A Health Program for Children in Day Care Services

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THE NEW YORK CITY Department of Health for the past 7 years has arranged to look after the health of children of low-income families at centers established to provide day care for small children. Introduced only at each center's request, a comprehensive program of health examinations, immunization, and health counseling is now offered at 70 of 76 centers in the city.

These centers are supported by the New York City Department of Welfare, which shared in a series of planning sessions with the health department. Health and welfare officials continue to consult periodically in appraising changing needs and achievements in the centers.

Each center cares for from 40 to 75 children aged 3 to 6 years. About half have only one parent. The children may arrive at the center between 8 and 8:30 a.m. and remain until 5:30 to 6 p.m., 5 days a week, 12 months a year.

The time is fortunately long past when the centers provided mere custodial care by untrained staffs. For the past 15 years all day care services in New York City for children under 6 years of age have been subject to the standards of the New York City Sanitary Code, Section 198. These standards deal with fire and building safety, adequate space per child, the number and qualifications of teachers, types of educational and play materials and equipment, and the program of indoor and outdoor activity, as well as health requirements. The division of day care and foster homes in the New York City Health Department is responsible for seeing that the centers qualify for a license.

The great majority of the centers are located in excellent quarters in new housing projects. The space is arranged especially for the particular needs of a child care center, and furnishings and equipment are carefully planned for small children. All provide classroom space indoors and play yards outdoors. Teachers must be qualified as educators for preschool children. The director of a center often holds a master's degree in education.

The objective is to provide wholesome, constructive, and enjoyable activities for children, under skilled and understanding guidance with a minimum of regimentation. The centers aim to develop independence in the child and to teach him how to live happily with other children and adults. There is enough supervision to preserve the value of necessary control and encourage self-discipline. Visitors to the centers have said that their principal impression is that the children are relaxed and happy.

The sanitary code requires that each child have a physical examination prior to admission and every 6 months thereafter while attending the center. Records of the examinations must be kept in the centers. Vaccination against smallpox and DTP immunization are also necessary before admission, and daily inspection of the children is required to help ex-

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clude contagion and detect other illnesses. Each staff member who comes in contact with the children must have at the time of employment and every 2 years thereafter a physical examination, including a chest X-ray and any other indicated laboratory tests.

The licensing requirements have undoubtedly raised the standard of day care in this city. However, the requirements are minimal rather than ideal, and they are often barely satisfied. For example, in the past physicians often submitted reports of physical examinations with little significant information. This deficiency could have been due to lack of real parental interest in a thorough examination. Or it is possible that the physician did not realize the importance of his findings to the center's staff.

In an effort to raise health conditions to the optimum, officials of the health and welfare departments began to talk about health services for the city's day care centers in 1947. The first comprehensive health program was tried in 1952.

Principles and Components

A basic principle of the health program is that it is to supplement, not replace, the services of the family physician. The program includes health examinations for the children, immunizations whenever due, and conferences with the parents. The preadmission and the 6 months' examinations, as well as special examinations requested at any time by the center's director, all may be done at the center. However, parents are urged to obtain as many services from their family physician as they wish, and the center's health services are then adjusted to the needs of the individual child.

Another principle is that a parent must always be present when a child is examined. If necessary, parents take time off from work for this purpose. Presence of a parent is required so that a pertinent history can be obtained and the recommendations of the physician and nurse imparted directly. Maintenance of the child's health and development of his total personality are not isolated incidents but are significantly dependent on the health of the family and of the community. Therefore, the health services must be family centered and family oriented. It is unwise and impractical to view the child as separate from his family and from the community of which he is a part.

The Health Team

Health services at each center are provided by the director, a counselor from the welfare department to take family histories, a physician, and a nurse. The physician is usually assigned to a center for two or three 3-hour sessions each month. The nurse is present at each of these sessions for conferences with the parents. At an extra session, she prepares for the next examining period, determining which children are due for an examination or an immunization injection, checking the health records, and investigating the general health status of the children. She also determines how well the parent has carried out the recommendations of the physician.

