opinion of the principal, superintendent, health or physical education teacher, supervisor, nurse, health officer or family doctor, should be given such examination. The Superintendent of Public Instruction is directed to request teacher education institutions to provide both medical and physical examinations for their teachers and students."

In order to carry out this section of the health code it is recommended that:

1. The physical examinations be given to the above named persons at the time specified in the code.
2. The PTA policy of pre-school examinations be continued during the summer, that it be the physical examination required for the first year, and that the new school health record be used according to the recommendations of this report in regard to the use of such record.
3. The physical examination be made a meaningful experience to the child, teacher, parent, nurse, and physician.
4. A more effective system of daily observation and screening by the teacher of pupils be carried out to take care of possible defects of children in grades in which physical examinations are not given and referrals made to the nurse and doctor in cases needing their attention.
5. A more coordinated system for correction of defects found in the physical examination be worked out by the school and health department, and that community resources be utilized for both indigent and non-indigent children.

STATE HEALTH RECORD ADOPTION

I. SBE 53-2, Section 2

"Beginning not later than the opening of the 1948-49 school year, each public school and each teacher education institution shall start cumulative health records for each child or student enrolled and/or entering school; said records to be maintained throughout the child's or student's attendance, after which they will be filed as part of the school's permanent record and be available for transfer. These health records shall be uniform and on forms prescribed by the Superintendent of Public Instruction. Health data shall be recorded and recommendations shall be sent to both the parents and county health committee or council if any exist; follow-up checks shall be made of each case by proper health or school authority and results recorded."

In the Fayette County schools we propose that the above be enforced at the opening of the 1948-49 school year and that the following recommendations be accepted as to methods of enforcement:

1. The new Kentucky state-adopted School Health Record be filled out in each school by the teachers and kept in the new Fayette County adopted Cumulative Folder of each student, which remains in the teacher's classroom.
2. The health section of the cumulative folder be omitted for the present.
3. A duplicate health record will be transferred through the principal's office to any school outside of the Fayette County School System in case a student transfers from a Fayette County school.
4. The health record and the cumulative folder will be transferred through the principal's office in case a student transfers from one Fayette County school to another.
5. The original health record and cumulative folder will remain with the last Fayette County school that the student attends.
6. After 1948-49 additional information will be placed on the Health Record according to the annual health services rendered and the specifications for physical examinations as set up under the Health Code.
7. In this transition period any previous individual health record which has pertinent information as to the child's health status may be clipped to the new health record.
8. A model health record be supplied each school—(a sample of such model is attached).

IV. General Information Sheet

Since it has been necessary for the school in the past to make numerous contacts with the home in order to secure information necessary* for the school records it is recommended that:

1. a county-wide general information sheet for each student be mimeographed and supplied by the Fayette County Board of Education to each school before the opening of school in September 1948
2. each school assume the responsibility of having these general information sheets filled out by the parents and returned to the classroom or home-room teacher
3. the accompanying form be adopted as the county-wide general information sheet.

*Note—Information needed for census enrollment cards, cumulative folders, Kentucky School Health Record, card index for the first-aid room, Fayette School Health Summary Record, etc.

KENTUCKY SCHOOL HEALTH RECORD

Form H-4
6/1/48

Kenwick SCHOOL

I. NAME Doe, John Allen
 Address Bryant Road - Route 4 (Tom Adams Farm) Date Record Opened 9-17-48
 Date of Birth 2-17-42 Date Record Closed
 Sex: (M) F Color: (W) C Reason Closed

II. PARENTS
 Name Living Dead Date
 Father James
 Mother Mary
 Family Physician Dr. T. Smith
 Family Dentist Dr. J. Jones
 Further NOTES on Family History, Medical History, Clinical Record, Health Habits, etc.:
Appendix operation - January 1945

III. DISEASES

DISEASES	Date	DISEASES	Date
Diphtheria	1943	Colds	yes
Measles		Convulsions	
Mumps	1946	Earaches	
Poliomyelitis		Pneumonia	
Scarlet Fever		Rheumatism	
Smallpox		Accidents	
Whooping Cough	1944	Operations	1945

IV. IMMUNITY STATUS

DISEASES	Date	Date	Date	Date	Date	Date	Date	Date	Date
Diphtheria	1944								
Whooping Cough									
Typhoid	3/48								
Tetanus									
Smallpox	1945								
Tuberculin									
Other									

V. MEASUREMENTS & TESTS

Date	Height	Weight	Vision	Hearing
9-17-48	48"	44	R 20/40 L 20/30	R L

VI. PHYSICAL EXAMINATION

School & Grade Kenwick - Gr. 1
 Age 6
 Date of Examination 12-22-48
 Parent Present yes
 Examiner Dr. G. Wilson

Examination	Code	Note	Code	Note	Code	Note	Code	Note
Posture	1							
Nutrition	0							
Scalp	0							
Eyes	3	oo	11-1948					
Ears								
Nose								
Mouth & Gums								
Teeth - Temporary	3	oo	11-1948					
Permanent								
Throat & Tonsils	3	oo	12-1948					
Lymph Nodes								
Thyroid								
Skin	0							
Heart	0							
Lungs								
Abdomen								
Orthopaedic								
Nervous System								

VII. CODE: 0 - satisfactory; (1) slightly, (2) moderately, (3) markedly unsatisfactory.
 x - needs attention, oo - correction of defect.

