Authorized absenteeism from school for necessary health services is a problem school authorities frequently encounter. From data collected in a national survey, the author reports the decisions that some cities have made regarding this question.

Authorized Absenteeism From School For Routine Private Dental Care

By LEONARD F. MENCZER, D.D.S., M.P.H.

RELEASING school children during school hours for other than strictly educational purposes or other than school events is a subject of frequent discussion among educators and special interest groups.

To many educators, these excusals are a source of annoyance because they cause classroom interruptions, loss of school time, and administrative problems. The frequency of requests for excusals is better understood when one is cognizant of the large variety of special interests (health, welfare, religious, music, dancing, and so forth) seeking the school time of the young students. Usually, these interests feel that their endeavors are as important to the child as is his formal education, and each demands that school time be sacrificed in order to meet its particular needs.

Toward a better understanding of the many problems associated with children's dentistry, the following significant points may be alluded to in reply to the question why children should be released during school hours in order to receive private, routine dental care.

For many years, the dental profession has been confronted with the problem of meeting the dental needs of school-age children. Recent studies (*1*, *2*) have demonstrated that the majority of school-age children do not receive adequate dental care. There is no question that these needs reach enormous proportions. As the age of the child increases, there is an increase not only in the percentage of children having dental defects but in the number of cavities per child (*3–5*). In fact, dental diseases are spoken of as the most prevalent diseases in man.

Many dental authorities have stated that if the entire dental manpower of the United States were devoted exclusively to the dental needs of school-age children, there would still be insufficient personnel to meet those needs.

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What the Dentists Believe

The dentist is cognizant of the fact that by the time a child enters school his first permanent molars, usually referred to as his 6-year

molars, appear, and almost all the permanent teeth are present in the mouth by the time he is graduated from high school. The dentist feels that during this period of school life the importance of dental preventive and control measures may be most effectively impressed upon the pupil and that the teaching of preventive dental measures alone is not sufficient. The inclusion of such phases of dental health as the care of teeth and the correction of dental defects should also be stressed. Using school time for this type of educational health experience and developing positive attitudes toward dental care contribute to both the "knowing" and "doing" phases of health instruction (*6*, *7*).

The dentist believes that it is contradictory for a school system to accept and discharge the responsibilities of conducting an education program to stress dental health and the results of its neglect without making some provisions for enabling the "effective demand" (defined as the desire for dental service and the ability to pay for it) group to receive the necessary dental care during school hours. In this connection, and not to be overlooked, is the fact that a school education program directed toward dental hygiene fosters the growth of a second group, the "potential demand" group, that also desires dental services but cannot afford to pay for it. For this latter group, the establishment of school dental clinics is desirable.

There are other factors to be considered in releasing school children for private dental care.

Dentistry for children, unfortunately, is not practiced by every member of the profession, even though it has often been spoken of in such glowing terms as "socially advantageous," "economically logical," "professionally intelligent." Until recently, these phrases have failed to attract even the number of dentists needed to meet the requirements for effective demand dentistry, much less the total needs of this age group. The burden of meeting the dental needs of that effective demand group, therefore, is thrown upon a disproportionately few dentists in any given community. In addition, the two specialties in the profession of dentistry that are devoted exclusively to the treatment of children, pedodontia, which deals with the care of children's teeth, and orthodontia, which deals with the correction of dental irregularities, can never hope to meet the needs of school-age children by limiting treatment time to after-school hours, Saturdays, and vacation periods because of the limited number of practitioners. As a group, these two specialties suffer most from existing policies whereby a child may not be excused during school hours to receive dental care.

Good dentistry can be practiced only in the setting of a good patient and a good dentist. What keeps a child from being a good dental patient? A day at school may be fatiguing for a young child. A dental appointment after a long, and perhaps difficult, day at school may be more than some children can bear emotionally. Many children (parents too) resent using play time and holidays for dental appointments. This may create a management problem and at the same time constitute a total loss as an educational experience.