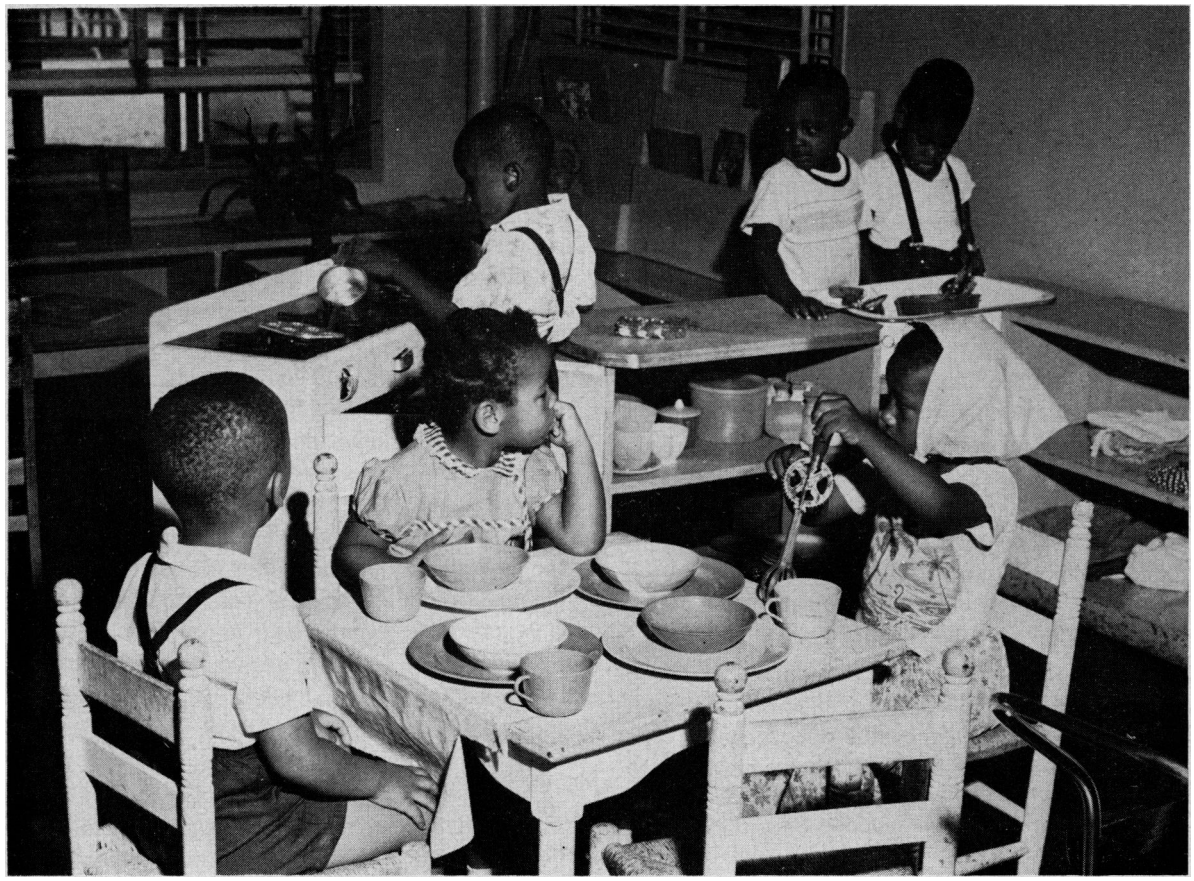
Practicing physicians are selected for the program and supervised by a pediatric consultant to the department of health. They are chosen not only because they can be counted on to do thorough health examinations but quite as much because of their sympathetic understanding of the child in his relations with family and associates and their knowledge of growth and development in the child. Participating are approximately 40 physicians, the majority women, some serving as many as 4 centers and others only 1. Six are certified by the American Board of Pediatrics. All have had some formal training in pediatrics.

Nursing service is provided either by the department of health or by one of the approved visiting nurse services.

Health Examination

The health examination is conducted in a leisurely manner and with care. All clothing except the underpants is removed. The children are examined sitting, standing, and lying down. They are referred to appropriate agencies promptly for the treatment of any adverse conditions found.

A special set of eye examinations is used to help the physician rule out anatomical eye defects. Children are screened for visual defects by the educational staff who are instructed in techniques by health department consultants.



. . . wholesome, constructive, and enjoyable activities . . .

If the reports of the physician's examination or of the screening test suggest any abnormality, the physician refers the child to an eye specialist for a complete examination.

Routine health problems of the children are of course handled directly by the center physician. But more serious or complicated problems are first discussed at a case-study conference of the whole health team after each member has examined or interviewed the child with the problem in mind.

Health Counseling

If the health examination and immunizations were all that were included, it is possible that other types of services would prove quite as satisfactory. The program includes, however, a feature that makes it particularly valuable and perhaps unique. This is health counseling. The physician listens to the parent, who must be present at the examination, even as he would in his office. The nurse not only explains to the parent how to follow the physician's recommendations but also has ample opportunity to discuss many other matters on which the parent may need guidance and reassurance. At the director's request, both physician and nurse once or twice a year attend the monthly parents' meetings, at which they discuss general health questions informally.