Date.....

GENERAL INFORMATION SHEET

Dear Parent:

The following information is necessary for the teacher and school nurse working with your child:

Child's name School..... Phone.....

Child's address (road or street).....

Date of birth: Month..... Day..... Year.....

Father's name..... Living..... Dead..... Occupation.....

Mother's name..... Living..... Dead..... Occupation.....

(Last) (Given) (Maiden)
Address (road or street).....

Person with whom child lives.....

School last attended..... Family Physician.....

In case of accident phone (Father) at.....
(Mother).....

Family Physician at.....

In case the child requires emergency care while at school, phone.....
or take to Dr.....

Diseases that child has had and year (If year unknown, mark yes)

- | | |
|-----------------------|----------------------|
| Diphtheria | Smallpox |
| Measles | Whooping Cough |
| Mumps | Earaches |
| Poliomyelitis | Pneumonia |
| (Infantile Paralysis) | Rheumatism |
| Scarlet Fever | Accidents |
| Operations | Other |

Immunizations child has had: Year By whom given

- | | |
|----------------------|-------|
| Diphtheria | |
| Whooping Cough | |
| Smallpox | |
| Typhoid Fever | |
| Tetanus | |
| T. B. Test..... | |

PERMISSION FOR HEALTH SERVICES

..... School, through its approved facilities is given authority and hereby requested to serve my child when clinics are held for any of the following:

(Please scratch through any which you do not authorize to be done through the school clinics)

- | | |
|-----------------------------|------------------------------|
| Smallpox vaccination | Treatment for skin eruptions |
| Typhoid immunization | Tetanus immunization |
| Diphtheria immunization | T. B. Test |
| Whooping Cough immunization | Dental Corrections |

Signed
(Parent or Guardian)

List on back of sheet names, birth dates, school now attending, and grades of all children in your household under 18 years of age.

HEALTH AND PHYSICAL EDUCATION INSTRUCTION

I. SBE 53-2, Section 3

“Beginning not later than the opening of the school year 1948-49, Health and Physical Education shall be included in each pupil’s program of daily learning and living in the school. A specific course in basic health shall be required of each pupil in the upper four years of high school. This course should be taken preferably during the ninth or tenth year.”

In order to carry out this section of the Code it is recommended that a study be made of health instruction practices in grades one through eight and in the subjects in the secondary schools during the year 1948-49 and that this study be made the basis for the development of health instruction in the curriculum.

It has been demonstrated in this workshop that the teachers feel the need for more information on human relations and a better understanding of how to integrate this information in their classes.

This group feels that safety instruction is an integral part of the health instruction.

HEALTHFUL SCHOOL LIVING

I. It is recommended that the Code for School Sanitation Survey prepared by the State Departments of Education and Health of Kentucky be studied by those whom it concerns and that every effort be made to meet the standards set up by this Code.

II. It is recommended that from the point of view of the child’s mental and physical health that a study be made by those whom it concerns in regard to bus schedule, which necessitates too long a school day for many of the school children.

III. It is recommended that studies be made of school lunch programs with special emphasis on their relationship in serving the nutritional needs of children and in promoting good mental health in the children.

This is a sample of the type of individual school report that was prepared at the workshop.

SUGGESTED TENTATIVE HEALTH PROGRAM FOR KENWICK SCHOOL FAYETTE COUNTY, KENTUCKY

A. Problems:

1. In-service training for teachers on Health Code
2. Interpretation of Health Code to parents
 - a. Health Committee
 - b. Health Council
3. Procedures of Medical Examinations
4. First Aid
 - a. Equipment
 - b. Definite policy on care of accidents and illness at school
5. Lunch Room