There are times when the dentist does not do his most effective work on children. He practices dentistry for children best during the early morning and early afternoon when both he and the child are freshest. Because his workload increases as the day progresses and because of the onset of fatigue in the late morning and late afternoon, his threshold of irritability is lowered. To suggest that he devote after-school hours to children's dentistry seems somewhat unreasonable. In addition, since the dentist is least busy in the early morning and early afternoon, he can best apply, during those periods of the day, the time and patience, as well as the skill, required in training a child to be a good dental patient.

The suggestion is often made that after-school hours, Saturdays, and vacation time be devoted to dental care for school-age children. All of this time, of course, should be utilized to a maximum. The dentist realizes that repeated appointments during school hours not only disrupt the entire class but may seriously handicap a child's formal education. For that reason, he wants to keep the number of such appointments low. However, there are not enough Saturdays to meet the demand for children's dentistry. Also, such a program would interfere with time set aside for adult patients who cannot make a dental appointment during the workaday week.

Vacation time, of course, is ideal for meeting and completing the dental needs of school-age children. Unfortunately, the completion of dental needs at any one time is only temporary, because of the rapidity of tooth decay in primary teeth as well as the need for frequent attention during that period when the mixed dentition exists, the baby teeth being replaced by the permanent ones. Of necessity, therefore, completion of dental needs during the summer vacation period by no means precludes the child's having need for further care during the following fall or winter.

If every attempt is to be made to preserve the oral health of our younger citizens, there is much yet to be accomplished from within the dental profession; but, a great deal of assistance and cooperation is necessary outside the profession, specifically, the cooperation of the community in general and the educator in particular in recognizing the urgent need for good oral hygiene and in taking positive steps to achieve that goal. Since good dental health contributes significantly to a child's well-being, and since this contribution makes a child more physically capable of absorbing his school experiences, every effort should be made by both the dentist and the educator to aid the child so that he may grow in health. The educator, then, in making his decision concerning the problem of releasing school children for dental health purposes has these many factors to consider.

The National Survey

A national survey was undertaken in late 1953 to determine the actions and attitudes of educators to the question of excusing children during school hours in order to receive private, routine medical and dental care. Specifically, information was sought through the questionnaire method as to what the majority of school systems are presently doing and what trends, if any, exist concerning the policy of releasing time from education for specific health care. Although the questionnaire itself made reference to both medical and dental excusal policies, this report is devoted only to the dental aspects of the problem for the reason that requests for medical excusals are rather infrequent and create no problem. Where reference has been made to medical excusals by the respondents to the questionnaire, such replies have been incorporated in the discussion of the individual questions below.

One hundred and twenty-five questionnaires were mailed to the superintendents of schools in all cities of the United States with a population of more than 90,000 according to the 1950 census. Cities of that size were chosen in order to determine the actions of large communities concerning the problem of excusals. Although the findings reported here are not representative of all school systems and are not intended to be such, they do indicate a trend in major cities. Ninety-four replies were received to the 125 questionnaries mailed. These replies have been grouped by population of the city queried as shown in the accompanying tabulation.

Number and percentage of cities replying to questionnaire, by population

Population	Number of cities receiving questionnaire	Number of replies	Percentage of replies
90,000 to 100,000	19	14	74
100,000 to 250,000	66	46	70
250,000 to 500,000	22	18	82
More than 500,000	18	16	90
Total	125	94	75

It is evident that the questionnaire was given considerable thought by the school administrators to whom it was mailed since 75 percent of the questionnaires were completed and returned; many were accompanied with a letter offering additional information. Sixty-seven percent of the school systems replying endorse the practice of releasing children for health purposes, both dental and medical.

The results of the survey demonstrate that in more recent years educators are recognizing the importance of dental health in general health. With each passing year, too, it was found, additional school systems are permitting children to receive routine dental care during school hours. This is demonstrated by the fact

that of the 23 boards of education having formal, written policy for excusing children, with two exceptions, all policies have been adopted since 1949.

For convenience and clarity, the questions in the questionnaire are listed below with some of the typical replies.