Counseling is extended to the teachers, both through personal conferences about special children and at teachers' staff meetings. Individual situations, however, are not discussed at staff meetings.

The nurse also meets at least once a year with the teacher of each child. Affording an opportunity for an exchange of information between nurse and teacher, this conference is intended to insure that children with health problems are referred to appropriate services and that referrals are followed up.

Ancillary Activities

In addition to the regular program, the center health team cooperates in the effort of the health department to promote safety and prevent accidents among children. Physicians and directors report on a designated form to the health department all serious accidents occurring to the children under supervision. Also each director, physician, and nurse has been provided with what might be called a "safety library," which consists of five or more reprints describing how accidents occur and what to do to prevent them. The material is intended for use in counseling with parents or teachers.

Still another part of the center health program is the preparation of the school health form, which is completed to be forwarded to the grade school where the child will be enrolled. The physician fills out the form at the final periodic health examination. Providing this information for the public schools saves considerable time and effort on the part of the physicians of the bureau of school health, as the record stays with the child through his school career.

Orientation and Installation

Early in the development of the health program, we recognized the need for careful advance planning and preparation for installation in a particular center. The center staff, as well as others who are to complete the health team, must be thoroughly oriented as to the aims of the program and their individual duties. To accomplish this important task, the following procedures were worked out:

Action is initiated by the lay board of a child care center through a request to the health department for information. A meeting is then held at the center. Present are members of the lay board, the director of the center, the educational consultant from the department of welfare, a supervisor from the nursing organization that is to provide the public health nurse, and the pediatric and nursing consultants from the division of day care and foster homes. The health department consultants describe the program in detail, and thorough discussion is encouraged.

After this meeting, if the lay board wishes to adopt the program, it must request it in writing from the department of health.

On receipt of the request, the health department arranges a second meeting at the center which actually launches the program. In addition to those at the first meeting, the new center physician and nurse, the department of welfare counselor, and the local district health officer of the health department are present. Every detail of the program is discussed so that each member of the health team will have the opportunity to clarify in his mind his own duties and his relation to other team members.

About 6 months after the program is started, the pediatric and nursing consultants together visit an examination session to evaluate it and to discuss any matters not clearly understood by any member of the center's health team. Even though supervision is continuous, a flexible policy is favored and changes in the program to meet local needs are encouraged, so long as they are consistent with the basic philosophy.

A day care center must meet certain physical requirements before it can participate in the health program. There must be adequate space so that the physician can satisfactorily conduct his examination. The room need not be large, but it must be well lighted and heated during the winter and have proper ventilation. There must be running water nearby and an electrical outlet into which a small stove for sterilizing syringes and needles can be plugged. There must be another room nearby for the nurse-parent conferences.

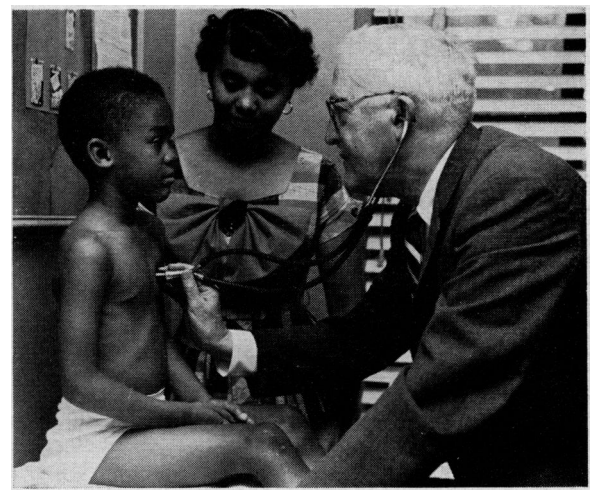
Another requirement is that the director provide an assistant for the examination sessions, preferably a teacher. The nurse will be counseling with parents and cannot assume responsibility for the administrative phase of the examining session.

Less Than Perfection

It would of course be unrealistic to expect that the health program would operate perfectly in every detail. On the contrary, flaws were expected, and they have indeed appeared.

Perhaps our greatest difficulty is to assure satisfactory teamwork. We are attempting to

. . . nurse-parent conference . . .