SECTION

6. Communicable Diseases

7. Forming School Health Policies

B. Procedure Toward Solving the Problems:

1. In-service training for teachers regarding Health Code
 - a. Have a copy of Health Code for each teacher
 - b. Devote the necessary faculty meetings to the study of the code
 - c. Get the entire faculty informed and interested.
 - d. Select with the help of a representative from the Board of Health just how much of the Code we will endeavor to put into practice as a beginning.
2. Interpretation of the Health Code for the parents to the point of cooperation and intelligently helping.
 - a. Teacher with home room mothers
 - b. At P.T.A. meetings:
 - (1) Explanation of some phase of the Code by a member of the Health Committee
3. Procedure of Medical Examinations
 - a. Outline of school's part or responsibility
 - (1) Clerical assistance
 - (2) Private room
 - (3) Parents present
 - (4) Prepare students for examination
 - b. Board of Health's responsibility
 - (1) Doctor
 - (2) Nurse
 - (3) Arrange schedule
 - c. Screening
 - (1) Screening initiated in school with backing of parents
 - (2) Give demonstration in faculty
 - (3) Keep complete records on screening and have available for nurse
 - d. Follow-up
 - (1) Be sure there are facilities for carrying out your findings

Note: We have about solved the financial problem for follow-up for indigents by donations from the different agencies and our P.T.A.
4. First Aid

(This phase was worked out with the thinking of the entire group and is found in the general report.)
5. Lunch Room
 - a. Food values
 - b. The "Why" foods or "Must" foods
 - c. Wise choice of foods as compared to money to spend

Ex.: Help child to see the importance of selecting a 6c bottle of milk instead of a Dixie Cup for 6c or the food values in a hot dish of vegetables as compared to a 9c sandwich of Spam.

- d. Learning what foods do for us
 - e. Learning about growth
 - f. Films on many of the above
 - (1) "Man who Missed His Breakfast"
 - (2) "Something You Didn't Eat"
6. Helping to Prevent and Control Communicable Diseases
- a. Report all suspicious cases to health nurse
 - b. Have a copy of quarantine laws and help to enforce them
 - c. Use yearly drives as a motive for teaching certain facts
 - (1) Easter seals
 - (2) March of Dimes
 - (3) Christmas seals
 - (4) Cancer drive
7. School Health Policies:
- a. Questionnaire to parents at first of school regarding inoculations, vaccinations, family doctor, etc.
 - b. Definite schedule of the visits of the nurse, doctor and dental dates
 - c. Study and application of syllabus to our need
 - d. A guide for teaching health in each grade worked out by the faculty early in September
 - e. A safety program
 - (1) This can be worked out with the help of the Safety Patrol. We shall try to see if we can get this plan started this year
 - f. A Recreation Program
 - (1) We hope to get some definite help from the Workshop
 - g. Ask the P.T.A. for a place on the program at each meeting for health accomplishments and plans. Explaining a part of the Code at each meeting until they are informed in its entirety.

Report of Recreation Group

- I. Early and Late Pupil Problem
- a. Stagger teacher schedule in order that some teachers can be available early, while others may direct later recreation.
 - b. Use vacant rooms, homerooms, and libraries for purposeful activity.
 - c. Use pupil leaders in directing and assisting others.
 - d. Committee urges that early morning activities *conserve physical energy* and that afternoon periods furnish *relaxation and release*.
- II. Problems Involving Use of Building Space
- a. Sound-proof areas where noise is objectionable.
 - b. Re-condition areas not being used to fullest capacity.
 - c. Provide quiet areas for:
 - (a) Study and reading
 - (b) Music appreciation
 - (c) Quiet games

III. Problems Involving Playground Areas

- a. Locate with reference to health and safety of pupils.
- b. Avoid disturbances of classes.
- c. Relate plan to possible future expansion of the building.
- d. Provide quick-drying play areas such as *black-top*.
- e. Consider open air shelters where other provision is impracticable.

IV. Problems Involving Administrative Adjustment

- a. Revise daily program to provide time for use of facilities.
- b. Adjust teacher load, if necessary.

V. Pupil Participation

- a. The committee recommends that teachers study the activities of all children and that emphasis be placed on participation of all pupils in a general athletic program. (See Bibliography)

VI. Extension of the School Program

- a. Study and list opportunities for field trips and excursions at *minimum costs*—this list to be made available to all teachers.
- b. Provide for more excursions and day outings to condition teachers and children for extended camping experiences.
- c. Appoint a committee to explore possibilities of camp site and to study camping technique for Fayette County Teachers.
- d. Convert the September "Organization Meetings" into a brief camping experience.