Question No. 1

Are students in your school system excused for routine visits to a private physician or dentist?

The 94 replies received have been grouped in three categories:

Yes—63.
In effect, "sometimes"—15.
No—16.

Some remarks under the "yes" replies were to the effect that students may be excused during the school day to visit a private physician, dentist, or optometrist, or, upon written notice from the parent or guardian of the child to the school authority, or, only for such time as needed for treatment.

Some additional remarks made to the "sometimes" replies were:

"Occasionally, upon the request of the parent. We encourage appointments to be made out of school hours but at the same time try to be reasonable in terms of the best health of the pupil. For example, a child having considerable dental work to be done may be required to go occasionally during school hours."

"When visits outside school hours are impossible."

"Problems of this nature are dealt with on an individual basis in the different schools as the situation arises. We encourage that dental appointments and appointments with other doctors be made after school hours, but if an emergency arises and such arrangement is not possible, and if the parent presents a written request for a child to leave school to visit either a physician or a dentist, these requests are usually granted."

Additional remarks to the "no" replies were to the effect that very infrequently were dental or medical excusals permitted, usually in emergency cases only, or, only to visit public clinics or private physicians and dentists who charge clinic rates for children.

Question No. 1a

Does any legislation, State or local, or school policy exist specifically authorizing the absence of children from school for this purpose?

Question No. 1b

If such legislation does exist, when was it enacted?

For questions 1a and 1b, an additional separate questionnaire was addressed to the State departments of education of the 48 States and the District of Columbia. Of these 49 questionnaires, answers were received from 43 States and the District.

This separate questionnaire was mailed primarily to determine if State policy had been formulated concerning the question of routine excusals. From the replies, it was learned that only California has legislation, enacted in 1951, which specifically authorizes the absence of the pupil from school for the purpose of having medical and dental services. Such absence is not deemed an absence in computing average daily attendance. This legal authorization may be found in the Education Code of California. The pertinent sections of the code, sections 6804 and 6806, are reproduced in the inset.

Although California is the only State with

Pertinent Sections in California Educational Code Relating to Authorized Absences

6804 Any absence of a pupil from school for the purpose of having an optometrical or medical service rendered which does not exceed 1 day or fraction thereof during each school month of 4 weeks shall not be deemed an absence due to illness under section 6803. (Added by Stats. 1951, ch. 228. In effect May 3, 1951.)

6806 No absence of a pupil from school for the purpose of having dental service rendered shall be deemed an absence in computing average daily attendance. (Added by Stats. 1951, ch. 228. In effect May 3, 1951.)

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specific legislation regarding this matter, 4 States—Massachusetts, Michigan, North Carolina, and Oregon—have formulations of policy. Briefly, this policy, as expressed in State department publications on school health services, and in inservice workshops for teachers and school administrators, may be stated as follows:

Children who need medical or dental care and who by necessity must make appointments with private physicians or dentists during the regular school hours should be accorded the same privilege as that enjoyed by children who, with the approval of school authorities, attend clinics; that is, excused without absence.

The vast majority of the remaining replies from the State departments of education stated that no legislation or policy at the State level exists concerning this matter and that the decision of excusing pupils during school hours lies solely within the discretion of the local board of education. At the same time, these many replies added that a very high percentage of the schools in their State do release children for medical and dental health visits.

Local Policies

After having reviewed the attitudes at the State level, it will be interesting to note local action. In this survey, it was found that in spite of recommended State policies concerning excused absences for health purposes, the local community takes such independent action as it sees fit. This finding is demonstrated by the fact that several boards of education oppose excusing children for medical or dental care even though the excused policy has been recommended by the State department of education.

Therefore, these practices are dependent on the local boards except in California where they are legislatively authorized. In this survey, even though 63 of the 94 reporting communities favor, with a positive attitude, the release of children during school hours for health services, only a relatively few localities have written established policies with regard to their release.