. . . thorough health examination . . .

obtain efficient administration of a complicated program that depends for its success on the willing and enthusiastic cooperation of four or five different agencies and different professions and disciplines. The center's board members, the director, the teachers, the welfare department counselor, the physician, and the nurse, as well as the educational consultant of the department of welfare who provides overall supervision for the day care centers, all of these contribute to agreement about the purposes and details of the program for the benefit of the child. The director of the center is the key person in the success of the enterprise. Unless the director is keenly interested, we feel the program should not be started in that center.

Cooperation has been achieved consistently, we believe, because of a number of factors. For one, all concerned feel they have shared in its development, and those who have worked with it are thoroughly sold by the experience. Each center has requested it, and the center physician has expressed a definite desire to join the team. Finally, success in many centers has given impetus to others.

Another difficulty is obtaining and keeping qualified physicians and nurses. Physicians need not be pediatric board members, but they must have had experience with children. They must like children and be interested in the whole child, his psychological as well as his physical development, and his family. They must also be interested in the basic type of public health education represented by the counseling of parents and teachers.

Because of time limitations, providing adequate supervision for the physicians, nurses, and directors has been still another troublesome area. The consulting pediatrician and nurse in the health department plan to visit together an examining session in every center each 6 months.

At least once a year the pediatric and nursing consultants meet with all the center directors, in groups, to try to help them with problems. Twice a year the health department consultants meet with all the physicians in the program for the same purpose. At these latter meetings also some particular phase of the health program is discussed by a specialist, as a means of constantly improving and expanding the program.

Case Histories

To illustrate the value of the health program, two case reports are cited.

L.C., a 5-year-old girl, was generally well but she often needed cathartics because of persistent constipation. She had intermittent enuresis, and there was a unilateral strabismus. Though a reasonably contented child she was high strung and did not always enjoy good relations with the other children in her class. Her mother was so unstable emotionally that she finally was placed in an institution. For this reason a detailed medical history was difficult to obtain.

The child was given glasses for her strabismus

and received some help regarding her constipation and enuresis. The first few health examinations failed to show any other physical abnormalities. Then quite unexpectedly the physician found an elongated mass in the abdomen extending into the pelvis. The child was admitted at once to a hospital where the diagnosis of megacolon was made. A two-stage abdominoperineal rectosigmoid pull-through operation was successfully performed.

The constipation was cured; the enuresis disappeared; and what was particularly noticeable was the change in her disposition. She became happy, made friends easily, and no longer presented the psychological problem she had shown before.

Repeated thorough health examinations discovered a major abnormality which an unsatisfactory history had helped obscure. Prompt referral and skillful surgery quite changed this child's life.

S.B., born January 19, 1951, was admitted to a child care center on June 20, 1955. His mother had not been able to manage him. He had run away from home a number of times. He was restless and destructive. At the child care center, he took no interest in the class activities, destroyed equipment, knocked down houses other children had built, and even molested the children. He never ran away from the center, however, and seemed fond of his teachers. His mother was so disgusted with him that she sent him to the center each morning in an unkempt condition, and efforts to get her to do a better cleanup job were only partly successful. Then the center physician spoke to the child about cleanliness. As a result the child made his mother wash him and give him clean clothes before he would go to the center.

The first few health examinations failed to show any special abnormalities. Vision screening tests proved impossible because the child would not cooperate. However, the physician felt further efforts should be made to test the child's vision. He was examined at the Kings County Hospital eye clinic where he was found to be suffering from amblyopia.

Glasses were prescribed with the most remarkable results. He obviously saw clearly for the first time. He became interested in class games, used large and small playthings with great interest, participated well with the other children, and was happy and agreeable.

Though he had not given evidence either to his mother or the center staff of poor vision, he obviously saw very little. Being a high strung child, he took his frustrations out on his environment and his associates. A thorough health program discovered his difficulty.

Conclusion

Looking back on our experience, we believe the following factors have been significant. The program is thorough, yet practical. For the most part, the caliber of the center staffs, the consultants both from the department of welfare and from the department of health, and the physicians and nurses has been unusually high. And perhaps most important, every member of the health team has been carefully chosen and repeatedly briefed about the program before it has been started in any center. Provision has been made also to give the physicians preservice and inservice training.

As a result, nearly 5,000 children of low-income families have undoubtedly been given a better quality of health supervision than they would have received otherwise. We believe the parents have gained a better understanding of parent-child relationships and the kind of health care and supervision they should obtain in the future for their children.

We are greatly encouraged by the success of this program in New York City, and we hope that, with whatever modifications are necessary to meet local conditions, it will be given a trial in other cities.