Suggested Recreational Program

I. Introduction

A. Recreation

1. Meaning—recreate or diversion from present activities.
2. Purpose—give to the children and adults self or group expression for physical, intellectual, social and emotional release.
3. Scope—
 - (a) Within the school
 - (b) Community programs
 - (c) Excursions and camping
4. Benefits (see last section of this report)

B. Personnel

1. Teachers with:
 - (a) Spirit of recreation
 - (b) Knowledge of games
 - (c) Willingness to work
2. Experts in:
 - (a) Music
 - (b) Art
 - (c) Manual Training
 - (d) Physical Education

3. Other Human Resources

- (a) Talented community individuals
- (b) Student help

4. Other Sources

- (a) Y.M.C.A., Y.W.C.A., 4-H Clubs, Boy Scouts, Girl Scouts, Home Makers, and Campfire Girls

C. Facilities

- | | |
|------------------|---------------------------|
| 1. Gymnasium | 7. Kitchens |
| 2. Auditorium | 8. Other Usable Buildings |
| 3. Basement Room | 9. Open Air Shelter |
| 4. Class Room | 10. Playground as a whole |
| 5. Library | 11. Concreted Surfaces |
| 6. Workshop | 12. Roped-off Surfaces |
| | 13. Picnic Area |

D. Equipment

- 1. Home made
 - (a) Diagrams
 - (b) Discarded boxes or lumber
 - (c) Pole and barrel hoop for goals
 - (d) Net or rope strung between trees for volley ball, tennis, etc.
- 2. Playground Equipment
 - (a) Horseshoe pits
 - (b) Shuffleboards
 - (c) Ping pong tables
 - (d) Bars
 - (e) Slides
- 3. Balls of all kinds
- 4. Sports Equipment
 - (a) Croquet
 - (b) Badminton
 - (c) Paddle tennis
 - (d) Archery
 - (e) Soft ball
- 5. Devices
 - (a) Radio
 - (b) Record Player
 - (c) Movie Machine

E. Activities (see Bibliography for instructions)

- 1. Imitation
 - (a) Games for tiny tots (Bib. I: 2-3-4-5; II: 2-3)
 - (b) Mass participation (Bib. I: 1-2-3-4-5-6; II: 2-3)
- 2. Games of Sports (Bib. I: 2-3-4-5-6-7-8)
- 3. Social
 - (a) Party and Seasonal Games (Bib. I: 1-2-3-4)
 - (b) Stunts (Bib. I: 2-5-6)
- 4. Creative (Bib. II: 1; III: 1 through 12)
 - (a) Hobbies
 - (b) Handicraft
 - (c) Music and Art

5. Quiet Games (Bib. I: 1-5-6-8)

6. Story Telling

7. Summer Theater

II. Problems

A. The school a waiting station for further transfer or beginning of classes.

B. Lack of adequate space

(a) Before school

(b) During bad weather

C. Space not in use

1. Noise in gymnasium a handicap

2. Cleanliness and sanitation in some cases lacking

(a) Dirt and rubbish

(b) Ventilation

(c) Shower facilities

D. Planning Playground Areas

1. With regard to safety

2. Freedom from disturbance of classes

3. Without hindrance to future building extension.

E. Pupil Participation

1. Too few varied activities to reach all children

2. Too much specialization on competitive athletics

F. Adjustment

1. Scheduling of classes

2. Teacher load

G. Wrong Recreational Centers

1. Crossroad grocery store

2. Juke box dives

3. Unwholesome adult company

H. Failure to plan and provide for the recreational needs of children and adults during evening and vacation periods

III. Suggested Procedure

A. Group Meeting

1. Present problem

2. Create interest

3. Build support

B. Panel Discussion with:

1. Members of workshop committee

2. Administrative representative

3. Program personnel

4. Faculty

5. Interested community individuals

6. Student representative

C. Tentative Planning

1. Survey, collect and suggest equipment

2. Division of responsibility and understanding of service

3. Scheduling in relation to:

- (a) Personnel
- (b) Space
- (c) Equipment

D. Stage Setting and Operation

- 1. Study types of recreation now in operation
- 2. Study children's present activities in forms of natural play
- 2. Relate the school recreational program with family play or home activities
- 4. Provide activities on age level of groups concerned

The Benefits Derived from a Recreation Program

I. Better relationship between teacher and pupil.

II. Better relationship between pupil and pupil.

III. A recreation program develops sense perceptions:

- a. Peculiar unsocial and disliked children become popular with their playmates through influence of games.
- b. The timid shrinking child learns to take his turn with others.
- c. The bold selfish child learns that he may not monopolize opportunities.
- d. The unappreciated child gains self respect and the respect of others through some particular skill that makes him a desired partner or a respected opponent.

V. A recreation program develops:

- a. Restraint
- b. Self control
- c. Good sportsmanship

VI. The knowledge that a certain game cannot be prescribed for a certain age—that nothing in the life of a child or adult is more elastic than his play interests.

VII. Sociological and economic significance of games.

- a. Play affords a natural and normal outlet for energies that otherwise go astray.

VIII. Investments value of recreation.

- a. The increased output of energy afterward
- b. The happier spirits
- c. Prolonged endurance
- d. Clearer thinking
- e. Greater ease and pleasure with which work is done

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