For the 63 boards of education reporting in the affirmative, the results were as follows:

12 replies, received from California school systems, indicate that local policies conform with State legislation.

11 replies included copies of official policy explaining how and why the policy came about.

40 replies stated that the school systems were following the policies recommended by the State board of education or that the policy was a local one, but they failed to mention whether the policy was an official one or whether it was merely a practice left to the discretion of the individual school principal.

The 11 cities which have adopted formal policies are Chicago, Cleveland, Dearborn, Mich., Erie, Pa., Evansville, Ind., Kansas City, Milwaukee, Providence, R. I., Sommerville, Mass., Tacoma, Wash., and Toledo, Ohio. It is interesting to note how these school policies developed. A description of plans existing in 5 of these cities will serve to illustrate.

The Chicago Plan

Chicago, for example, in 1949, on finding that it was impossible for 480,000 school children in need of dental care to have their teeth treated on Saturdays and after school hours, developed a plan permitting excusals from school for dental care, which is "so essential to their physical, social, and scholastic welfare." This plan permitted excusals under certain regulations and upon the approval of the principal of the school. All members of the Chicago Dental Society received copies of a statement of the plan and the forms. It was suggested to the dentists that when more than one appointment must be made during school hours, the appointment schedule (time and day of week) be staggered and when necessary the dentist should make it possible for the teacher or the principal to change the appointment hour upon reasonable notification. It was pointed out that the success of this plan would depend on the cooperation of the parent, the dentist, and the school authority.

The Evansville Plan

Early in the school year 1947–48, the superintendent of schools in Evansville, Ind., appointed a committee to formulate a policy between the medical and dental societies regarding excusing children for appointments during

school. And, in October 1947, the policy was formulated according to the following plan:

That a written request be received from the parent.

That the principal verify the appointment with the physician or dentist.

That the child obtain a written statement from the dentist or physician saying that the child has filled the appointment at the allotted time. The schools, dentists, and physicians agreed to cooperate in attempting to make as many appointments as possible during the summer, school holidays, Saturdays, and after school.

The Providence Plan

Providence, R. I., has adopted a plan now in operation which limits excused absences from school for appointments with a private dentist to six appointments in each term. "Each pupil is to have an appointment card to show that an appointment has been made." The same number of excused absences are applicable for visits to the Joseph Samuels Dental Clinic in Providence.

The Dearborn Plan

The Dearborn, Mich., public school system, in its "Revised Statement Relative to Policies Concerned with Excusing Students from School for Outside Activities" took into consideration the various types of excusal requests generally received. On May 8, 1953, it decided that requests to have pupils excused for vacations, shopping, payment of bills, care of younger children, and so forth are to be discouraged; that pupils are not to be excused for private music and dancing lessons; and that excuses for activities of outside organizations may be authorized at the discretion of the school principal. Finally, requests to have pupils excused for dental and medical appointments are to be honored.

The Kansas City Plan

A policy of excusing children during school hours for a dental appointment was formulated as early as September 1942 by the Kansas City Board of Education. This policy, still in operation, was developed "in the interest of public health and made necessary by the war emergency."

Question No. 2

Does your board of education have specific forms for private medical or dental appointment service?

Of the 63 replies favoring the release of children for this purpose, 32 were negative, or, "No regular form is used, a note usually suffices," or, "Some dentists and physicians have their own forms."

The remaining 31 replies each enclosed a form that is in current use. Representative samples of the 31 forms received may be seen in figures 1 and 2. These samples were chosen to point out the complexity of one type of form (fig. 1) and the simplicity of another (fig. 2).

For the most part, all 31 forms contain, essentially, the same data. On the reverse side of a majority of the forms appears a statement which either discusses the procedure for making these appointments during school hours or stresses the need for cooperation.

Question No. 3

In the event of permitted absenteeism during the school day for health service, are provisions made for transporting the child to and from the private practitioner's office?

Of the 63 favorable replies to the first question, in only one instance was it reported that the board of education transported the children to the offices of private physicians or dentists and then only when it was impossible for the parent to do so. However, many school systems reported transporting children to clinics.

Question No. 3a

If not, does the board of education assume any responsibility for injury to a child on authorized absence for this purpose?

This question was inserted to determine whether valid argument existed against the release of children since a board of education might be held liable for injury to a child. All of the 63 boards of education permitting the release of children during school hours reported

that the board assumes no responsibility for injury to a child in these cases. Such responsibility belongs wholly to the parent or guardian.

Question No. 4

Is authorized absence from school for health service deemed an absence in computing average daily attendance in order to secure apportionment from State school funds?

This question, too, was inserted to determine whether valid objection to releasing children existed on the premise that such policy would affect State school funds. Of the 63 affirmative replies received to question No. 1, 43 stated, "No"; 13 replied, "Only if the child is absent for more than a half school day"; 7 replied, "Yes."

Several of the "Yes" replies were obvious errors in understanding the question since other indications, State law (in California, for example) or State department of education policy, are to the contrary. However, one community specifically stated, "Yes, children are counted absent." Another stated, "Yes, a pupil is either actually present or absent from school."

In essence, the vast majority lose no funds from State sources with regard to this matter, provided the child first reports to school and is then dismissed or attends an early morning health appointment and then reports to school. In some States, State school funds are allocated on the basis of average membership and not on daily attendance.

In many instances where the child is absent all day, apportionments from State school funds are lost; however, it is unreasonable for a child to be absent for that length of time in order to receive private medical or dental care. It may be assumed that where policy to the contrary exists—that a child may not leave school during school hours—just such absences are

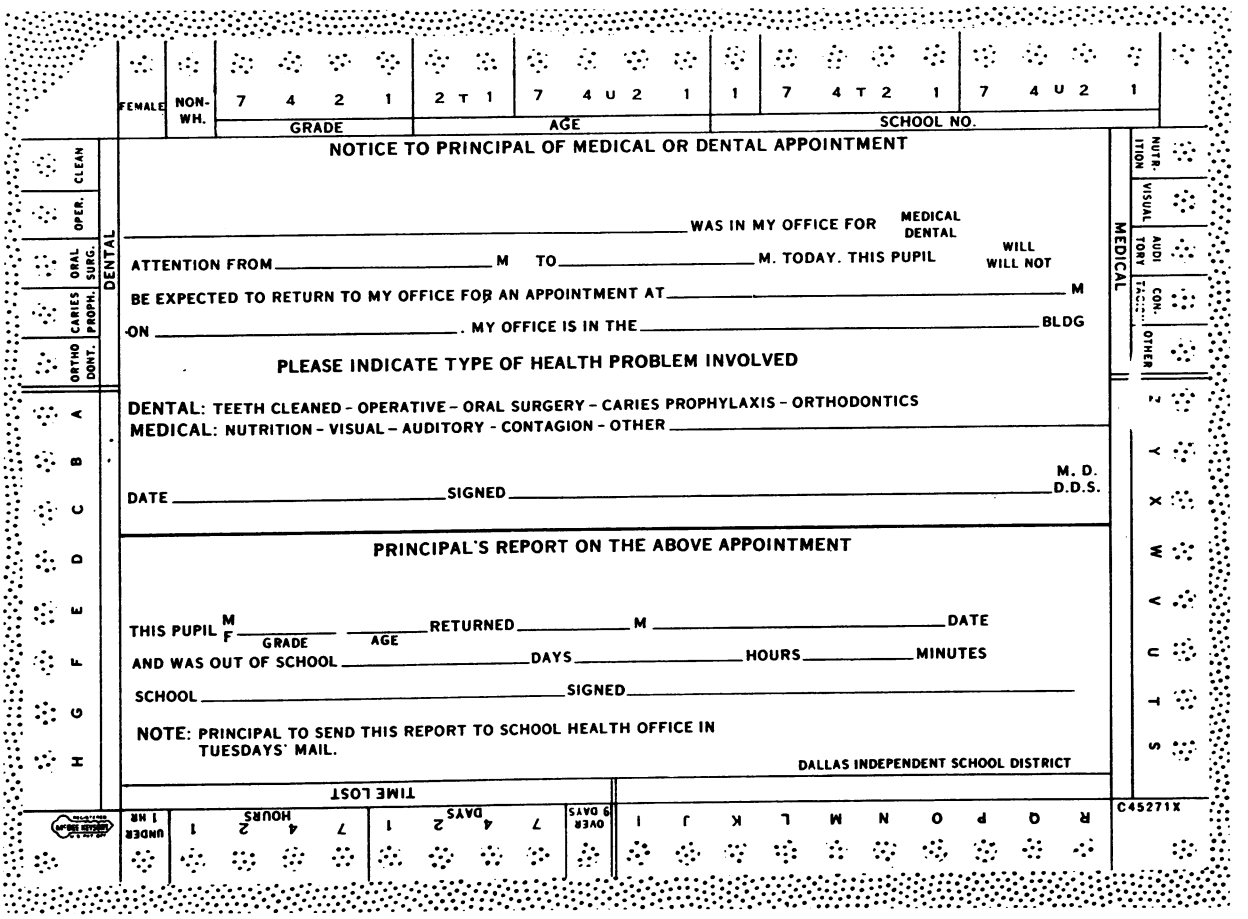
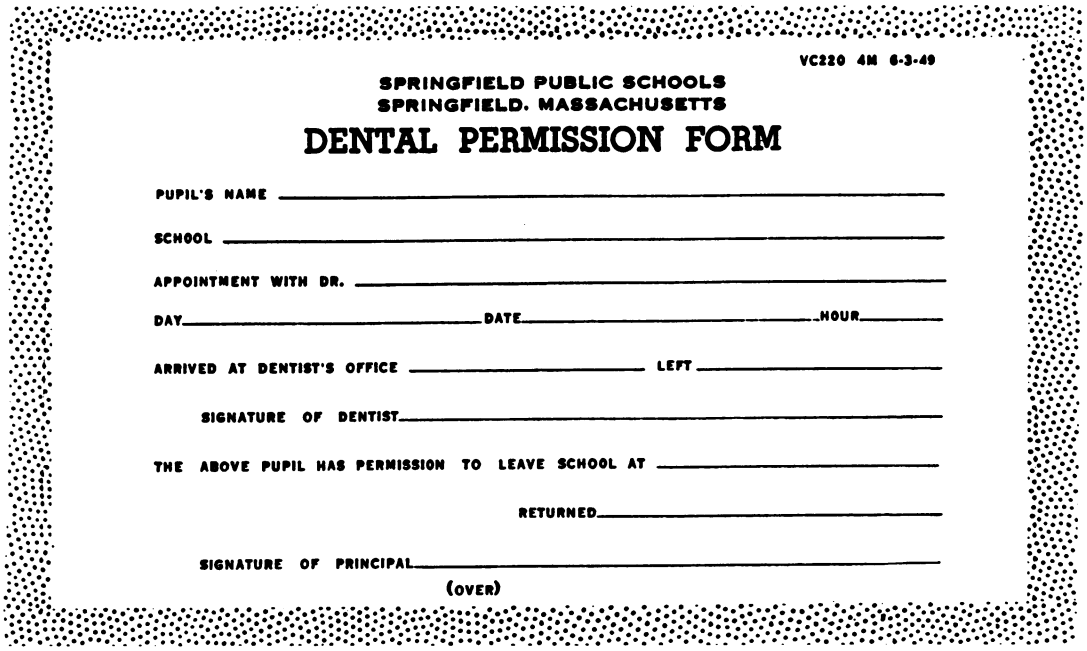


Figure 1. Some forms are complex.



VC220 4M 6-3-49

SPRINGFIELD PUBLIC SCHOOLS
SPRINGFIELD, MASSACHUSETTS

DENTAL PERMISSION FORM

PUPIL'S NAME _____

SCHOOL _____

APPOINTMENT WITH DR. _____

DAY _____ DATE _____ HOUR _____

ARRIVED AT DENTIST'S OFFICE _____ LEFT _____

SIGNATURE OF DENTIST _____

THE ABOVE PUPIL HAS PERMISSION TO LEAVE SCHOOL AT _____

RETURNED _____

SIGNATURE OF PRINCIPAL _____

(OVER)

Figure 2. Other forms are simple.

occurring. In other words, since the child may not leave school in order to keep a private appointment, he is kept from school for the entire day by his parent on the premise that he is not well.

Question No. 5

As an administrator, do you have any objection to excusing a child from school to receive private medical or dental attention?

Question 6 on the questionnaire consisted of a space for "remarks." Replies to questions 5 and 6 are considered together since in most instances the administrator completing the questionnaire made no differentiation between the two questions.

For the 63 communities releasing children, the following quotation may be used to sum up the replies to questions 5 and 6:

"It is the feeling of our administration that today's modern dentists and physicians do considerable health education at the time of these dental and medical appointments. At this time, the child is most receptive to learning, a time when he is actually experiencing something himself. Therefore, it is our feeling that more frequently than not the child may actually learn more about health education, as well as get the needed medical or dental attention, in a physician's or dentist's office than he would in the classroom."

Several replies to questions 5 and 6 mentioned the dangers of abuse to such a program on the part of the dentist or physician, the child, or the parent, and commented that in addition there is a loss to the child of education time, as well as some resulting confusion in the administration of such a program. However, despite the acknowledgment of these dangers, these administrators stated that abuses of the privilege are unusual and that there has been little complaint about excessive absences.

From among the 31 additional replies, those constituting the "no's" and the "sometimes" to the releasing of children during school hours, the following statements were included in reply to questions 5 and 6:

"I can see no reason for permitted absenteeism during the school day except in cases of extenuating circumstances. I believe that a policy to the contrary would constitute an invitation to the parents to view lightly the importance of regular school attendance."

"We do not believe that a child's health status should be maintained at the expense of his education."

"If the child is a paying patient, he should

not be forced to sacrifice his school time any more than paying adult patients should be forced to sacrifice business hours except in emergency situations."

Summary and Conclusions

The purpose of this paper has been twofold:

To point out some of the factors that need to be considered in assaying the problem of excusing children from school during school hours in order to receive routine private dental care.

To ascertain existing practices in boards of education, nationally, as it pertains to this matter.

Questionnaires were mailed to all cities in the United States with populations of over 90,000. Of the 125 questionnaires, 94 replies were received. Fully two-thirds of those reporting (63) authorized the practice of excusing children for dental health purposes. Seventy-five percent of the questionnaires were returned completed, many with an accompanying letter offering additional information demonstrating much interest in this subject.

It was learned that the State of California has specific legislation authorizing unlimited absenteeism for dental health appointments and that several States have formulated such policy at the State level worked out jointly between the State department of education and the State department of health.

From the 63 replies, it was learned that 23 boards of education have formal written policy permitting private dental care during school hours. With two exceptions the remaining boards have developed this formal policy since 1949—which demonstrates somewhat the growing recognition of the importance of good oral health.

The problem of excusing children during school hours has many facets, and no one solution is applicable to every community. Certainly, in considering this problem, thought should be given to the following:

The age of the child.

The threshold of the child's fatigue.

The DMF index of the community. (The DMF index is the mean number of decayed, missing, and filled teeth per person; it is a useful tool in measuring dental health conditions.)

The amount of effective demand for dentistry.

The number of dentists practicing dentistry for children.

The time, distance, and transportation factors involved between the school and the private dentist's office.

The availability of dentists who are interested in children's dentistry; and

The ratio of dentists to the general population.

The health and welfare of the child is of primary consideration, and his best interest must be served. Only by the educator's understanding of the problems associated with children's dentistry and only by the dentist's understanding of the problems associated with educational interruptions can a solution be found that will work to the best advantage of the child.

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